

**Access to Care
Questions and Answers
June 28, 2013**

Access to Care

1. What is Access to Care and why is it important?

- Access to Care is an approach to care focused on supporting people, specifically seniors and adults with complex needs, in their homes for as long as possible, with community supports. With an aging population, communities and health care partners are working together to consider how to best resource care to support people.
 - In the Community
 - Strengthening services in the community, through strategic investment and formalization of eligibility criteria, funding and programming for Assisted Living, Supportive Housing and Adult Day Programs.
 - In the Hospital
 - Implementation of 'Home First' and 'Senior Friendly Hospital Strategy' to ensure that seniors who require acute care have the opportunity to participate fully in their care and to have home as their primary discharge destination.
 - Across the South West approximately 750 clients per month are supported in the community on robust 'Home First' plans which help people discharged from hospital remain safely at home.
 - Accessing Specialized Services
 - Realignment of rehabilitative services (Complex Continuing Care and Rehabilitation) across the South West LHIN to ensure that residents have equitable access to these services.
 - CCC beds have not been fully or properly utilized (occupancy of appropriate patients at 62% was identified in December 2011). Occupancy goals for CCC and Rehab beds across the LHIN are set at 87% and 93% respectively.
- Access to Care is important because people want to remain safely in their homes as long as possible and this model of care has proven itself to be a more efficient use of health care resources.

2. Does the community have the capacity to do all of this work?

- With the ongoing support of the MOHLTC and the South West LHIN, the South West CCAC is reorganizing to ensure that they can provide strong and reliable services that we can all count on. Assisted Living, Supportive Housing and Adult Day Programs are important community services that are part of the Access to Care work that is looking at ways to realign and strengthen these programs across the South West LHIN to ensure health services are available where and when they are needed.
- Over the last 2 years, new health care investments have been focused on strengthening community capacity. Investments that have been made to support the work of Access to Care are:
 - Home First \$7.6 M to serve 619 new clients
 - Community Urgent Fund \$225K to fund urgent needs in the community
 - Adult Day Programs (London/Grey/Bruce) \$750K for 130 new spaces/week
 - Home Help (London/Middlesex and Elgin) \$300K

- Support for people with Acquired Brain Injuries \$230K
- Assisted Living (Oxford, London) \$615K to serve 25 new clients
- Transportation (London/Middlesex) \$225K (buses and driver time)
- Respite/Day Programs for Young Adults with Complex Needs \$506K
- Convalescent Care Beds (Grey Bruce/London) \$1.47M
- Behavioral Supports in LTC \$6.6M to serve those with mental health and dementia issues resulting in challenging behaviours; prior to this more recent investment approximately \$3M was invested by the LHIN to establish mental health community outreach teams to also serve this population
- 5% increase in funding for the community planned for 2013/14

3. Is the goal to save money?

- The goal is to provide the best care for individuals while ensuring value for money.

Home First

Home First is a philosophical shift: everyone works together to discharge acute patients home, with robust service plans in the community.

4. What are patients and their families telling us about going home rather than waiting in Hospital?

- Frequent interviews with patients/clients occur to ensure that their experiences are incorporated in this large system change. Clients and their families have indicated that
 - making decisions about their own care is important to them
 - they appreciate the opportunity to make decisions with all of the information and supports that they need, from their homes
 - accessing services can be a lot to take in, and
 - there are many people and different organizations involved in their care.

5. What changes are being observed in the health care system as Home First is being implemented?

- In the early learning's from Home First implementation, we are seeing that with intensive care coordination, flexible care plans, and support from community services, people can be well supported in their own homes.
 - As of March 31, 2013, 438 patients have gone home rather than wait for Long-Term Care in the hospital. Of these, 2/3 of them have not moved to Long-Term Care. Patients appreciate the opportunity to return home. They may ultimately decide to remain in their homes, move to Long-Term Care or make alternate care decisions, but these people are empowered to make these decisions in their own environments, with all of the supports and information required.
 - Fewer people have to wait in hospital for LTC.
 - People with more complex health needs are being supported in their homes.
 - People who choose to move to Long-Term Care have more complex health needs than in the past.
 - Hospitals that have implemented Home First are experiencing a decreasing demand for Complex Continuing Care beds.

Kate's story highlights the value of the Home First philosophy and the importance it can play in people's lives. Please see the link provided for Kate's story: <http://www.youtube.com/watch?v=fTgl73zHyDk&feature=plcp>

6. In May 2012, there were 164 people waiting in hospital for Long-Term Care. What is happening with these people?

- The patients currently in hospital waiting for an alternate destination are being encouraged to make five Long-Term Care choices, if that is their preferred destination. If home is a possible destination, the interdisciplinary team (including a CCAC Care Coordinator) works with the individual and their family to develop a flexible care plan in the community. If appropriate, admission to Complex Continuing Care or Rehabilitation is being facilitated.
- In May 2013, there were 73 people waiting in hospital for LTC.

Coordinated Access

7. What is Coordinated Access and why is it important?

- ‘Coordinated Access’ describes the collaborative admission process to assisted living, supportive housing, adult day programs, complex continuing care and inpatient rehabilitation.
- Patients/clients, their families and care teams are empowered by this process. Having access to all of the information and resources that they need enables them to make informed decisions and participate more fully in their care.
- Additional benefits to patients/clients and their families include:
 - a single number to call for referral to multiple services
 - detailed information on the type of service available in each area
 - consistent eligibility guidelines and admission processes
 - equitable access to services across the region through a centralized waitlist

8. Have decisions about the new coordinated admission (Coordinated Access) process in the Complex Continuing Care and Rehabilitation Report and the Assisted Living, Supportive Housing and Adult Day Program Report already been made?

- Yes. These recommendations have been mandated by the province and are being phased in over 2012/13 and 2013/14.
- Provincial legislation was changed to enable the implementation of Coordinated Access
- The process has been collaborative as stakeholders, including clients, work to achieving the “Coordinated Access” process.
- Coordinated Access will provide equity of access to programs through a consistent admission process, facilitated by CCAC Care Coordinators.
 - Assisted Living, Supportive Housing, Adult Day Programs – It has been fully implemented in Oxford and partners are currently engaged in this work in Grey Bruce, Elgin and Huron Perth.
 - Rehabilitation – Woodstock Hospital was the early adopter site of this work in March 2012
 - Complex Continuing Care – In April 2013, Alexandra Hospital Ingersoll initiated this work with 5 CCC beds

9. Have eligibility criteria changed for services like Complex Continuing Care, Rehabilitation and Assisted Living?

- Although there are common definitions of Complex Continuing Care and Rehabilitation, there have not been common eligibility criteria. These have been developed in the South West through a collaborative process with partner organizations.
- Eligibility criteria for Assisted Living are included in the Provincial High Risk Seniors policy.

10. How does the new role of CCAC in the admission process mesh with the Public Hospitals Act which gives the physician the responsibility for admitting patients into hospitals beds?

- The new role for CCAC Care Coordinators does not contradict the Public Hospitals Act in any way.
- For CCC/Rehab, physicians, hospital and CCAC stakeholders establish consensus on eligibility criteria and the admission process.
- The CCAC Care Coordinator will use the pre-defined criteria and process to assess patients for admission to CCC/Rehab beds. The interdisciplinary team (including the physician and hospital team) will work collaboratively to ensure that appropriate resources are in place to meet the patient's individual needs. The physician will admit the patient and continue to be responsible for care and treatment.
- This process builds on the CCAC's experience facilitating admissions to Long-Term Care, adult day programs, assisted living, residential hospice, the rehabilitation program at Woodstock Hospital, the Transitional Care Unit at Parkwood Hospital and the Restorative Care Units in Grey Bruce.

Assisted Living, Supportive Housing, Adult Day Programs (AL/SH/ADP)

11. Has the South West LHIN already made decisions about the realignment of services for Assisted Living, Supportive Housing and Adult Day Programs?

- ADULT DAY PROGRAMS - Decisions on the recommendations regarding implementing the plan for change in fees/funding for Adult Day Programs were brought to the South West LHIN Board of Directors at their meeting in January 2013 and implementation work with the Adult Day Program Network is in progress.
- ASSISTED LIVING – Collaborative transition teams in Oxford, Grey Bruce, Elgin and Huron Perth have begun to assess individual clients to determine eligibility using the new Provincial High Risk Seniors policy and will be working with clients and their families to access the most appropriate service for their needs.

12. How do clients who no longer meet the Provincial Assisted Living criteria get care in the future?

- Local provider teams are working to smoothly transition these clients to a level of care that is appropriate for their needs. It is recognized that for some individuals, transition may not be possible due to housing agreements or other resource issues. In these cases, the individuals will continue to receive the services that they had been receiving historically.

Complex Continuing Care/ Rehabilitation

13. Has the South West LHIN already made decisions about the realignment of services for Complex Continuing Care and Rehabilitation?

At its meeting on June 26, 2013 in St. Thomas, the South West LHIN Board supported plans to realign Complex Continuing Care (CCC) and Rehabilitation (rehab) services across hospitals in the South West LHIN. Implementation of the recommendations will initially result in changes to the number of CCC and Rehab beds at four area hospitals. These recommended changes represent a continuation of efforts to rebalance services within the LHIN with an emphasis on strengthening community capacity and ensuring equitable access to specialized care.

The Board supported recommendations include the following changes:

- Increasing 10 CCC beds at Grey Bruce Health Services, Owen Sound
- Increasing 2 rehab beds at St. Thomas Elgin General Hospital

- Decreasing 15 CCC beds at St. Thomas Elgin General Hospital
- Decreasing 6 CCC beds at Tillsonburg District Memorial Hospital
- Decreasing 9 CCC beds at Alexandra Hospital, Ingersoll
- Implementing consistent criteria for access to these beds
- Implementing centralized access through the South West Community Care Access Centre (CCAC)
- Ensure ongoing data gathering and analysis using consistent definitions to monitor the process

These changes, while challenging for some local communities, will strengthen the health system in the South West LHIN by providing:

- Equitable access to CCC and Rehab beds using consistent criteria and a centralized process through the South West CCAC
- Equitable geographic distribution across the LHIN's geography to reflect varying demand for these beds in different parts of the LHIN
- Better use of specialized health care resources

The actual changes in bed numbers are targeted to take place next year between April 2014 and March 2015. The changes will require approval of the relevant hospital boards and a specific integration decision from the South West LHIN board prior to any changes in bed numbers taking place.

14. Who are the people who might benefit from the specialized services of CCC and Rehab?

- CCC beds are for patients whose complex medical needs require hospital care, with regular physician assessment and the support of specialized staff as part of their treatment process (Ontario Hospital Association)
- Rehab beds are used by patients who undergo a goal-oriented process to recover from an illness or impairment in order to regain as much functional ability as possible before being discharged (World Health Organization)

15. How will the realignment of CCC and Rehab services improve access?

- Presently, many people in the South West LHIN communities cannot access Complex Continuing Care within one hour's drive of their homes.
- As a result of the proposed recommendations, more people in the South West LHIN will live within one hour's drive of these specialized services.

16. Were all hospitals in the South West LHIN considered for placement of Complex Continuing Care and Rehabilitation beds?

- No. Hospitals that currently have services in place were considered within the central and south areas of the South West with a new hospital site being recommended in the north as there is currently no access to CCC services presently.

17. What is the role of the small rural hospital?

- Small rural hospitals play a major role in health care in the South West LHIN and the care they provide will evolve as new evidence to care is applied. As with all sectors of health care, it is expected that these hospitals will work with partners locally and regionally to meet the health care needs of the local residents. It is recognized that their provision of emergency care and primary level acute care is a vital part of the health system capacity.

Quality

18. How do we ensure high quality care as we go through these changes?

- Change will happen in a deliberate and thoughtful manner with regular check points to evaluate the impact change is having. It is important that we monitor for any unintended consequences as we implement.

19. How do we monitor quality of care in the home?

- Throughout the Access to Care project, team members have interviewed numerous patients and clients to gain a better understanding of their experiences and how to continuously improve upon care. The interviews with patients and clients will continue throughout the duration of the Access to Care work.
- The Community Care Access Centre (CCAC) aspires to the highest quality standards. It recently received Accreditation with Exemplary Standing through Accreditation with a 4 year award. Like hospitals, the CCAC has a Quality Improvement Plan as well as numerous quality indicators, many of which are posted on its website.
- In addition, the CCAC now has new contracts with its service providers with increased quality standards and reporting, and working with Health Quality Ontario, will be publicly posted later this year.

Integration

20. How will decisions about integration and realignment of resources be made?

- The South West LHIN Board of Directors will make decisions on the integration of services and realignment of resources
- Discussion will take place between South West LHIN staff and the organization(s) involved prior to the South West LHIN Board making decisions.
- Stakeholder consultation will provide the South West LHIN Board of Directors with input to the decision.
- Decisions will be based on the ability to improve access to care for seniors and adults with complex needs.
- The specific decision-making process will be in accordance with the Local Health System integration Act (LHSIA); both the LHIN and impacted health service providers will have a role in the decision-making process

21. When will the South West LHIN Board of Directors make decisions on realignment of resources?

- The South West LHIN Board of Directors has received regular updates on the implementation of all Access to Care recommendations since June 2012.
- They deliberated on the realignment of resources for Adult Day Programs in January 2013 and provided initial direction on the CCC/Rehab realignment recommendations in June 2013; final decisions are anticipated in the fall of 2013.

22. Will services be considered a resource to a particular geographic area, rather than one organization?

- Yes. Going forward it is intended that these specialized resources will be accessible for the system and that individuals will have equitable access to the beds regardless of place of residence. For instance, Woodstock Hospital is an early adopter for "Coordinated Access" (CCAC Care Coordinator to facilitate the admission process to rehabilitation). In March 2013, this

organization achieved the One Year milestone, having served patients from London, Stratford, Tillsonburg, Ingersoll and Woodstock.

23. Will people in my community lose their jobs?

- Any potential job loss or gain would be considered as part of the integration discussions that organizations would hold with South West LHIN staff and would be one of the factors that would be taken into consideration as realignment decisions are finalized.

24. Where do I go for more information on Access to Care?

- All of the public documents are available on the South West LHIN website on the Access to Care link <http://www.southwestlhin.on.ca>

25. If more information is requested who do I contact?

- Please contact the key spokespeople listed here and they will work with you to respond.
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