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CCC/Rehab Steering Committee Bed Realignment Recommendations Report

Sponsored by South West LHIN

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Co-Executive Sponsors

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Steering Team Committee Members

The authors would like to acknowledge the following members of the CCC/Rehab Steering Committee for their hard work, guidance, and dedication throughout the ongoing journey of realigning Complex Continuing Care and Rehabilitation bed resources and implementing coordinated access to these services. Their work has been integral in the continuous improvement of the health care system, in order to deliver the right care, at the right time, in the right place.

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Executive Summary

In 2011, the South West LHIN launched the Access to Care Initiative to better meet the needs of Ontarians living in this geographical region. The three components of the initiative and their outcomes are:

- Implementation of "Home First", a philosophy designed to return individuals to their home with supports to determine their decisions related to future care and living arrangements be it long term care, retirement home, etc.;
- Realignment of Assisted Living/Supportive Housing/Adult Day Programs (AL, SH AND ADP) community capacity and implement the CCAC expanded role to facilitate single point access to these services; and
- Realignment of Complex Continuing Care (CC) and Rehabilitation (Rehab) bed resources in hospitals and facilitate the development and implementation of single point coordinated access to these services.

The Access to Care initiative strives to deliver accessible health care to Ontarians by reducing the number of individuals identified as alternate level of care (ALC) in the hospital system so that valuable bed resources may be more appropriately used by those patients who require the service, maximizing the community health resources so that individuals can remain in their homes and communities using day programs, assisted living and supportive housing and creating a coordinated access intake to the post acute health care so that the "right care is delivered at the right time in the right place". System change of this magnitude is not easy and it takes health care providers and communities to step up to the plate to address health care delivery at the local, multi-site and regional levels for the future.

The focus of this report is the Complex Continuing Care and Rehabilitation Initiative which consisted of two specific outcomes:

- Make recommendations on the numbers and siting of CCC and Rehabilitation beds to optimize the service to the citizens of the South West LHIN and to optimize utilization of these valuable resources; and
- Develop and implement the tools and processes to optimize coordinated access to the CCC and Rehabilitation beds across the South West LHIN.

This report will provide final recommendations to the South West LHIN on the first component of realignment of the CCC/Rehab bed resources across the hospitals. It is essential that this report be considered in conjunction with the Complex Continuing Care and Rehabilitation Final Report compiled by Optimus SBR and submitted on March 29, 2012 to the Steering Committee and South West LHIN.
In the first year of this two year initiative, the Steering Committee and Project Team in collaboration with a consultant, Optimus SBR interviewed hospital leaders responsible for CCC/Rehab resources, reviewed local and provincial data bases related to CCC/Rehabilitative resources, analyzed information and made draft recommendations in April 2012. For the past year, the focus has been on communication of draft recommendations, municipal and hospital engagement, creating a system to ensure the patients in CCC and rehabilitation beds met the eligibility criteria and most recently a "refresh" of the data used for the 2012 recommendations using data from July 1 to December 2012 submissions to the provincial Intellihealth database. Where provincial data was not available, a single day "snapshot" was utilized addressing number of ALC and eligibility criteria to provide insight into bed utilization. The refresh of the logic model was designed to confirm the draft recommendations of 2012, however it provided new information that facilitated an opportunity to set direction for improved use of valuable CCC/Rehabilitation resources in South West LHIN.

System change cannot happen overnight. The logic model selected provides for a regional approach across a county or in some instances two counties. It builds 5% population growth, 3% risk factors 25% ALC utilization, 3% for unmet needs, occupancy of 93% or 87% for rehabilitation and CCC beds respectively, and 5% system change across the counties. The Steering Committee has allowed for flexibility in its planning by utilizing this approach.

Eligibility Criteria

Historically, hospitals have utilized CCC and Rehabilitative bed resources to meet the local needs. As a result, individuals being cared for in a complex continuing bed are significantly different from each other. Needs range from those waiting for a long term care bed to those living with a chronic ventilator in a CCC bed. In rehabilitation beds the variability was not as evident. To date, our data have shown that, for the most part, the appropriate individuals were being served. The variation was in the complexity of the individuals with rehabilitative conditions served. In local rural communities, individuals with hip and knee replacements and minimal complexities or those frail elderly requiring further rehabilitative care were evident as compared to the larger centres where stroke units, hip and knee replacements with co-morbidities and complex conditions were served. This variation results in differences in interdisciplinary care delivery models and increased costs of service across the system.

The Steering Committee with clinical leaders across the South West LHIN developed common eligibility criteria that are gradually being implemented through coordinated access.

In early 2013, the South West LHIN identified a financial methodology team chaired by Maureen Solecki, CEO Grey Bruce Health Services and Paul Collins, CEO St. Thomas Elgin General Hospital. Working in collaboration with Scott Chambers, Team Lead, Finance at the South West LHIN, the hospitals impacted by the CCC/Rehab bed capacity project were to identify and recommend an agreed methodology for the realignment of resources. To date, there are outstanding questions re the optimal methodology to utilize and the South West LHIN will determine a direction. Regardless of the financial methodology selected, the impact analysis indicated that there are significant financial and operational constraints to fully implementing the recommendations as presented in the May 2012 report.

The South West LHIN blueprint describes well a direction for an integrated system of care recommending local community, multi-community and LHIN community health care delivery. The Steering Committee in its work has not specified the sites that reflect this model. It does recommend that the health care providers in every part of the LHIN collaborate to determine how CCC/Rehabilitation resources can be better utilized. Within CCC and Rehabilitation patient populations there are some that can best be served at the local community while others are at a multi-community (Stroke) or LHIN community (Acquired Brain Injury) where both critical mass and strong interdisciplinary care teams are shown to be most effective for recovery.

Achieving recommendations that align with the principles identified at the launch of the project and utilizing a logic model that provides flexibility to hospitals to meet the demands of their local community when the system is undergoing transformation has created many challenges. As Home First initiatives increase across the LHIN, the demand for bed capacity shifts. The resources in the south, central and north part of the South West LHIN varies significantly with the number of CCC beds ranging from 18.7 CC beds per 100,000 to 59 CC beds per 100,000 in the central part. The rural nature of the LHIN and our desire to facilitate proximity was always a consideration. Connected with our rural nature was the recognition that changing small number of beds can have a profound impact on a small hospital. Given our mandate to optimize bed capacity and create equity for individuals, the data – occupancy, alternate level of care utilization and individuals fitting

the CCC eligibility criteria remained a key factor. In utilizing the data, the team ensured that flexibility was built into the system.

These important principles, identified below drove the decision making on recommendations.

Principles

1. Data as the main driver, perspectives as input
2. Appropriate utilization of resources
3. Accounting for a projected significant increase in demand
4. Geographic consolidation to leverage economies of scale and caregiver expertise
5. Improving geographical distribution of resources
6. Aligning with the South West LHIN's Blueprint Vision 2022
7. Considering regional priorities concerning minimizing additional capital requirements or human resource needs.

The following final recommendations are being submitted as a result of this two year review. It is a point of time in a journey that will continue as the health care system transforms.

Recommendation 1:
There is a need to realign CCC and rehabilitation beds across the South West LHIN to provide equitable access, maximize utilization of these specialized beds, to meet geographical access and better serve the population. Having a critical mass of CCC and rehabilitation beds across the LHINs facilitates access to specialized interdisciplinary care teams.

Challenge: The Steering Committee showed tremendous courage in making this decision. As a result of the data refresh, the logic model showed further shifts in the utilization of CCC beds and a need to reduce them further, most particularly in Huron Perth. This was new information from the 2012 data and consultation had not occurred. Hence, the committee determined to be directional and create an opportunity for Huron-Perth to collaborate and redefine what their communities require in the future.

Recommendations in the North and South parts of the LHIN changed little for CC; the opportunity in South East and Southwest to reduce capacity further was identified as an opportunity and in London-Middlesex the need for additional beds was reinforced.

From a rehabilitation bed perspective, given the capacity in CCC beds, there is an opportunity to consider the repurposing to rehabilitative beds. The needs in London-Middlesex for additional rehabilitative resources to meet the urban needs were confirmed.

Region	Hospital	Dec/11 (Current) CCC Beds	May/12 Draft CCC Recs	May/12 Draft CCC Resultant Beds	May/13 "Refresh" CCC Projection	Steering Committee CCC Recs	Steering Committee Resultant CCC Beds
North	Owen Sound	0	+10	10	---	+10	10
Central	Listowel	25	-3	73	-33	-12	63
	Wingham	12					
	St. Mary's (HPHA)	5					
	Stratford (HPHA)	20					
	Seaforth (HPHA)	10					
	South Huron	4					
South East/Oxford	Woodstock	33	-25	38	-43	-30	33
	Alexandra	14					
	Tillsonburg	16					
South West/Elgin	St. Thomas Elgin	45	-15	30	-19	-15	30
London/ Middlesex	Parkwood	82	+3	85	+8	0	82
	TOTAL	**266**	**-30**	**236**	**-87**	**-48**	**218**

Region	Hospital	Dec/11 (Current) Rehab Beds	May/12 Draft Rehab Recs	May/12 Draft Rehab Resultant Beds	Steering Committee Rehab Recs	Steering Committee Resultant Rehab Beds
North	Owen Sound	16	+2	18	0	16
Central	Listowel	0	0	0	0	0
	Wingham	5	+1	6		5
	St. Mary's (HPHA)	0	+2	0		0
	Stratford (HPHA)	14		16		14
	Seaforth (HPHA)	0		0		0
	South Huron	4	+2	6		4
South East/Oxford	Woodstock	22	-3	19	0	22
	Alexandra	0	0	0		0
	Tillsonburg	0	0	0		0
South West/Elgin	St. Thomas Elgin	10	+2	12	+2	12
London	Parkwood	113	+31	144	+20	133
	TOTAL	**184**	**+37**	**221**	**+22**	**206**

Recommendation 2
All hospitals are to commit to the data collection and provincial submission of alternate level of care days across acute, complex and rehabilitative beds utilizing the provincial definition.

Recommendation 3
All hospitals to work toward achieving occupancy of 87% for CCC programs and 93% for Rehabilitation programs ensuring that the individuals within those beds are CCC and Rehab eligible patients.

Health care resources are valuable to individuals and the communities across the South West LHIN. It is essential that as stewards of these resources that we optimize the utilization of our CCC and Rehabilitation resources.

The data utilized in this report requires a "refresh" including occupancy annually beginning November 2013 until such time that the resources are stabilized and resources well utilized. Refresh data.

Recommendation 4
Huron-Perth hospitals representing the central part of the LHIN collaborate to achieve the optimal resources to serve your CCC and rehabilitative population including the reduction of beds, increased occupancy to targeted 87% and 93% respectively and implementation of other Access to Care initiatives.

This recommendation is not isolated to Huron-Perth, however this is the region where the refreshed data shows opportunity and the Steering Committee recognizes the need for further consultation and engagement prior to any significant change.

All care providers across the system need to collaborate to better serve the individuals with complex conditions and rehabilitative needs.

Recommendation 5
The implementation of these bed realignment recommendations requires a phasing approach. Shifts in resources need to consider system capacity, financial implications and both organizational and community readiness.

The implementation principles utilized to achieve these recommendations are to be considered in future decision making and phasing.

Recommendation 6
The CCC/Rehab Steering Committee is to establish an evaluation system of these recommendations post implementation. Evaluation of the impact of these recommendations on the South West LHIN communities and the hospitals is to occur annually. Metrics need to be developed that will capture both intended and unintended consequences of these recommendations.

Recommendation 7
Sustain ongoing Implementation of coordinated access with consistent eligibility criteria to CCC and rehabilitative beds across the South West LHIN.

Recommendation 8
All hospitals endeavor to achieve the HBAM expected service and cost and Quality Based procedure initiatives.

Recommendation 9
All hospitals implement a rehabilitative/restorative care approach as this is developed across the province. The newly established provincial Rehabilitative Care Alliance will provide insight into further opportunities on the delivery of both CCC and rehabilitative care across the inpatient and ambulatory continuum.

Background

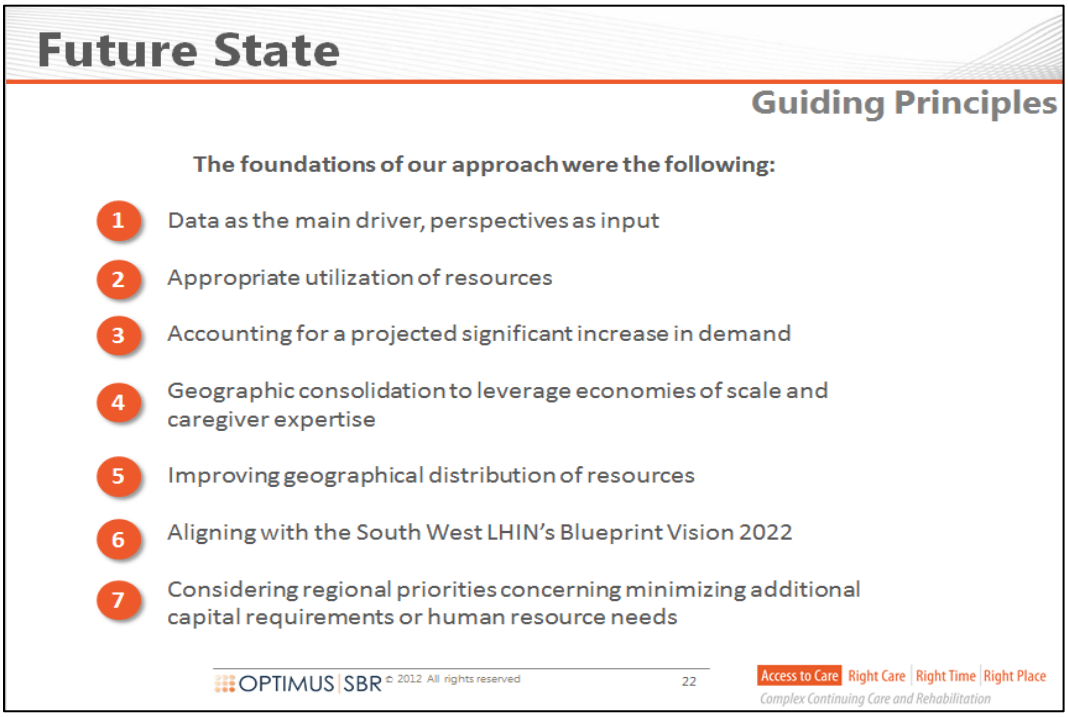
The Complex Continuing Care (CCC)/Rehab stream of the Access to Care initiative has been tasked with establishing CCC/Rehab bed realignment recommendations for the South West LHIN. Specifically, this stream has been considering changes over the past year and the financial constraints that influence the original recommendations from the May, 2012 CCC/Rehab report, in order to determine adjustments to the original draft recommendations. Implementation of this type of broad system-based recommendation is very complex and requires ongoing feedback, rigorous engagement and courageous decision making. The goal is to provide the right care in the right place at the right time, which when combined with local strategies, is anticipated to reduce the volume of alternate level of care days in the long term.

The CCC/Rehab report was released in May, 2012 and is available at www.southwestlhin.on.ca. In its work the Steering Committee from 2011 to 2013 has been committed to looking to an improved future system of health care for residents across the LHIN. The outcome was to make informed recommendations using the best available data. As a result, the drivers and inputs of decision making were established early. In the 2012 recommendations, financial considerations were not addressed preferring to focus on an improved system of care. The considerations/inputs for decision making were based on:

- Guiding principles
- Logic model informed by onsite and provincial data
    - Population growth(focus on >75 years)
    - Risk health factors in the LHIN
    - ALC use
    - Unmet needs
    - Target utilization for CCC and Rehabilitative beds
    - Expected system change (Availability of Community support, Home First Implementation, Eligibility implementation and Coordinated Access)
- Municipal and local stakeholder engagement (including patients/clients)
- LHIN Blueprint – Local, Multi-Community
- Current Population
- Restorative/Rehabilitative Approach (2013 recommendations)
- Financial Position (2013 recommendations)

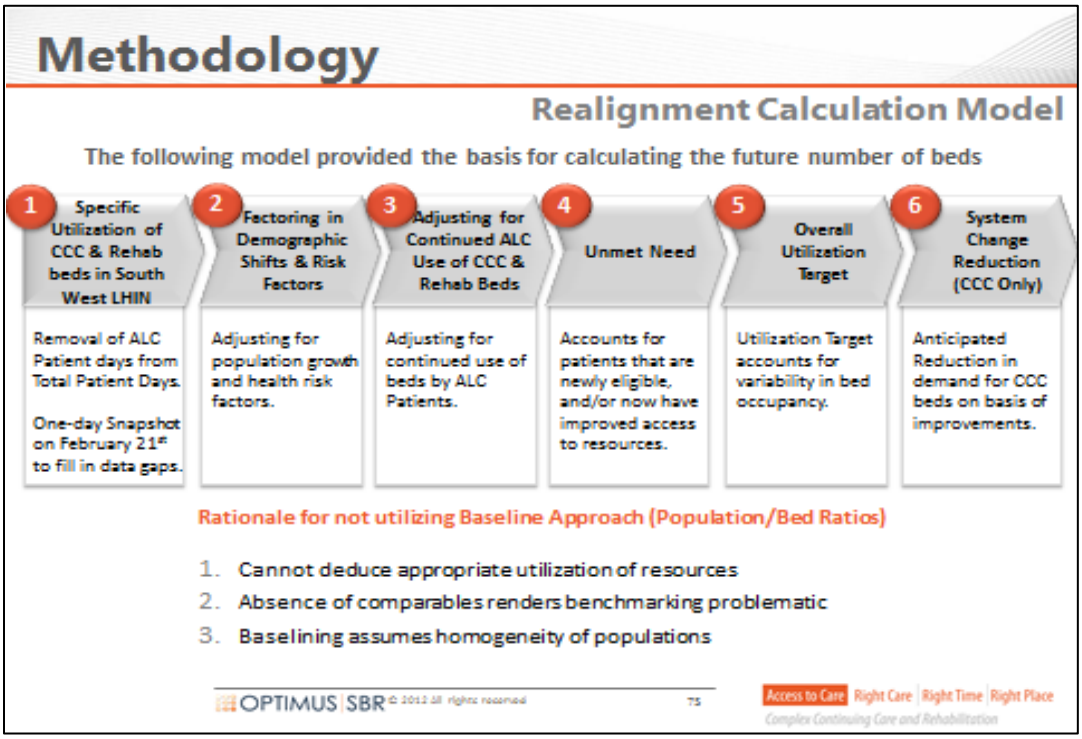
The specifics of each of these elements are outlined below for your information.

Guiding Principles



Logic Model

The logic model used for calculating CCC and Rehab bed realignment recommendations in the 2012 and 2013 report considered many aspects. Detailed information regarding each of the inputs is summarized.



Logic Model Inputs:

CCC Inputs			
	2013	2016	2021
Pop. Growth	5%	13%	30%
Risk Factors	3%	5%	10%
ALC Use	25%	20%	15%
Unmet Need	3%	1%	1%
Utilization	93%	93%	93%
System Change	5%	7%	9%

Rehab Inputs			
	2013	2016	2021
Pop. Growth	5%	13%	30%
Risk Factors	3%	5%	10%
ALC Use	5%	4%	3%
Unmet Need	3%	1%	1%
Utilization	87%	87%	87%

To create a model that would focus on the future, assumptions were required. The 2013 inputs were utilized for both 2012 and 2013 recommendations for bed realignment. The CCC and Rehab inputs reflect the expected future state.

Population Growth

Ministry of Finance population projection figures, 2006-2012 were used to determine a 5% growth expectation of individuals greater than 75 years in determining CCC and rehabilitation beds.

Risk Factors

The risk factor of 3% for both CCC and rehabilitation bed requirement was sourced from the South West LHIN Environmental Scan. These encompass lifestyle factors currently present in the LHIN population that may increase the prevalence of residents to a higher utilization of the health care system resources in the future. 3% was selected as the population in the SW LHIN is slightly less healthy than the provincial average on the basis of 4 health indicators – prevalence of COPD, Hypertension, Stroke events and Arthritis.

ALC Use

High ALC utilization has been a challenge in the South West LHIN for a number of years, most particularly in London. Given the implementation of a province-wide standard ALC definition in July 2011, the consultants in 2012 and the Steering Committee in 2013 utilized the Cancer Care Ontario for Q2 and Q3 of 2011/2012 (July 1st – December 31st 2011). This information was used to determine the utilization of CCC beds at each reporting hospital. ALC information included *all* ALC patients and *not just a subset* (i.e. ALC-LTC). In most cases ALC data was available. ALC information was provided for the following hospitals:

i. St. Joseph's Health Care, London
ii. Woodstock General Hospital
iii. Alexandra Hospital
iv. Seaforth Community Hospital
v. St. Thomas Elgin Hospital
vi. Tillsonburg District Memorial Hospital

vii. St. Marys Memorial Hospital
viii. Grey Bruce Health Services
ix. Stratford General Hospital

Where ALC data was unavailable (either not reported or unavailable due to the recent addition of new beds (i.e. Woodstock), the results of a one-day snapshot were used to determine utilization of CCC and Rehab beds. The snapshot data was used for the following hospitals:

x. Listowel Memorial (CCC & Rehab)
xi. Wingham & District (CCC & Rehab)
xii. South Huron (CCC & Rehab)
xiii. Woodstock General Hospital (Rehab Only)

The ALC rate selected for CCC beds was 25% in 2012 and 2013 recommendations. Although there were improvements in the percentage related of ALC in regions where Home First had been implemented, the Steering Committee chose to be conservative and lean towards more beds than fewer. The rehabilitative target for ALC was 5% as there are fewer ALC patients currently in these beds across the LHIN.

It was assumed it would take time to decrease the ALC utilization of CCC and rehabilitation beds with access to care initiatives such as Home First and Community Stroke Program. An early examination of hospitals where Home First has been implemented reflects the direction of decreasing ALC numbers. As a result, the ALC Use input assumes a gradual decrease from 2013 to 2021.

Unmet Need

The Steering Committee did not wish to negatively impact any community by being too aggressive in its decision making. An assumption was made by the Steering Committee that there could be an increase in demand for two reasons:

- individuals not eligible under the prior eligibility criteria that might now be eligible, given the changing face of restorative care
- Redistributing CCC beds in the north part of the LHIN might lead to greater demand.

A 3% factor was utilized for this adjustment.

Utilization Target

A target utilization rate of 93% was set on the basis of best practices research that suggests CCC utilization rates should be between 90-95% to optimally balance variability in demand with volume required to achieve economies of scale. Similarly, a target of 87% was utilized for rehabilitative beds. It is important to note in both of these targets there is a significant range in occupancy with some as high as 99% and as low as less than 10%.

The original May/12 report recommended a change in the number of Complex Care and Rehabilitation beds and where they are placed in the South West, as summarized in the following table.

Original Recommendations from May/12 Report

Region	Hospital	Dec/11 CCC Beds	May/12 CCC Recs	Resultant CCC Beds	Dec/11 Rehab Beds	May/12 Rehab Recs	Resultant Rehab Beds
North	Owen Sound	0	10	10	16	2	18
Central	Listowel	25	-1	24	0	0	0
	Wingham	12	1	13	5	1	6
	St. Mary's (HPHA)	5	0	5	0	0	0
	Stratford (HPHA)	20	1	21	14	2	16
	Seaforth (HPHA)	10	0	10	0	0	0
	South Huron	4	-4	0	4	2	6
South East	Woodstock	33	5	38	22	-3	19
	Alexandra	14	-14	0	0	0	0
	Tillsonburg	16	-16	0	0	0	0
South West	St. Thomas Elgin	45	-15	30	10	2	12
London	Parkwood	82	3	85	113	31	144
	TOTAL	**266**	-30	**236**	**184**	37	**221**

By LHIN region, the future resultant numbers were:

Region	Hospital	Dec/11 CCC Beds	May/12 CCC Recs	Resultant CCC Beds	Dec/11 Rehab Beds	May/12 Rehab Recs	Resultant Rehab Beds
North	Grey Bruce	0	10	10	16	2	18
Central	Huron Perth	76	-3	73	23	5	28
South East	Oxford	63	-25	38	22	-3	19
South West	Elgin	45	-15	30	10	2	12
London	London Middlesex	82	3	85	113	31	144
	TOTAL	**266**	-30	**236**	**184**	37	**221**

The net impact of the 2012 realignment recommendation was a 7 bed increase to 457 CCC/Rehab beds.

Implementation

As municipal and hospital engagement occurred in 2012/13, and still continues to occur, the Steering Committee continued to implement coordinated access to care for CCC and rehabilitation beds in Elgin and Oxford Counties and Home First. It also pursued further insight into the financial impact of the 2012 recommendations, other potential considerations that might influence the recommendations and data to confirm the recommendations of 2012.

As a result, the Steering Committee developed implementation principles that aligned with its original guiding principles for decision making, seen below.

Guiding Principles for Implementation (CCC/Rehab Steering Committee March 21, 2013)
➢ Data and best available evidence informs decisions ➢ Broad stakeholder perspectives, including consumers, informs decisions ➢ Optimize available resources including caregiver expertise ➢ Implementation recommendations are future focused ➢ Balance economies of scale, caregiver expertise, and limited travel to access care ➢ Align with the South West LHIN Blueprint Vision 2022, the IHSP 2013-2016 and the clinical services planning process

Municipal and Local Stakeholder Engagement

Given the health care transformation and the importance of hospital resources to communities, Sue McCutcheon, Project Lead for Access to Care and Kelly Gillis, Senior Director, System Design & Integration, SW LHIN have communicated on the anticipated changes of access to care including the 2012 recommendations. Themes in this engagement sessions across the LHIN have been focused on:

- ✓ A recognition the need for change in order to improve the system across the South West LHIN
- ✓ Ensuring there is enough capacity to care for people in a timely manner outside of hospitals in Long Term Care and Community is important
- ✓ Recognition that the needs of rural residents are often different that those who live in urban areas
- ✓ Transportation is an ongoing issue across the LHIN
- ✓ Interest in seeing restorative care beds supported
- ✓ Need for improved LTC funding to address increasing complexity of residents
- ✓ Need to ensure availability of skilled Human Resources in all areas of the health system

Areas of Key Support:

- ✓ Agreement that people want to stay in their own homes for as long as possible
- ✓ Access to Care recommendations are moving the system in the right direction with a key desired outcome being better access to specialized services
- ✓ Access to Care is in alignment with other countries in the world in embarking on this journey
- ✓ Significant concern to reducing beds significantly

Financial Considerations

From the onset of the project, it was known that a rehabilitation bed with a supporting interdisciplinary team was more expensive than a complex care bed. Hence, more CCC beds potentially needed to close if there were proportionate to the number of new rehabilitation beds that might be identified. The 2012 recommendations were developed with no financial input and were based strictly on guiding principles and the outcomes of the data run through the logic model.

In 2013, with the work of the Financial Team, it was determined that there was significant shortfall in available dollars to support new CCC or rehabilitation beds. The initial analysis of May 2012 draft recommendation results in a $3-$5 million resource gap across the South West LHIN, including indirect costs.

The LHIN has made it clear the any dollars available to improve services across the South West LHIN must be drawn from existing resources. There is no net increase to the system of CCC and rehabilitation beds. Given

the challenging financial situation and its impact on hospitals across the LHIN, there has been no final recommendation on the financial methodology by the Financial Team.

LHIN Blueprint – Local and Multi-Community Health Care Delivery

The Steering Committee reviewed geography in its deliberations to ensure that any family member could visit a loved one in a CCC or rehabilitation bed with a one hour drive. The Committee did not determine in detail what CCC/Rehab populations, the critical mass of beds at the local and multi-community health care delivery or the interdisciplinary team members required for the variable populations. As a result it is not a significant factor in the recommendations. It is an important consideration for future phasing of these beds and other clinical planning.

Current Population

The population across the regions of the LHIN varies as does the number of CCC and rehabilitation beds per 100,000 population. There is no literature on the optimal number of beds per 100,000 to date, however this is an area to be addressed by the newly formed Rehabilitative Care Alliance.

Geography	Population	Number of CCC Beds	Current CCC Beds per 100,000 people
Grey Bruce	158,670	0	0
Huron Perth	134,212	76	56.6
Oxford	105,719	63	59.5
London/Middlesex	439,151	82	18.7
Elgin	87,461	45	51.4

Restorative/Rehabilitative Approach (2013 recommendations)

With the increased awareness as a result of the Walker Report, the Steering Committee members agreed that this was an important aspect to make note of. Given the flexibility in the logic model, the Committee felt there was some flexibility for restorative beds within the recommended numbers.

Data Refresh

In preparation for the CCC/Rehab Steering Committee, it was decided to confirm the 2012 recommendations by analyzing the logic model using a similar time period of 2012 data. The intention was that the Steering Committee would be making a better informed decision. Optimus SBR ran the 2012-13 data in a similar formula as 2011-12 for all hospitals except Woodstock General Rehab, Alexandra Hospital, Tillsonburg District Memorial Hospital, Listowel-Wingham Hospital Alliance and South Huron Hospital Association where a one day snapshot occurred. ALC data was not available for these hospitals.

The following data table was the result of the refresh and was considered in the decision making of the Steering Committee

CCC Beds by Hospital – Current & Future
(projections only)

Region	Hospital	Current CCC Beds - 2013	Occupancy Rate - 2013 (%)	ALC Utilization Rate - 2013 (%)	CCC Utilization Rate - 2013 (%)	Projected Beds - 2013	Difference (2013 – 2012)	Projected Beds - 2012
London	Parkwood	82	92.7%	12.7%	80%	93	+8	85
SE	Alexandra	14	49.7%	37.7%	12%	0	0	0
	Tillsonburg	16	52.8%	52.8%	0%	0	0	0
	Woodstock	33	85.7%	47.7%	38%	20	-18	38
SW	St. Thomas Elgin	45	76.9%	35.9%	41%	26	-4	30
Central	Listowel	25	70%	28%*	42%*	15	-9	24
	Seaforth	10	70.3%	31.3%	39%	8	-2	10
	Wingham	12	21.7%	21.7%*	0%*	0	-13	13
	Stratford	20	99.5%	24.5%	75%	20	-1	21
	St. Marys	5	83%	77%	6%	0	-5	5
	South Huron	4	8.4%	4.2%*	4.2%*	0	0	0
Total		266				192	-44	236

Notes:
*Denotes data from one day snapshot. All other ALC and CCC utilization rates calculated by data provided by Cancer Care Ontario (2012/13)

This year

Last year

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Complex Continuing Care and Rehabilitation

Note that although the Woodstock number of Rehab beds is quoted as 22 (the number according to the PCOP), those beds have been gradually added to the system over the last 1 ½ year with 15 beds being in operation currently. These are not included in the financial modeling.

Analysis

In making the CCC and rehabilitation bed recommendations, the Steering Committee considered all of the data outlined in the background documentation as well as the guiding and implementation principles that addressed future focused, geography, minimal capital investment, economies of scale and existing expertise.

The original recommendation in relation to geography was to ensure that all geographic areas have access to CCC and Rehab beds within a 100 km radius; therefore, no adjustments were required based on distance barriers to access in the subsequent data refresh.

The new focus on restorative beds was addressed in the flexibility of the logic model.

Population data demonstrated inequitable access to CCC beds across the South West LHIN per 100,000 population. The higher bed per 100,000 population ratios based on current numbers are in Huron Perth and Oxford. Given this issue is a future focus of the Rehabilitative Care Alliance, it is difficult to recommend an ideal number. It is important to note low occupancy has been evident in both of these regions.

Human Resources was not a consideration given the LHIN will address this through the integration process with the involved organizations at the relevant phasing time period. It is part of the implementation plan but is not an input that specifically alters the recommendations for the bed realignment.

The “refresh” data created a significant challenge for the team. New opportunities were identified that had not been part of the engagement process. As a result, the Steering Committee recommended planning for a future reduction of 13 beds in Huron Perth. The intention was to set a direction while providing time to facilitate engagement of Huron Perth organizations to address CCC and Rehabilitation needs. Oxford and Elgin counties identified greater opportunity to reduce CCC beds further, however because of time required for system change and because of other impacts, the Steering Committee chose to retain the same number or a slight increase. In London-Middlesex, the need for additional CCC was confirmed.

Given the knowledge of the financial modeling, the Steering Committee chose to recommend a reduction in new rehab beds to all except in London and St. Thomas where the need is significant. The change between the 2012 and 2013 recommendation is a net decrease of 48 CCC beds as compared to 30 and a net increase of 25 Rehab beds as compared to 37.

Region	Hospital	Steering Committee CCC Recommendations	Steering Committee Resultant CCC Beds
North	Owen Sound	+10	10
Central	Listowel-Wingham	-6	31
	HPHA	-3	32
	South Huron	-4	0
South East/Oxford	Woodstock	0	33
	Alexandra	-14	0
	Tillsonburg	-16	0
South West/Elgin	St. Thomas Elgin	-15	30
London	Parkwood	0	82
	TOTAL	**-48**	**218**

Region	Hospital	Steering Committee Rehab Recs	Steering Committee Resultant Rehab Beds
North	Owen Sound	0	16
Central	Listowel	0	0
	Wingham	0	5
	St. Mary's (HPHA)	0	0
	Stratford (HPHA)	0	14
South East/Oxford	Woodstock	0	22
	Alexandra	0	0
	Tillsonburg	0	0
South West/Elgin	St. Thomas Elgin	+2	12
London	Parkwood	+20	133
	TOTAL	**+22**	**206**

Note: This includes an additional 3 beds in Woodstock that are on PCOP funding.

In the efforts to be future focused and cognizant of the financial limitations, the Steering Committee made recommendations to promote senior friendly, rehabilitative care, and encourages hospitals to operate using HBAM or quality based funding , if applicable**.** As well hospitals of the South West LHIN have an opportunity to form rehabilitative networks and influence the future system.The Steering Committee recommends a phasing of these changes given the financial dollars with the phasing being driven by the most urgent needs across the LHIN.

In summary, these are challenging times with scarce resources and an aging population to serve with complex continuing care and rehabilitative needs. It is essential that organizations explore opportunities for ambulatory and community programs to meet these needs so that valuable inpatient resources are utilized by those who need them.

Recommendations

Bed Realignment Recommendations

The tables below summarize the recommendations established at the May 16, 2013 CCC/Rehab Steering Committee:

Region	Hospital	Dec/11 (Current) CCC Beds	May/12 Draft CCC Recs	May/12 Draft CCC Resultant Beds	May/13 "Refresh" CCC Projection	Steering Committee CCC Recs	Steering Committee Resultant CCC Beds
North	Owen Sound	0	+10	10	---	+10	10
Central	Listowel	25	-1	24	-22	-6	31
	Wingham	12	+1	13			
	St. Mary's (HPHA)	5	+1	5	-7	-3	32
	Stratford (HPHA)	20		21			
	Seaforth (HPHA)	10		10			
	South Huron	4	-4	0	-4	-4	0
South East/Oxford	Woodstock	33	+5	38	-43	0	33
	Alexandra	14	-14	0		-14	0
	Tillsonburg	16	-16	0		-16	0
South West/Elgin	St. Thomas Elgin	45	-15	30	-19	-15	30
London	Parkwood	82	+3	85	+8	0	82
	TOTAL	**266**	**-30**	**236**	**-87**	**-48**	**218**

Region	Hospital	Dec/11 (Current) Rehab Beds	May/12 Draft Rehab Recs	May/12 Draft Rehab Resultant Beds	Steering Committee Rehab Recs	Steering Committee Resultant Rehab Beds
North	Owen Sound	16	+2	18	0	16
Central	Listowel	0	0	0	0	0
	Wingham	5	+1	6	0	5
	St. Mary's (HPHA)	0	+2	0	0	0
	Stratford (HPHA)	14		16	0	14
	Seaforth (HPHA)	0		0	0	0
	South Huron	4	+2	6	0	4
South East/Oxford	Woodstock	22	-3	19	0	22
	Alexandra	0	0	0	0	0
	Tillsonburg	0	0	0	0	0
South West/Elgin	St. Thomas Elgin	10	+2	12	+2	12
London	Parkwood	113	+31	144	+20	133
	TOTAL	**184**	**+37**	**221**	**+22**	**206**

The following final recommendations are being submitted as a result of this two year review.

Recommendation 1:
There is a need to realign CCC and rehabilitation beds across the South West LHIN to provide equitable access, maximize utilization of these specialized beds, to meet geographical access and better serve the population. Having a critical mass of CCC and rehabilitation beds across the LHINs facilitates access to specialized interdisciplinary care teams.

Challenge: The Steering Committee showed tremendous courage in making this decision. As a result of the data refresh, the logic model showed further shifts in the utilization of CCC beds and a need to reduce them further, most particularly in Huron Perth. The committee determined to be directional and create an opportunity for Huron-Perth to collaborate and redefine what their communities require in the future.

Recommendations in the North and South parts of the LHIN changed little for CCC, the opportunity in South East and Southwest to reduce capacity further was identified as an opportunity and in London-Middlesex the need for additional beds was reinforced.

From a rehabilitation bed perspective, given the capacity in CCC beds, there is an opportunity to consider the repurposing to rehabilitative beds. The needs in London-Middlesex for additional rehabilitative resources to meet the urban needs were confirmed.

Region	Hospital	Dec/11 (Current) CCC Beds	May/12 Draft CCC Recs	May/12 Draft CCC Resultant Beds	May/13 "Refresh" CCC Projection	Steering Committee CCC Recs	Steering Committee Resultant CCC Beds
North	Owen Sound	0	+10	10	---	+10	10
Central	Listowel	25	-3	73	-33	-12	63
	Wingham	12					
	St. Mary's (HPHA)	5					
	Stratford (HPHA)	20					
	Seaforth (HPHA)	10					
	South Huron	4					
South East/Oxford	Woodstock	33	-25	38	-43	-30	33
	Alexandra	14					
	Tillsonburg	16					
South West/Elgin	St. Thomas Elgin	45	-15	30	-19	-15	30
London/ Middlesex	Parkwood	82	+3	85	+8	0	82
	TOTAL	**266**	**-30**	**236**	**-87**	**-48**	**218**

Region	Hospital	Dec/11 (Current) Rehab Beds	May/12 Draft Rehab Recs	May/12 Draft Rehab Resultant Beds	Steering Committee Rehab Recs	Steering Committee Resultant Rehab Beds
North	Owen Sound	16	+2	18	0	16
Central	Listowel	0	0	0	0	0
	Wingham	5	+1	6		5
	St. Mary's (HPHA)	0	+2	0		0
	Stratford (HPHA)	14		16		14
	Seaforth (HPHA)	0		0		0
	South Huron	4	+2	6		4
South East/Oxford	Woodstock	22	-3	19	0*	22
	Alexandra	0	0	0		0
	Tillsonburg	0	0	0		0
South West/Elgin	St. Thomas Elgin	10	+2	12	+2	12
London	Parkwood	113	+31	144	+20	133
	TOTAL	**184**	**+37**	**221**	**+22**	**206**

*Three additional rehab beds were retained in Woodstock as a result of the post construction operating budget that the hospital is currently engaged in. As a result, the next increase from the 2012 report was 40 beds and from the 2013 recommendation 25 beds.

Recommendation 2
All hospitals are to commit to the data collection and provincial submission of alternate level of care days across acute, complex and rehabilitative beds utilizing the provincial definition.

Recommendation 3
All hospitals to work toward achieving occupancy of 87% for CCC programs and 93% for Rehabilitation programs ensuring that the individuals within those beds are CCC and Rehab eligible patients.

Health care resources are valuable to individuals and the communities across the South West LHIN. It is essential that as stewards of these resources that we optimize the utilization of our CCC and Rehabilitation resources.

The data utilized in this report requires a "refresh" including occupancy annually beginning November 2013 until such time that the resources are stabilized and resources well utilized. Refresh data.

Recommendation 4
Huron-Perth hospitals representing the central part of the LHIN collaborate to achieve the optimal resources to serve your CCC and rehabilitative population including the reduction of beds, increased occupancy to targeted 87% and 93% respectively and implementation of other Access to Care initiatives.

This recommendation is not isolated to Huron-Perth, however this is the region where the refreshed data shows opportunity and the Steering Committee recognized the need for further consultation and engagement prior to any significant change.

All care providers across the system need to collaborate to better serve the individuals with complex conditions and rehabilitative needs.

Recommendation 5
The implementation of these bed realignment recommendations requires a phasing approach. Shifts in resources need to consider system capacity, financial implications and both organizational and community readiness.

The implementation principles utilized to achieve these recommendations are to be considered in future decision making and phasing.

Recommendation 6
The CCC/Rehab Steering Committee is to establish an evaluation system of these recommendations post implementation. Evaluation of the impact of these recommendations on the South West LHIN communities and the hospitals is to occur annually. Metrics need to be developed that will capture both intended and unintended consequences of these recommendations.

Recommendation 7
Sustain ongoing Implementation of coordinated access with consistent eligibility criteria to CCC and rehabilitative beds across the South West LHIN.

Recommendation 8
All hospitals endeavor to achieve the HBAM expected service and cost and Quality Based procedure initiatives.

Recommendation 9
All hospitals implement a rehabilitative/restorative care approach as this is developed across the province. The newly established provincial Rehabilitative Care Alliance will provide insight into further opportunities on the delivery of both CCC and rehabilitative care across the inpatient and ambulatory continuum.