

Long-Term Care Home Service Accountability Agreement (L-SAA) Information Session - August 24 and 25, 2009

Questions and Answers

Thank you to those who participated in Central LHIN's L-SAA information sessions. Our staff was pleased to kick off the L-SAA process in such a positive way and hope that you also found the session informative and helpful. We look forward to working through the L-SAA process in partnership with your organization.

Below is a compilation of the questions and answers that were brought up in the two sessions. If you have any additional questions, please feel free to contact Jeff Kwan at jeff.kwan@lhins.on.ca or (905) 948-1872 x228.

Section A: Long-term care sector – general

A-1 Are out-patient geriatric care clinics funded by the Central LHIN, and what influence do these clinics have on wait times?

Though there are currently no specific out-patient geriatric care clinics across the LHIN, there are a number of geriatric programs. Instead, nurse-led outreach teams are tasked with visiting long-term care homes with the objective of providing geriatric care. These teams have either started visiting long-term care homes, or are currently in the process of doing so. Nurse-led outreach teams will initially visit long-term care homes with high transfer volumes and will be led by nurse practitioners. The aim is to reduce transfers to emergency departments. For more information, please read Central LHIN Nurse-Led Outreach Teams – An Overview, which we have appended to this document.

A-2 What are the significant issues facing long-term care homes (LTCHs) in terms of wait times, and what can be done to reduce wait times?

There are approximately 2,252 people currently on long-term care wait lists within the Central LHIN boundaries. At the same time, the system is facing a shortage of approximately 1200 beds.

The LHIN is supporting several initiatives with the aim of reducing wait times by encouraging a decline in bed offers. One of these is to provide support to people in the community for as long as possible, based on a basket of services. This basket includes initiatives such as Balance of Care which assists people in cleaning, cooking, shopping and providing Meals on Wheels, among others.

A-3 What steps, if any, are being undertaken to reduce bureaucratic red-tape and paperwork, to reduce the reporting burden on long-term care homes by the Central Community Care Access Centre (CCAC)?

The paperwork is legislated provincially and is not controlled by the CCAC. However, under the *Long-Term Care Act 2007* and as part of the e-Health initiative, paperwork and duplication will be reduced, or even eliminated where possible. Please note that several initiatives are underway to assist long-term care homes in terms of increasing efficiencies by reducing the

administrative burden. In addition, the CCAC is always prepared to meet with representatives of long-term care homes, as requested, to discuss issues and challenges.

- A-4 What are the definitions for the following performance indicators?
- Median Wait Time to Long-Term Care Placement
 - % of Alternate Level of Care Days

Median Wait Time to Long-Term Care Placement

- median time that clients in Ontario are waiting for placement in a LTC Home
- time to placement is the time from the earlier of LTCH application date or consent date to date of placement
- does not include clients transferred from one home to another.

% of Alternate Level of Care Days

- % of inpatient (IP) days where a physician/designated other has indicated that a patient occupying an acute care hospital bed has finished the acute care phase of their treatment
- excludes newborns, stillborns and invalid records

$$= \frac{\text{Total \# of inpatient days designated as ALC in a given time period}}{\text{Total \# of inpatient days in a given time period}}$$

- A-5 Do the new regulations allow consumers to identify more long-term care homes in their list of preferred homes?

Yes, the new regulations allow consumers to identify five long-term care home choices, instead of three.

- A-6 How will eHealth impact on long-term care homes?

E-Health will assist long-term care homes in reducing paperwork and duplication, as documents will be received and submitted electronically in a consistent format through a web portal.

- A-7 When is the change expected in terms of the Resident Assessment Instrument (RAI) and Case Mix Index (CMI)?

The new funding methodology is expected by April 1, 2010. No decision yet on what that will be but there is work underway at the Ministry of Health and Long-Term Care (MOHLTC).

- A-8 Is there a funding review currently underway for long-term care homes?

Mario Tino, Executive Director of Ontario's LHIN Collaborative (LHINC) is leading a provincial task force for a funding review of the long-term care sector. The aim of the review is to formulate a sustainable funding model, based on population and demographics. The task force is expected to report to the MOHLTC by September 2010.

- A-9 Does the LHIN track vacancies?

Vacancies are tracked by the CCAC with respect to % ALC Days.

- A-10 Cultural/linguistic/religious-specific long-term care homes can have long wait lists. Are such homes measured based on wait lists (as at times these are not a true measure of performance)? Are long wait lists necessarily viewed from a negative perspective?

There are approximately 2,252 people on wait lists across the Central LHIN. The new long-term care regulations are expected to tighten the criteria for eligibility for long-term care, resulting in shorter wait lists based on new/updated eligibility criteria. Phase 1 of the new regulations has been circulated for public consultation. Phase 2 was released in September 2009 for review.

Long-term care homes should make every effort to keep all their beds filled and maintain high occupancy. As part of the integrated system long-term care homes are expected to admit residents seven days a week to maintain the flow of clients through the health care continuum

Please note that long wait lists are not necessarily viewed as negative, but are assessed based on the operating context of the respective long-term care home. For instance, ethnic-specific homes may have long wait lists resulting from individual preferences. In this regard, the L-SAAs do not aim to either reward or penalize long-term care homes. The objective from the perspective of the LHIN Board is to examine the issues from a planning lens and allocate beds based on need. The LHIN sees the long-term care sector as a partner in delivering resident centered care.

- A-11 Some cultural-specific homes have long wait lists, as people of a specific culture prefer to reside in such homes. How is this issue reflected in the LHIN priorities?

A balance needs to be achieved between the system needs of acute emergency department/alternate level of care pressures and that of long-term care. It is important to examine the various components of the system, such as, supportive housing, in order to reduce pressure on the long-term care sector.

As partners in delivering patient centered care, the LHIN and long-term care homes require continuous engagement to manage challenges and leverage opportunities, in the spirit of collaboration.

Section B: Service Accountability Agreements

- B-1 L-SAAs appear to be an additional reporting burden and it seems that we are operating in silos, with a lack of interconnectedness.

The aim of the upcoming L-SAAs between LHINs and long-term care homes is to develop a new relationship based on resident-centric care.

Currently, the MOHLTC will continue to maintain responsibility for compliance, standards and capital. It now falls into the scope of the LHIN role to work with long-term care homes on performance management (indicators) and quality standards. The MOHLTC aims to streamline processes at the provincial level as part of the health transformation plan to avoid duplication across the LHIN system. The L-SAAs support this plan.

- B-2 Has the Long-Term Care Sector Consultation Team (which provides input to the L-SAA Steering Committee) been formed?

Yes, the Long-Term Care Sector Team has been formed and has representation from the following long-term care associations:

- Ontario Long-Term Care Association (OLTCA)
- Ontario Association of Non-profit Homes and Services for Seniors (OANHSS)
- Association of Municipalities of Ontario (AMO)

B-3 Can the associations mentioned above provide input on performance indicators?

Yes, input on performance indicators has been provided by the associations to the long-term care service accountability agreement steering committee.

B-4 Are organizations with long-term care facilities based in multiple LHIN boundaries required to sign multiple L-SAAs? Will the L-SAAs be different?

Individual agreements will be required; however, each accountability agreement will be based on a standard template developed for all LHINs. The only difference will be performance indicators which will be based on the unique context of respective long-term care homes operating in specific LHINs.

B-5 Will the L-SAAs be based on fiscal or calendar year?

The L-SAAs are expected to be based on a fiscal year, although the reporting of the long-term care home is expected to continue on a calendar year basis.

B-6 How will performance indicators be developed?

Input from the long-term care sector is being factored into discussions regarding the development of performance indicators. It is expected that all the indicators will not be developed prior to the signing of the L-SAAs, and some will remain in the developmental stage.

Once again, thank you to everyone who attended the Central LHIN's L-SAA information sessions. We will continue to post relevant information about the Long-Term Care Home Accountability Planning submission (LAPS) and Long-Term Care Home Accountability Agreements (L-SAA) on our website.

We have scheduled an educational session for our long-term care providers for October 13. At that meeting we will provide more detailed information about timelines and about completing the planning submission forms. Invitations for the meeting have gone out to the long-term care home Administrators, and information is available in the calendar on our website. We look forward to meeting with you again at that time.

Central LHIN Nurse-led Long-Term Care Outreach Teams An Overview

Background

On May 30, 2008 the Minister announced a comprehensive \$109 million strategy to reduce emergency department wait times inside and outside of the hospital. As part of this strategy, a \$4.25 million investment is made to create 14 Nurse-led Long-Term Care Outreach Teams across the province. The teams will consist of Registered Nurses and/or Nurse Practitioners who will travel to long-term care homes to provide appropriate care to residents who require more urgent or advanced interventions and assessments which will prevent the need for transfers to the local emergency departments or in some cases hospital admissions.

This initiative is directly linked to the overall emergency department strategy goals of reducing emergency department wait times and improving patient satisfaction, including that of long-term care home residents. It is expected this initiative will demonstrate results in the short, medium and longer term by helping to reduce 1) avoidable transfers of residents to local emergency departments, 2) hospital admission rates, and 3) inpatient length-of-stay for admitted residents.

Ministry-identified provincial criteria for allocating 14 Nurse-led Long-Term Care Outreach Teams

The proposals included the following criteria:

(a) **Demonstrated Need:** clusters or regions within the LHIN with high incidence of resident transfers by local long-term care homes to hospital emergency departments. Need may be demonstrated by frequency of patient transfers from long-term care home to emergency department and/or problems with physician coverage of long-term care homes, as well as other related issues leading to resident transfers.

(b) **Demonstrated Opportunity/Integration:** the outreach team should complement and integrate as appropriate with other initiatives/projects within the LHIN in order to enhance the impact and advance the goal of reducing avoidable emergency department visits, shortening the emergency department length-of-stay, reducing avoidable hospital admissions and potentially reducing the length-of-stay in an acute care bed of long-term care home residents.

(c) **Partnerships and Collaborations:** the LHIN will ensure that the outreach team will strengthen and promote partnerships and collaborations among all relevant professionals involved in the resident's care and among local health service providers. In particular, mechanisms by which collaborations will occur between the outreach teams and local providers, including CCAC's, should be demonstrated.

(d) **Commitment to Performance goals:** health service providers participating in this initiative commit to track the following indicators, monitor progress towards performance goals and report to the LHIN and ministry:

Performance Goals:

- Reduction of resident transfers from long-term care homes to the emergency department/hospitals.
- Reduction in emergency department length-of-stay of patients transferred to emergency department.
- Reduction in hospital admissions for conditions which can be treated in the long-term care home.

- Reduction in length-of-stay of residents admitted as inpatients in an acute care hospital (more expeditious discharge with appropriate supports in the long-term care home).

Indicators:

- Number of transfers from long-term care homes to local emergency departments.
- Number of avoidable transfers from long-term care home to local emergency departments.
- Number of long-term care resident transfers to emergency department resulting in inpatient admissions.
- Number of admitted residents who were discharged early from acute care due to availability of the outreach team to provide the required continuity of care/interventions in the long-term care home.
- Overall length of stay in acute care hospital of admitted residents.

(e) **Minimum structural and operational requirements:** while the details of the structure and operations of the outreach team will be developed by the participating health service providers, the following minimum requirements must be incorporated into the model:

Minimum Requirements:

- **Team Composition:** either Registered Nurses and/or Nurse Practitioners depending on local availability and recruitment strategies
- **Base Employer and Mobility:** employed by one health care provider (e.g., a hospital, long-term care home) yet function as a mobile service able to travel to designated long-term care homes
- **Care Provision:** the outreach team nurses will provide appropriate care to residents who require more urgent or advanced interventions, including assessments and specific procedures which would prevent transfers to the local emergency department or the need for hospital admission
- **Point of Care Testing:** the outreach team must have point of care testing capability (examples may include, but are not limited to electrolyte measurement, CBC, Urine testing vital signs and pulse oximetry devices, other).
- **Enhancing LTC Home Capacity and Capability:** the outreach teams must provide training and support to long-term care home staff to enhance internal capacity/capability to meet residents' care needs and help avoid transfers to hospitals emergency departments.
- **Partnerships and Collaborations:** the outreach team will work in partnership with long-term care home and community-based family physicians, local emergency departments /hospitals, and key/relevant community health care organizations, including CCACs

Along with the MOHLTC funded team the Central LHIN is funding two additional teams to cover the 46 long-term care homes in our geographic area. The three teams operate out of Central LHIN hospital sites and will include all Central long-term care homes.

1. Humber River Regional Hospital and North York General Hospital
2. York Central Hospital and Markham Stouffville Hospital
3. Southlake Regional Health Centre and Stephenson Memorial Hospitals

As the teams get up and running they will be in touch with each home to develop a working relationship and establish communication channels. If you require more information on this initiative please contact Saifa Sidi, Senior Planner, at the Central LHIN 905-948-1872 ext 225 or by email to Saifi.Sidi@lhins.on.ca.