

Local Opportunities for Long-Term Care Facility Capacity: Implementing System Priorities

History

In April 2004, the Halton-Peel District Health Council (DHC) published a report, *Local Opportunities for Long-Term Care Facility Capacity*, that provides an overview of a community consultation and evaluation process to consider short-term opportunities to use long-term care (LTC) home capacity in light of pressures within the broader health system. Through the planning process and application of evaluation criteria, senior administrative staff in hospitals, LTC homes, Community Care Access Centres (CCACs), retirement homes and community agencies identified 11 local system priorities:

- Specialized resources for difficult to place clients with behavioural challenges
- Specialized programming and resources for younger adults with chronic conditions
- Further development of short stay respite
- Relocation of slow stream rehabilitation
- Development of dialysis capacity
- Development of convalescent care – transition from hospital to home
- Specialized programming and resources for developmentally delayed adults
- Residential hospice
- Moving hospital inpatient rehabilitation units
- Changing the facility bed mix and funding formula
- Office space for a comprehensive geriatric assessment outreach program

Three recommendations were also developed:

The Ministry of Health and Long-Term Care and local providers work together to ensure a coordinated approach to implementation of the ideas.

The Ministry of Health and Long-Term Care and other key stakeholders (e.g. LTC facilities, hospitals, community agencies, Halton-Peel DHC, where applicable) need to support and facilitate the implementation of strategies in this fiscal year (2004/05).

In-kind and financial resources need to be made available immediately to support development of business cases necessary to move towards implementation of these ideas.

Planning Process

To assist in the facilitation of the 11 system priorities, the Halton-Peel DHC included a new project in its 2004/05 Operating Plan: *Local Opportunities for LTC Facility Capacity: Implementing System Priorities*. This project enabled DHC staff to continue to support and facilitate local exploration and implementation of opportunities created by LTC home capacity. This included keeping abreast of those priorities (such as dialysis, developmentally delayed clients) being addressed by existing groups, avoiding duplication of efforts as well as identifying

/ working on strategies that need to be developed locally. A project methodology was developed:

- Utilize past project Advisory Group to address 11 local system priority opportunities.
- Confirm Ministry of Health and Long-Term Care planning initiatives related to LTC home capacity and the transformation agenda
- Review existing efforts / discussions related to 11 system priorities. Continue to support those existing processes where required (i.e. residents with dialysis needs)
- Confirm those priorities where little / no activity is occurring
- Develop work plans / action plans for implementation

On November 1, 2004, the Advisory Group met to "wrap-up" the previous planning project, review progress to date on the 11 system priorities and discuss this next project phase. There was agreement that there are still opportunities within some of these priority areas for continued planning work. It was also suggested that given the similarity, some ideas could be combined (i.e. slow stream rehab and convalescent care).

In November and December, the DHC planning team gathered additional information on some priorities. This was necessary to understand what, if any work, might be related to planning and thus require DHC involvement. Following this exercise, further opportunities were identified in terms of:

- Dialysis capacity
- Developmentally delayed (intellectually disabled) adults + young adults with chronic conditions
- Slow stream rehab / convalescent care

The following provides an overview of each of these priority areas, progress to date, key findings and potential directions that the Advisory Group may wish to consider collectively, or as individual organizations / sectors.

Opportunities for Serving Dialysis Patients in LTC Homes

Overview

With an increase in the number and age of individuals with end stage renal disease, there will be an increasing number of individuals that require dialysis as well as LTC home placement. This idea was intended to develop dialysis capacity in some LTC homes.

In November and December 2004, the Halton-Peel DHC project team began to collect information on the work that has been done to date and the planning work that might be related to the development of dialysis capacity in Halton-Peel. Through this research phase, it also became apparent that involvement of the Regional Renal Care Centres (The Credit Valley Hospital and Halton Healthcare Services Corporation) was critical to conducting further work on this opportunity.

Regional Renal Care Centres

While the development of dialysis capacity remains a priority for both The Credit Valley Hospital and Healthcare Services Corporation, there are many other competing priorities related to renal care at this time. The Credit Valley Hospital is currently in the process of preparing for the move

of the dialysis unit from hospital to the new building and is expanding the number of beds. Halton Healthcare Services Corporation's primary focus at the present time is the development of a peritoneal dialysis (PD) program. Additionally, the need for dialysis capacity in LTC homes in Halton has decreased slightly as the opening of new beds has helped to alleviate some of the pressure on complex continuing care (CCC) by dialysis patients and more LTC homes in Halton are accepting patients on hemodialysis (HD).

Regional Centres and LTC Homes

The Credit Valley Hospital has been approached by a LTC home operator to explore the development of an onsite HD unit. Halton Healthcare Services Corporation has also been working with a few organizations in Halton including the Community Care Access Centre (CCAC) of Halton to identify and address dialysis needs among the LTC population. The group has identified a few LTC homes in Halton that are interested in caring for PD patients, however, they have decided not pursue this opportunity since Halton currently does not have a critical mass to make this program viable. Halton Healthcare Services Corporation has indicated that they would be interested in exploring the potential of a Halton-Peel initiative and working with The Credit Valley Hospital.

Development of Dialysis Capacity in LTC Homes Work Plan

Based on the discussions with the Regional Renal Care Centres and the work done to date, the Halton-Peel DHC drafted a detailed work plan and circulated it to the Regional Care Centres for consideration and review. (Please see attached work plan.)

The work plan contains the following areas for action:

- › Determine the current HD and PD capacity and identify gaps
- › Determine nephrologists' interest to provide medical support and identify key enablers and barriers
- › Explore the potential role of CCACs to support HD or PD residents in LTC homes
- › Determine if residents would be interested in a LTC facility that provides a HD or PD program and willingness to relocate to a different region
- › Determine the critical mass required to make a HD or PD program viable and if a HD and / or PD program is viable in Halton-Peel
- › Explore alternate funding opportunities
- › Send out a request for expression of interest to all LTC homes in Halton-Peel
- › Develop selection criteria
- › Select a LTC home(s) based on the established criteria
- › Develop a proposal

A meeting was held on January 17, 2005 with the Regional Renal Care Centres and the Halton-Peel DHC to discuss the draft work plan including areas for action, timelines and key responsibilities. At this time, it was envisioned that the Halton-Peel DHC would work with the Regional Renal Care Centres to execute this work plan.

The Halton-Peel Kidney Care Network

In light of the Ministry's announcement of the closure of the District Health Councils as of March 31, 2005, a meeting was held on Wednesday, February 17, 2005 with the Regional Renal Care Centres and the Halton-Peel DHC to discuss the impact of this decision on the project. There was consensus that the project (and work plan) should be tabled at the next Halton-Peel Kidney

Care Network meeting. The Halton-Peel Kidney Care Network is a standing group of renal care providers in Halton-Peel (including local hospital corporations) and its mandate is to provide leadership to ensure that a comprehensive and integrated regional system of kidney care is available to meet the needs of Halton and Peel residents.

The project was tabled at the February 18, 2005 Network meeting. The project was put on hold as the Network is in the process of discussing its continuation and role.

Potential Options for Moving Forward

1. The Halton-Peel Kidney Care Network forms a small working group to carry on the project.
2. Hire a consultant to conduct the feasibility study and to write the proposal.
3. Regional Renal Care Centres take the lead and assume primary responsibility for moving the project forward.

Intellectually Disabled + Younger Adults with Chronic Conditions

Overview

DHC staff have been exploring the needs, issues and opportunities that could exist for people with Developmental Delay (now called Intellectually Disabled) and Younger Adults with Chronic Conditions to make use of the LTC bed capacity in the Halton-Peel system.

Key Findings

Through discussions with both staff at the CCACs and Peel–Halton Acquired Brain Injury Services (PHABIS), and a literature review, the following became evident:

- There is limited information and consistent knowledge about the needs of these two groups and about how best to serve them in a LTC home context.
- It is difficult to delineate needs and best practices specific to either one of these two groups. Specifically, what might work for one of these groups could possibly be adapted/modified or adjusted to work for the other.
- Those with intellectual disabilities and chronic conditions tend to fall into the “difficult to serve” category
- There is continued debate about whether these special needs populations are best served in a LTC home.

Potential Directions

Based on this preliminary feedback, a work plan has been drafted for these populations, which provides an opportunity to consider some joint work for these priority groups that had previously been considered separately (see attached).

The draft work plan contains four major steps:

- A. A literature review (to better understand needs/issues critical mass numbers/best practice information/ service models)

- B. A survey (who is in our local homes/numbers of special needs people/needs/issues/how are they currently being served?)
- C. Connecting with a facility that has capacity issues and interest in pilot testing an initiative based on findings from the previous two steps
- D. A brief report/summary document summarizing the findings from the literature review, survey and pilot test

Another critical component of the work plan was to identify, maintain and share resources, (like Mariann Mesch who is currently at Malton Village supporting individuals with intellectual disabilities transitioning into LTC homes), supports and models among programs and between geographic areas to maximize placement successes.

This work plan was drafted with the expectation of support and resources from the DHC. Given that such support is no longer possible, the magnitude of the work plan may need to be re-considered. It is acknowledged that the work plan as articulated has a significant amount of research associated with it. However, the suggested research component does provide a strong information base that LTC homes can use to pilot and build effective service models designed to effectively serve these special needs populations.

New Convalescent (Supportive) Care Program

Overview

On February 10, 2005, the Minister of Health and Long-Term Care George Smitherman announced \$5.75 M to establish up to 340 convalescent care beds in LTC homes under the New Convalescent Care Program. The program implementation is two-fold:

1. Identification of communities across Ontario for bed allocation
2. Identification of LTC homes within these chosen communities

Identification of communities across Ontario for bed allocation

In the Fall 2004, the Ministry of Health and Long-Term Care conducted and analyzed the results of a survey with all hospitals in Ontario to identify regions most affected by significant acute hospital occupancy pressures and critical mass of eligible individuals.

As a result of this survey, Peel was awarded 41 beds and Halton 12 beds.

Identification of LTC homes within these chosen communities

The Ministry is currently organizing educational sessions for those regions awarded convalescent care beds. Invitations are being extended to all LTC homes to attend and learn more about the program and the application process. Once this education session has been held, there is a provincially fixed time for submissions.

New Convalescent (Supportive) Care Program Steering Committee

In late 2004, the Ministry of Health and Long-Term Care, Central West Regional Office established the New Supportive Care Program Steering Committee. This forum was established to make recommendations on the planning, organization and implementation of the

New Convalescent Care Program in Halton-Peel. This group is facilitated through leadership from The Credit Valley Hospital and membership includes representation from the 5 hospital corporations, the CCACs of Halton and Peel, Central West Ministry Office and the Halton-Peel DHC. Once homes in Halton-Peel have been awarded convalescent care beds, these homes will be asked to join the Steering Committee. To date, this group has met three times and begun work on operational and planning issues related to this program. A draft repatriation agreement has been drafted by the hospitals and the CCACs have developed a draft admission process. Consideration has also been given regarding possible opportunities for bed clustering and program eligibility.

Opportunities for Serving Dialysis Residents in Long-Term Care Homes

Work Plan

Time Frame	Task	Action	Responsibility
Mid-January	<p>Current HD and PD Capacity</p> <ul style="list-style-type: none"> ▪ Determine HD and PD capacity (including planned capacity) ▪ Compare current HD and PD capacity to projected and identify gaps 	<ul style="list-style-type: none"> ▪ Review the “Estimating need for LTC facility capacity and dialysis” survey results, and determine if the survey needs to be updated and if there are additional questions that need to be addressed ▪ Conduct a telephone email survey with all the dialysis providers ▪ Update Halton-Peel-Dufferin capacity template ▪ Conduct gap analysis 	▪
Mid-January	<p>Medical / Clinical Support</p> <ul style="list-style-type: none"> ▪ Determine nephrologists’ interest to support HD and / or PD program in LTC home(s) and identify enablers and barriers ▪ Determine nephrologists’ interest to support a program outside of their region ▪ Determine other team members’ (nurses, dietitians, social workers, etc) interest to support HD and / or PD program in LTC home(s) – training & mentoring, expert consultation, etc ▪ Review role of LTC home medical director & on-call physicians ▪ Determine CCACs ability to support HD & PD residents in LTC home(s) 	<ul style="list-style-type: none"> ▪ Set up meeting CVH nephrologists around providing medical back-up and supporting a program outside of their region ▪ Set up meeting with HHS nephrologists to discuss providing medical back-up and supporting a program outside of their region ▪ Connect with Wendy Shelly and Brent Chambers re: role of LTC home medical director & on-call physicians ▪ Connect with Sandra Henderson and Robert Morton re: CCACs ability to support HD & PD residents in LTC home(s) 	▪
TBD	<p>Consumer Interest</p> <ul style="list-style-type: none"> ▪ Determine if residents would be interested in a LTC facility that provides a HD or PD program (patient choice vs. onsite HD or PD program) and willingness to relocate to a different region 	<ul style="list-style-type: none"> ▪ Conduct focus group sessions (one in Halton and one in Peel?) with pre-dialysis and dialysis patients awaiting placement in LTC homes and residents in LTC homes <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> ▪ Connect with the Social Workers at HHS and CVH (would these programs be of interest to pre-dialysis and dialysis patients awaiting placement in LTC homes and dialysis residents in LTC homes) 	▪

Time Frame	Task	Action	Responsibility
End of February	<p>Feasibility Study</p> <ul style="list-style-type: none"> ▪ Determine the critical mass required to make a HD or PD program viable ▪ Evaluate patient outcomes (hospitalization rate, mortality and morbidity rates, infection rate) and level of patient acuity (i.e. are they stable enough to receive care outside of a hospital setting) ▪ Determine the number of dialysis patients residing in LTC homes and awaiting placement in LTC homes ▪ Determine the number of pre-dialysis patients residing in LTC homes and awaiting placement in LTC homes ▪ Determine the project demand for HD and PD in LTC homes 	<ul style="list-style-type: none"> ▪ Conduct a literature review ▪ Develop a standard set of questions for meeting with LTC homes offering PD program ▪ Set up a meeting with the LTC home(s) in Scarborough offering a PD program and the Scarborough Hospital (?) to discuss funding model, clinical support, lessons learned, etc ▪ Review O’Neill experience ▪ Review HD programs in Chronic Care facilities ▪ Determine whether Baxter has done any further work in this area ▪ Determine if a HD and / or PD program is viable (on a regional or DHC planning area basis) 	<ul style="list-style-type: none"> ▪
End of February	<p>Funding (explore in parallel to Feasibility Study)</p> <ul style="list-style-type: none"> ▪ Understand how LTC home(s) are funded and the extra funding required to meet the needs of dialysis residents (as well as the issue of occupancy and funding) ▪ Understand how Regional Centres are funded ▪ Explore opportunities for joint funding from the two envelopes 	<ul style="list-style-type: none"> ▪ Set up a meeting with Ginette Daigle and ? to discuss the project and creative opportunities for funding <ul style="list-style-type: none"> – Explore how other projects (PD programs in LTC homes in Toronto and HD programs in chronic care hospitals) have been funded 	
TBD	<p>Options for Serving LTC Home Residents</p> <ul style="list-style-type: none"> ▪ Review various options within the context of the information gathered above (including the development of a program on a regional or a DHC planning area basis) <ul style="list-style-type: none"> – Designate one LTC home in Halton-Peel to develop a PD program in partnership with one or more dialysis programs – Consolidate residents being transported off-site for HD to one or two LTC homes in Halton-Peel – Develop a HD satellite in a LTC facility to serve residents of the home and the community (if the 	<ul style="list-style-type: none"> ▪ Set up a meeting with the regional centres to select option(s) for moving forward ▪ Set up a meeting with Ginette Daigle to discuss proposed program(s) 	<ul style="list-style-type: none"> ▪

Time Frame	Task	Action	Responsibility
	<p>system is at capacity is there opportunity to move existing capacity from hospitals to LTC home(s)?</p> <ul style="list-style-type: none"> - Nurses from regional centres or CCACs help to support PD residents in LTC homes (i.e. nurse travel to the LTC homes); nurses could also be available for consultation - Review proposed option(s) with the Ministry 		
TBD	<p>Selection of LTC Home(s)</p> <ul style="list-style-type: none"> ▪ Develop selection criteria <ul style="list-style-type: none"> - Proximity to regional centre(s) - Capacity / ability to meet the needs (occupancy rate, no. of nurses, space, ease with which space can be reconfigured, etc) - Central of location (within Halton and Peel) ▪ Send out a request for “expression of interest” to all LTC homes in Halton-Peel 	<ul style="list-style-type: none"> ▪ Set up a meeting with the regional centres to develop selection criteria ▪ Set up a meeting with the regional centres to select a LTC home(s) based on established criteria 	<ul style="list-style-type: none"> ▪
TBD	<p>Get Started!</p>	<ul style="list-style-type: none"> ▪ Meeting between Regional Centre(s) and selected LTC home(s) to discuss logistics of creating a HD or PD program 	
TBD	<p>Proposal Creation</p> <ul style="list-style-type: none"> ▪ Draft proposal ▪ Circulate proposal to key stakeholders ▪ Finalize proposal ▪ Submit proposal 	<ul style="list-style-type: none"> ▪ Prepare proposal 	

Opportunities for Serving Younger Adults With Chronic Conditions/ Unique Needs in Long-Term Care Homes

Work Plan

Project Purpose: To determine the numbers of people with unique needs who are currently residing in (or waiting to reside in) LTC homes. To identify and understand their unmet needs and service issues and to highlight strategies and resources that could be implemented in Halton and Peel to enhance the quality of life in LTC Homes for these individuals.

Time Frame	Task	Action	Responsibility
	<p>Conduct an Environmental Survey</p> <ul style="list-style-type: none"> ▪ Contact LTC homes in Halton and Peel to determine numbers of residents) in each home that: <ul style="list-style-type: none"> ➢ Are 50 years of age or younger ➢ Have a developmental/intellectual disability ➢ Have a neurological disability (MS, CP) ➢ Have Acquired Brain Injury (ABI) 	<ul style="list-style-type: none"> ▪ Telephone/email survey to LTC homes (and/or consultation with the CCACs) to identify numbers of people fitting into any of the four noted resident target groups (need actual numbers as well as those waiting?) ▪ Identification of an appropriate critical mass number for each of the four target groups that would facilitate service provision economies and foster opportunities for appropriate target group socialization and interaction ▪ Identification of unmet resident needs, service gaps and issues that have been noted by both resident target group members and by the LTC Homes (host focus groups? Parent/caregiver survey?) ▪ Identification of strategies that have been implemented or that could be adapted by the homes in Halton-Peel to address needs, gaps and other issues for any of the target groups ▪ Identification of Transitional Issues/Critical Success Factors for effective placement of target group members into LTC homes <p>(focus groups? use findings from the literature?)</p> <ul style="list-style-type: none"> ▪ Identification of strategies and resources (e.g. neurobehavioural support model, clustering of individuals with similar needs, roles for a staff person like Mariann Mesch [currently at Malton Village }) that have already been implemented or could be adapted by homes in Halton and Peel to 	<ul style="list-style-type: none"> ▪

Time Frame	Task	Action	Responsibility
	<p>Implementation Activities</p>	<p>reduce transitional problems (make use of any relevant research from the Ontario Aging With a Developmental Disability Project and other findings from the literature)</p> <ul style="list-style-type: none"> ▪ Identify ways to facilitate sharing of resources, supports and models among programs and between geographic areas to maximize placement successes ▪ Write a brief report summarizing all findings including: resident target group numbers (actual and waiting), identifying needs, gaps and issues, critical success factors and possible support models/strategies for target group members already residing in or transitioning into LTC Homes ▪ Pilot test an approach (possibly focusing on one target group) aimed at resulting in effective LTC Home placements for people in that target group 	