

COMPLEX CONTINUING CARE / ALTERNATE LEVEL OF CARE VALUE AND AFFORDABILITY TASK FORCE

TERMS OF REFERENCE

BACKGROUND

The healthcare system aspires to deliver care in a setting that is congruent with the clinical needs of a patient as defined by the patient's health status, treatment plan and goals. When a patient is occupying a bed in a hospital and no longer requires the intensity of services provided, the patient is designated as awaiting an alternate level of care (ALC).¹

Reducing the number of patients designated as ALC to support enhanced throughput across the healthcare system is a key priority for the government and LHINs. To support this goal, organizations across the Toronto Central LHIN have been collecting data on patients designated as ALC in acute care, rehab and complex continuing care (CCC) hospitals for the past several months. In review of the data for patients designated as ALC in complex continuing care, the numbers have consistently been well over 200 each week. Almost all of these patients are awaiting placement in a long-term care home and because of this, they have had a detailed resident assessment instrument (RAI) completed and recorded by the Toronto Central CCAC.

Recognizing the opportunity to analyze this existing data, profile patient characteristics, identify common needs and opportunities to enhance patient flow, in May, 2009 the Toronto Central CCAC and GTA Rehab Network initiated a request for a task group to address this ALC issue.

Shortly thereafter, in June, 2009, the Toronto Central LHIN launched HAPS and IHSP-2 Value and Affordability Task Forces, one of which was directed at addressing ALC issues within CCC. As such, it was agreed that the existing task force initiated by the Toronto Central CCAC and GTA Rehab Network would be leveraged for this common purpose.

PURPOSE

The CCC/ALC Task Force is one of several initiatives being undertaken as part of the Value and Affordability priority of the Toronto Central LHIN. This Task Force will contribute directly to shaping decisions for the 2010/2012 Hospital Accountability Planning Submissions which all Toronto Central LHIN hospitals are required to submit by November 30th, 2009. Task Force recommendations will also contribute to longer term planning for collaborative changes that can be undertaken to strengthen value, affordability, and sustainability of clinical programs within Toronto Central LHIN hospitals.

¹ Provincial Alternate Level of Care Definition, Ministry of Health and Long-Term Care. April, 2009.

SCOPE OF WORK

As one of the Value and Affordability Task Forces of the Toronto Central LHIN, the initial focus of this task force's work will be to make recommendations on:

Phase I

- A consistent, LHIN-wide model of care for CCC patients who have been designated as ALC.
- System changes to support movement of this population based on review of RAI data of existing ALC patients in CCC and other information as applicable/available
 - Review current community discharge options within Toronto Central LHIN
 - Conduct a gap analysis to identify common needs/characteristics of ALC patients in CCC relative to current available discharge options
- System-wide policies / practices that will increase consistency in how this patient population is managed

Early in Phase 1, the Task Force will identify specific questions / issues that should be explored with health care consumers and the frontline healthcare workforce. The Toronto Central LHIN will then formulate and conduct a process to solicit consumer and health workforce inputs on these issues and questions to further inform conclusions arising from Task Force deliberations.

It is expected that additional work will be required after the fall of 2009 to further address the needs of this population and ALC related issues. As such the task force may consider addressing the following after the preliminary work above has been completed:

Phase II

- Highlight how, if alternate resources/strategies were to be put in place, the ALC patient could have been prevented or if they could be diverted from transitioning to long-term care.
- Identify other contributing factors that need to be addressed to reduce and divert patients from being designated as ALC awaiting long-term care prior to CCC admission

It is suggested that the Phase II activities and deliverables be reviewed and confirmed once the work outlined in Phase I is complete.

TERM

Membership on the task group for Phase I deliverables is for a period of 2-3 months. The Task Force will begin deliberations in summer 2009 and will submit an initial report to the Toronto Central LHIN by Friday, September 11, 2009. This report will be circulated to all TC LHIN hospital CEOs and discussed as part of a CEO Forum being scheduled for early September. Timeframe and membership to achieve the Phase II objectives is to be confirmed thereafter.

ACCOUNTABILITY

The Task Force is jointly accountable to the Toronto Central LHIN, the collective CEOs of the Toronto Central LHIN hospitals, CCAC and other participating organizations, including the Coordinating Council of the GTA Rehab Network.

MEMBERSHIP

The Task Force will be composed of representatives who hold vice president or senior director positions in a cross-section of Toronto Central LHIN hospitals, CCAC and other organizations. The Task Force will also include representation from the Toronto Central LHIN and GTA Rehab Network.

The CCC/ALC Value and Affordability Task Force CEO Lead for the Toronto Central LHIN will be Neil McEvoy, President and CEO, Providence Healthcare. This task force will be Co-Chaired by Stacey Daub, Senior Director, Toronto Central CCAC and Josie Walsh, Vice President Programs, Providence Healthcare.

The Task Force has the option of creating sub-groups and/or inviting additional participants to meetings based on the subject matter to be discussed.

CCC / ALC Task Force Members	
Neil McEvoy (<i>TC LHIN CEO Lead</i>)	Providence Healthcare
Josie Walsh (<i>Co-Chair</i>)	Providence Healthcare
Stacey Daub (<i>Co-Chair</i>)	Toronto Central CCAC
Linda Jackson / Maria Huijbregts	Baycrest
Claire Bryden / Alternate TBD	Bellwoods Centres
Heather Gilley	Bridgepoint Health
Charissa Levy	GTA Rehab Network
Maggie Bruneau / Saba Ateyah	Providence Healthcare
Michele Hawryluk / Margaret Leduc	Runnymede Healthcare Centre
Miin Alikhan	St. Michael's Hospital



Susan VanDeVelde-Coke	Sunnybrook Health Sciences Centre
Carol Ross / Marla Fryers	Toronto East General Hospital
Monica Codjoe / Alternate TBD	Toronto Grace Health Centre
Karima Velji / Sherra Solway	Toronto Rehab
Kathy Sabo	University Health Network
Donna Renzetti	West Park Healthcare Centre

Task Force Support / LHIN Liaison	
Glen Flint	Bridgepoint Health
Hannah Seo	GTA Rehab Network
Jaime Arthur	Toronto Central CCAC
Vania Sakelaris	Toronto Central LHIN