

## Transitional Care Program 2010/11 – Call for Proposals

### Background

Reducing Emergency Room (ER) Wait Times and Alternative Level of Care (ALC) days is one of the government's and the LHINs' key priorities. Consistent with the second year of Aging at Home (2009/10), the key area of focus for the third and final year of the strategy includes investments in initiatives that will help support reductions in Alternate Level of Care (ALC) days in hospital and that will help reduce wait times in Emergency Rooms.

In alignment with the provincial focus of the Aging at Home Strategy, the Toronto Central LHIN is issuing a Call for Proposals in an effort to help improve access to ER services and reduce ER wait times by:

- Creating an immediate impact on the local ALC pressures
- Improving patient flow and system efficiency
- Reducing the number of ALC patient days in hospitals
- Enhancing patient care by providing restorative care to maximize targeted patients' level of function and independence while in transition to the next and more appropriate destination.

### Toronto Central LHIN 2010/2011- Call for Proposals

The LHIN is interested in receiving proposals from health service providers to implement a **transitional care program (TCP)**. The LHIN will consider proposals responding to either of the two transitional care models outlined below:

1. Restorative:

- Programs that provide specialized restorative care focused on returning individuals to their highest level of independence in the community
- Discharge destinations for these clients include: home, supportive housing, rehabilitation/complex continuing care hospital

2. Interim Long-Term Care Beds :

- Expansion of existing interim long-term care capacity in accordance with long-term care home (LTCH) standards; this program builds additional LTCH capacity to support the flow of ALC patients who have long-term care homes identified as their discharge destination

Both Restorative and Interim Long-Term Care Transitional Care Programs may exist in either:

- Acute/post-acute hospital, or
- Community settings. When in community settings, beds in a LTCH or retirement home must be licensed or approved by the Ministry of Health and Long-Term Care (MOHLTC). The LTCH/RH must meet the legislated requirements under the Nursing Homes Act, Charitable Institutions Act, or Homes for the Aged and Rest Homes Act.

Priority will be given to Restorative TCP Proposals given the assumption that capacity identified will be able to accommodate client intake by the end of the 2nd quarter of 2010/11. Interim Long-Term Care Bed TCP proposals will be required to comply with all LTCH legislation and regulations. Inspection and subsequent approvals for such programs are anticipated to result in program start-ups and client impacts by the end of Q3; potentially minimizing the proposed impacts on LHIN ER and ALC targets for 2010/2011.

The LHIN is seeking proposals that will address the objectives, criteria and target population outlined in the call below.

## **Requirements of Transitional Care Program Proposals:**

- Transitional Care Programs must create net new beds, beyond currently funded levels
- Admission to this Program must meet specific eligibility criteria
- Program will not be restricted to patients from a host HSP, and will be deemed a system resource
- Program length of stay target is 60 days (maximum 90 days)
- Client assessment of eligibility and placement into Transitional Care Programs and to a subsequent appropriate destination of care will be managed by the Toronto Central Community Care Access Centre.

## **Intended Target Population:**

The program is targeted to seniors who no longer require hospital inpatient services.

Priority will be given to programs that address the transitions of seniors into a transitional care program who are:

- In acute care and are waiting for low tolerance, long duration rehabilitation
- In acute care and are waiting for LTCH placement
- In rehab/CCC and are waiting for LTCH placement

Many clients noted above have /complex care needs. **Programs targeting the needs of long-stay ALC clients will be viewed favorably.** Services targeting these needs could include a focus on, but are not limited to:

- Behavioural / cognitive impairment
- Tube feeding
- Wound care
- Meeting a high demand for ADL support

## **Proposal Requirements:**

Applicants will need to clearly outline:

- The type of beds being proposed (i.e., restorative, interim long term care)
- The number of transitional care beds proposed beyond currently funded levels (including location of beds)
- The proposed admission criteria
- The services to be provided to the targeted clients
- The proposed staffing model
- The proposed cost per client/ per diem
- The approach to discharge planning for clients.

All submissions should clearly demonstrate how the following will be addressed within the proposed program:

- Ensuring program is client-centred and responsive to unique needs
- Ensuring clients are supported to achieve and maintain optimal levels of functioning and independence
- Achievement of a 60 day Length of Stay for transitioning clients from a TCP to a subsequent appropriate destination of care
- Partnership with Toronto Central Community Care Access Centre in program development and execution
- Ensuring linkages to off-site specialized services to meet the needs of the target population and to facilitate subsequent transitions
- Value for money
- Timely implementation.

Admission to the program to commence by the end of Q2 2010/11 to help realize maximum impacts on the Toronto Central LHIN's ER and ALC performance targets.

The Transitional Care Program will collect data on a regular basis in order to assess the performance of the Transitional Care Program and its ER/ALC impact.

*Output measures:*

- Referral source (i.e., institution of origin)
- % Applications Accepted
- TCP admission date
- Discharge date from TCP
- Discharge destination

*Systems Measures:*

- Average or median length of stay
- Average Wait Time for Admission to TCP
- % Clients with LOS >60 and/or >90 Days
- 90<sup>th</sup> Percentile LOS in TCP by care type
- Total patients admitted to TCP per quarter
- Total patients discharged from TCP per quarter
- % ALC Days Reductions

## Process

**For the 2010/11 Transitional Care Program Call for Proposals**, please complete a [Health System Improvement Pre-Proposal \(H-SIP\)](#) found on the Toronto Central LHIN website. **All** sections of the [H-SIP Form](#) must be completed in order for the application to be considered. Please consult the [H-SIP Manual](#) on the Toronto Central LHIN website under Health Service Providers, and Health System Improvement Pre-Proposal.

**Submit proposals to [torontocentral@lhins.on.ca](mailto:torontocentral@lhins.on.ca) by 5pm on Tuesday June 15, 2010.**

*Questions from Health Service Providers regarding the 2010/11 Transitional Care Program Call for Proposals will be accepted until noon on June 7, 2010. This process allows for all questions and answers to be posted on the Toronto Central LHIN website during the week of June 7, 2010 for all potential applicants to benefit from. Questions will not be accepted after this time. Questions must be submitted in writing to [torontocentral@lhins.on.ca](mailto:torontocentral@lhins.on.ca). Please include "Transitional Care Program Question" in the subject line and provide contact information so that the LHIN team can get clarification on questions as needed.*

## Timelines

Activity	Timeline
Call for Proposals Issued	Wednesday June 2, 2010
Submission of questions from HSPs	June 2 – June 7, 2010 by 12 noon
Questions and answers published on Toronto Central LHIN website	Week of June 7, 2010
Proposal submission deadline	Tuesday June 15, 2010 by 5 p.m.
Successful applicants recommended to Senior Team and Board	Week of June 21, 2010
Ministry acknowledgement	July 2010 (estimate)
Program Implementation	July - August 2010