



Long-Term Care Home Placement

Improving Wait Times and Ensuring Smooth Transitions for Patients and Their Families

October 19, 2015

Summary

As Ontario's placement coordinators, Community Care Access Centres (CCACs) play an important role in supporting patients and families through the long-term care placement process, from initial needs assessments through to final placement in the first choice destination. CCACs provide neutral patient-centred system-level management of the placement process to ensure fair, equitable access to long-term care based on a comprehensive assessment of needs and consideration of all available service options. This process is complex and is guided by an extensive regulatory framework with a detailed set of rules designed to ensure that people with the most urgent needs have priority for access. A fundamental underlying principle is that people should have choice about where they live. As of March 31, 2015, there were just over 23,000 individuals waiting to be placed in a long-term care (LTC) home bed. Of these, two thirds were waiting in a private residence, 20 percent were in a hospital bed and 13 percent were in a retirement home. An additional 15,000 individuals are waiting in a long-term care home to transfer to their first choice home.

As the Minister considers opportunities to reduce wait times for LTC placement and improve transitions to LTC homes, it will be important to consider not just short-term opportunities to improve system flow and efficiencies, but to look to the future needs of Ontarians and their perspectives on how and where they want to age. LTC homes are and will be faced with the challenge of providing care for an increasingly complex cohort of long-stay residents, many with specialized clinical, functional and behavioural needs, as well as the increasing cultural diversity of Ontario's aging population.

Investments in home and community care are enabling people with increasingly complex needs to stay at home longer and at a lower overall cost to the system. As the Minister is aware, convalescent care and other short-term programs focused on rehabilitation and restorative care are showing results in delaying and or preventing placement to LTC.

In considering opportunities to streamline and improve the LTC home placement process, the perspectives of individuals who have experienced the placement process are essential input. A better understanding of their needs for information and support, and the challenges they experience with the current application and transition process to long-term care is crucial. Planning for improvements in the LTC placement process must also keep in mind, a reimagined health system that includes transformation of home and community care, supportive housing and attendant care options, rehabilitation and complex care, convalescent care and respite, palliative care, and primary care that are integrated as a continuum.

Ontario's CCACs have identified and recommend five opportunities to streamline and improve the placement process to inform future discussions. These opportunities include:

- Comprehensive and future-oriented capacity planning for long-term care that considers need and supply across the full continuum of care options – ranging from community care, supportive housing/assisted living, specialized care in long-term care homes, and residential hospice care.

- Ensure that LTC home supply is responsive to peoples' needs and preferences by building a better understanding of the factors that influence the choice of a LTC home.
- Make it easier for applicants and their families to plan and find information about LTC homes to make the placement process faster and less challenging for applicants and their families.
- Address the barriers to optimizing electronic referral and information sharing to make the placement process safer and more efficient.
- Review the regulatory framework guiding LTC home placement to ensure optimal process efficiencies and reconsider the levers that are available to deal with severe capacity pressures in hospitals and the community, while providing appropriate mechanisms to prioritize individuals who are at immediate risk.

Introduction

The decision to move into long-term care is a life-changing experience for patients and their families. For the individual seeking placement, it means leaving their home and moving in to what is likely to be the last place that they will live. For families, and especially substitute decision makers, placement decisions are filled with emotion and for many it is the first major life choice made on behalf of a loved one. As Ontario's placement coordinators, Community Care Access Centres (CCACs) play an important role in supporting patients and families through this process from initial needs assessments through to final placement in the first choice destination. CCACs provide neutral system-level oversight of LTC home placement, in addition to providing patient-centred individualized care planning that ensures that all care options are considered.

The long-term care home placement process is complex and is guided by an extensive regulatory framework with a detailed set of rules designed to ensure that all other community options are explored prior to placement and that people with the most urgent needs have priority for access. A fundamental underlying principle is that people should have choice about where they live.

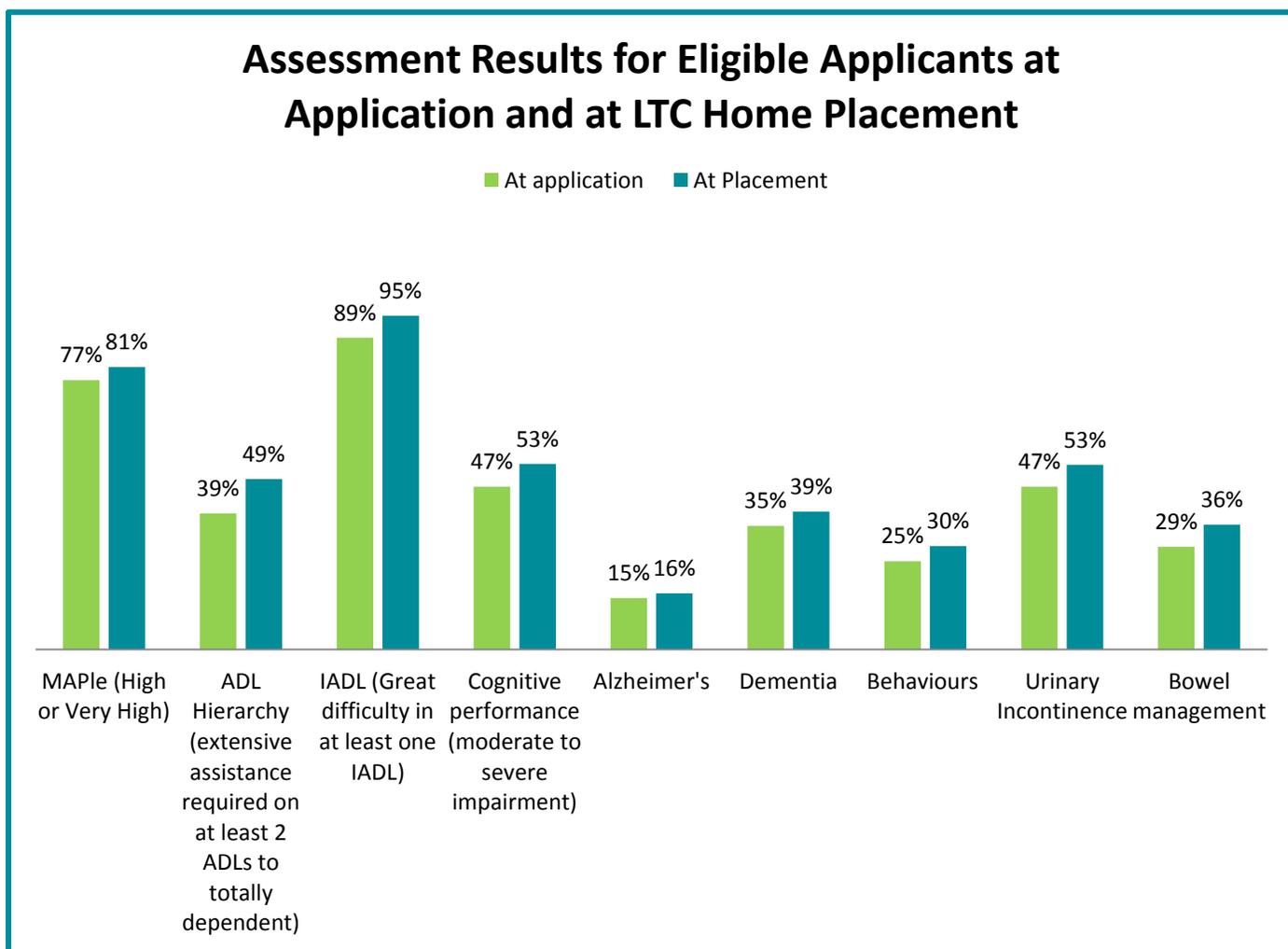
As of March 31, 2015, there were just over 23,000 individuals waiting to be placed in a long-term care home bed. Of these, two thirds were waiting in a private residence, 20 percent were in a hospital bed and 13 percent were in a retirement home. An additional 15,000 individuals are waiting in a long-term care home to transfer to their first choice home.

The majority of people waiting for LTC home placement receive services from CCACs while they wait. With the levels of support that they receive in the community many people are not seeking immediate placement. They want to ensure that they are in the queue for their first choice home at a future date when they may have a more urgent need. Wait lists for LTC homes are often an imperfect balance of people who are ready for placement, and people who meet the eligibility requirements but are planning for a future need.

Each month, CCACs coordinate placements from the community for approximately 1,800 people and support approximately 3,000 others to transfer between LTC homes to a preferred home, for spousal

reunification or to a different level of care not available in their current placement. The chart below provides an overview of the assessed needs of eligible applicants for LTC home placement. Half of the people eligible for placement have moderate to severe impairments with cognitive performance and a significant proportion have demonstrated challenging behaviours. Almost all have challenges managing activities of living (ADLs and IADLs) and half are experiencing difficulties with continence.

Building on their expertise as placement coordinators in Ontario’s long-term care system, CCACs have identified and recommend the following five opportunities to streamline and improve the placement process.



SOURCE: Client and Health Related Information System (CHRIS) for 13 of 14 CCACs; data not available for Toronto Central CCAC

Recommendation: Comprehensive and future-oriented capacity planning for long-term care is needed that considers need and supply across the full continuum of care from community care to specialized care in long-term care homes

As identified in *Patients First: A Roadmap to Strengthen Home and Community*, comprehensive capacity planning is needed to guide public investments and ensure that local communities have the right balance of services to meet the emerging needs of Ontario's aging population.

Capacity planning must be future-oriented and consider several questions:

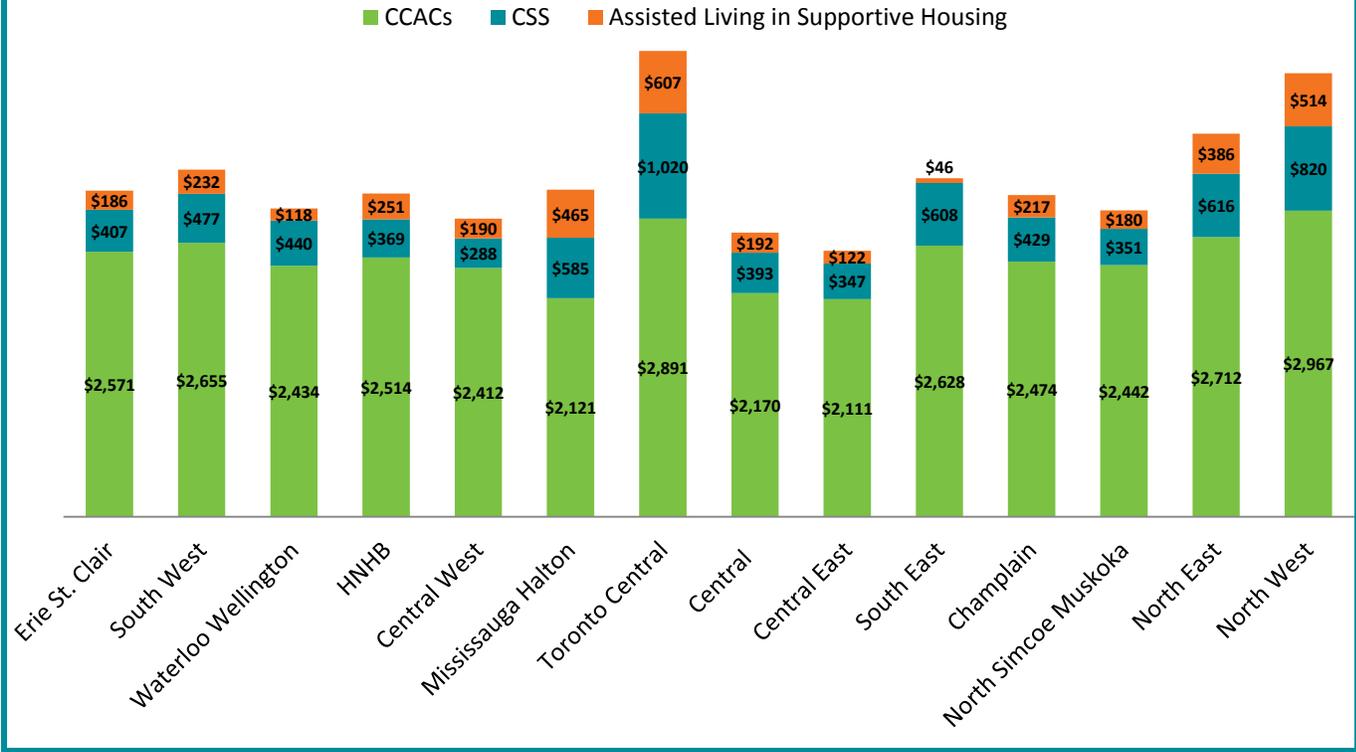
- Where do Ontarians want to grow old?
- What types of resources (staff and/or facilities) will be needed to address the needs of seniors in five years and in ten years?
- What is the range and balance of community services needed to keep people at home as long as possible and provide the best value for public investment?
- What types of long-term care beds will be needed to address specialized care, cultural and linguistic needs?
- How can convalescent care and restorative care be optimized to delay or prevent long-term placement in LTC homes?

A recent analysis carried out by the CCACs compared CCACs with higher utilization of short-stay convalescent care to CCACs with lower utilization. The results suggest that expansion of convalescent care to 100 additional patients could result in 29 fewer applications for long-stay placement and 31 fewer long-stay placements over one year¹.

As shown in the charts below, historical funding has resulted in variability in the availability of community services that can prevent or delay the need for LTC home placement. For example, public expenditures in 2013/14 on assisted living services ranged from a low of \$46 per senior aged 75 years and older to a high of over \$600 across LHINs. Access to short-stay convalescent care and respite care in LTC homes also varies widely across CCACs.

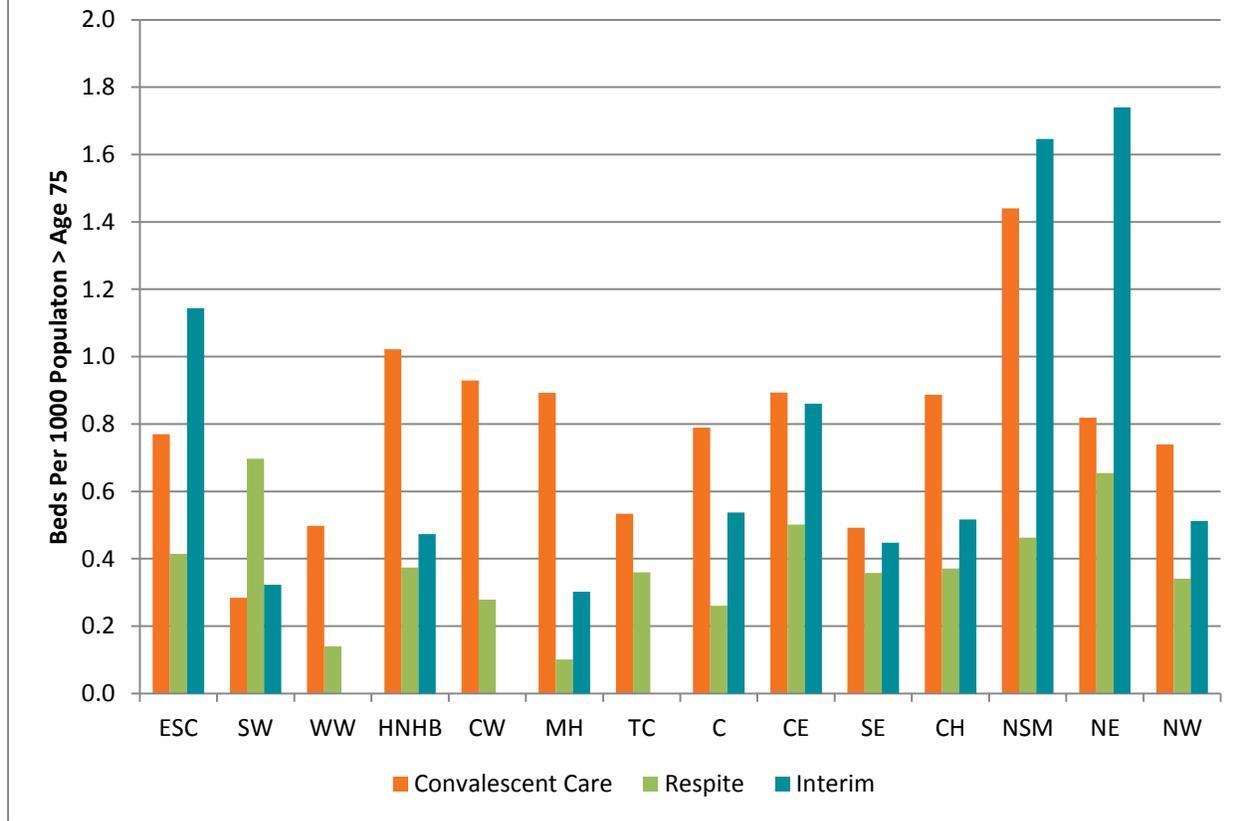
¹ Jennifer Scott, Jennifer Wright and Aaron Jones, "Short Stay Convalescent Care Program and RAI-HC Assessment Evaluation Demonstrating Improved Patient Outcomes and Care Transitions", Canadian InterRAI Conference, October 7, 2014.

Per Capita Public Expenditure on Home and Community Care per Population Aged 75 Years and Older - 2013/14



SOURCE: Public Accounts of Ontario 2014 and MOHLTC Long-Term Care Home System Report as of March 31, 2015

Short-stay Convalescent, Respite, Interim LTC Beds per 1000 Population Aged 75+



SOURCE: MOHLTC Long-Term Care Home System Report as of March 31, 2015

Some key considerations for capacity planning in relation to long-term care include:

- A rational, equitable continuum of care based on a comprehensive understanding of community needs.
- Optimizing access to short-term rehabilitative, restorative and convalescent care to ensure that all opportunities have been explored to support independence before long-term placement is considered.
- The identification and mapping of populations requiring specialized long-term care, including cultural and linguistic sensitivity, palliative care, mental health and addictions, renal, bariatric and behaviours.
- Matching demand and available supply in terms of classes of accommodation in LTC homes. Less than half (46%) of the current supply of long-stay LTC home beds are basic accommodation, however, approximately 60% of applicants are seeking basic beds. As a result, applicants who

can only afford basic accommodation wait longer than those that can pay preferred accommodation premiums.

- Identification and focused planning for people with complex or specialized needs (such as renal, bariatric, mental health and behavioural support), that are not easily accommodated in the current system. These are often the people who wait for extended times in the community or in hospitals for an alternate level of care. For many of these people, LTC homes are viewed as a default destination, but LTC homes may not have the physical features or resources to appropriately address their needs.
- Access to safe, affordable and supportive seniors housing. There is growing recognition that there may be a significant number of residents who, after a period of time in LTC homes, could be discharged back to the community if appropriate supports were available. However, many seniors have no homes to return to and access to housing is a barrier to reintegration in the community.
- Understanding the resource requirements that LTC homes will have to support care for a more complex cohort of residents with more intensive clinical and functional needs, a high level of cognitive impairment with related behaviours and a need for secure care.

Recommendation: Choice of LTC home is a significant factor in how long people wait for placement. A better understanding of the factors that influence choice is needed to ensure that supply is responsive to peoples' needs and preferences

As noted above, a person's right to choose where they live is a fundamental underlying principle of Ontario's LTC home placement process. Choice is an important factor in how long people may wait for placement. All CCACs report publicly on wait times for LTC placement by home, and this information is used to counsel applicants and families as they consider their choices.

There has been no comprehensive analysis of the factors that influence the choice of homes – whether it is location and proximity to family, the physical features of the home, special programs, reputation or other factors such as cultural/ethnic responsiveness. What is clear is that patients and families are prepared to wait to gain access to the homes of their choice.

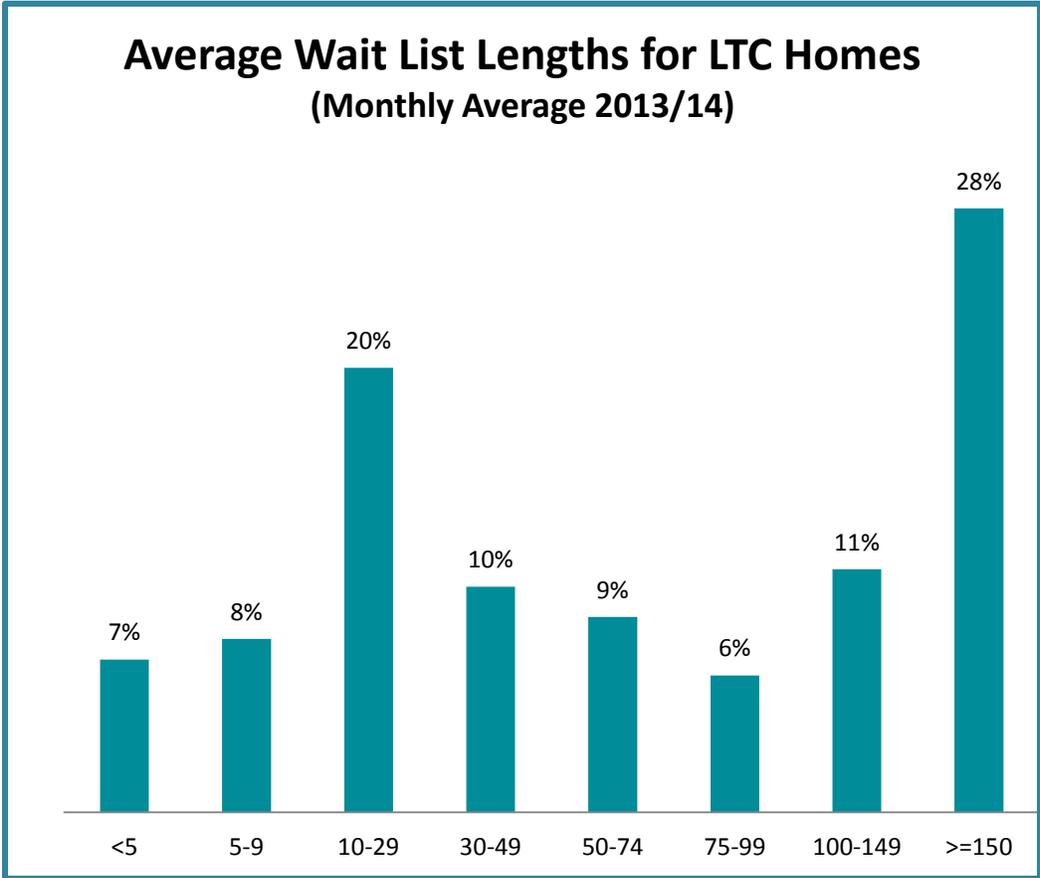
An analysis of CCAC wait list data indicates that one-third of LTC homes have less than 30 people waiting in any given month; while over one-quarter of homes have wait lists of 150 people or more. Further, one third of applicants, regardless of location or priority level choose only one home.

A better understanding is required of the factors that influence choice and the information that applicants need to make good, informed decisions about LTC homes.

Consideration must also be given to balancing individual choice with broader system imperatives. For example, supporting an individual who is unable to come home from hospital or who is using exceptional levels of care in the community while waiting for a single choice of a home with a very long

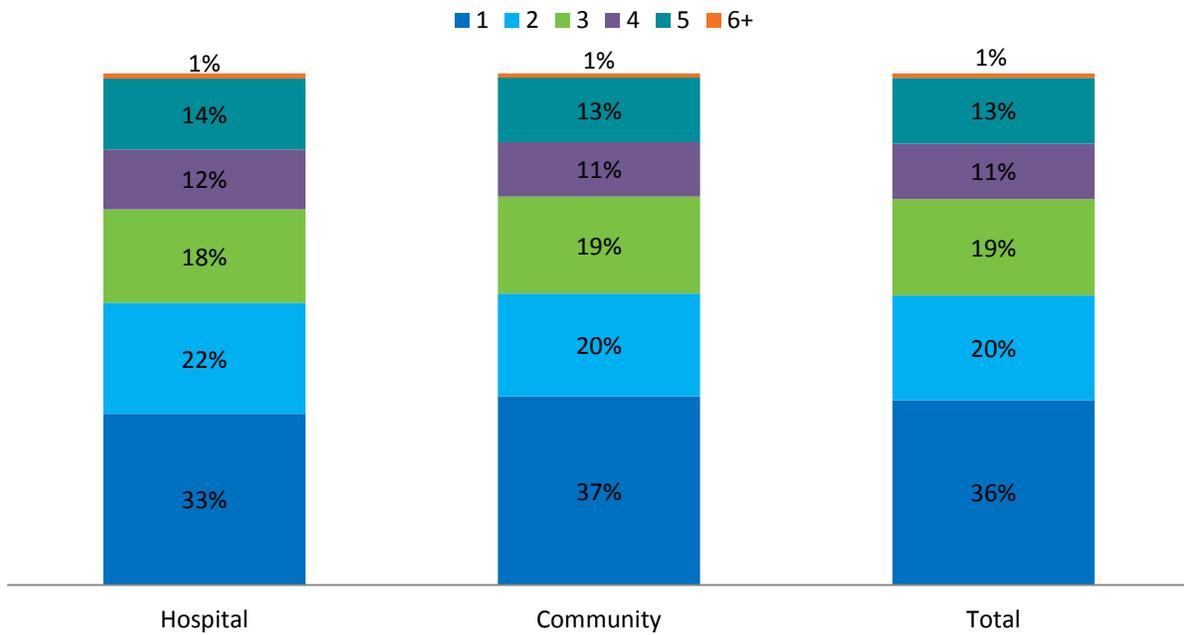
wait list can impact access to care for many other patients. Both Alberta and British Columbia have adjusted their policies to limit choice in some circumstances.

One factor that influences choice is the structural design of homes. As the next wave of redevelopment moves ahead, it will have a variable impact in regions across the province, and have longer term implications for waiting lists.

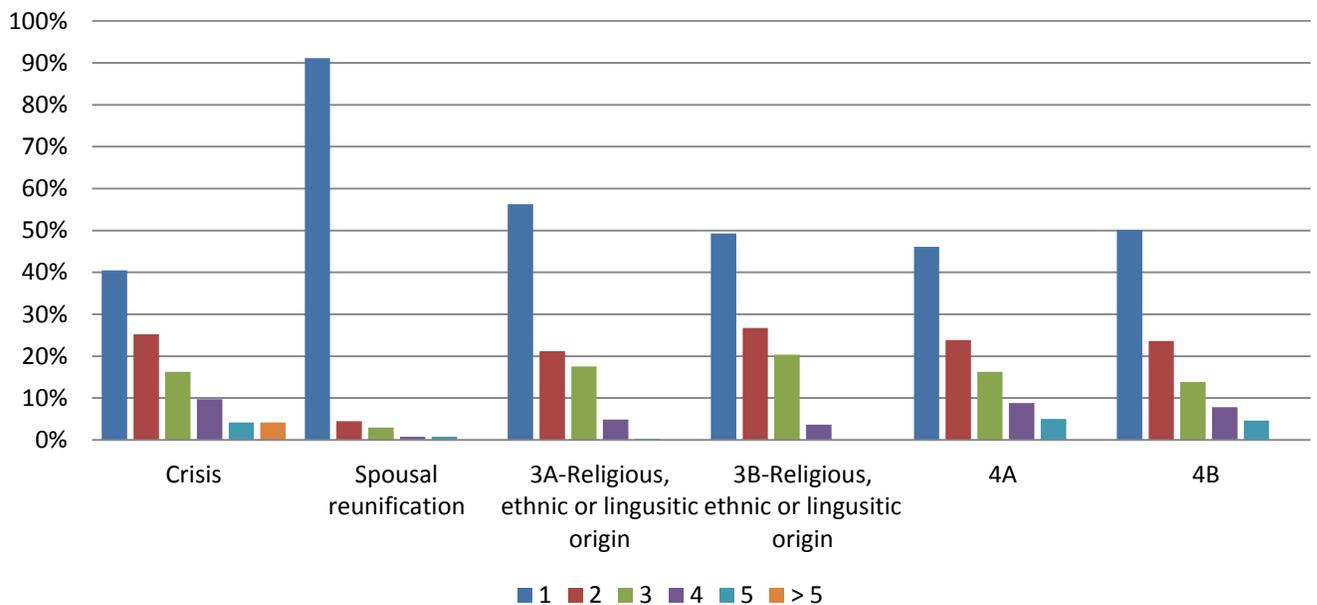


SOURCE: CHRIS and Bed Board Management System for 13 of 14 CCACs; Toronto Central CCAC data not available

Number of LTC Homes Selected by Current Location (January 2015)



Number of LTC Homes Selected by Priority Category (January 2015)



SOURCE: CHRIS and Bed Board Management System for 13 of 14 CCACs; Toronto Central CCAC data not available

Recommendation: Making it easier for applicants and their families to plan and find information about LTC homes can make the placement process faster and make the process less challenging for applicants and their families

Most people don't plan in advance for their care as they age. As a result, families often must plan in the midst of a crisis making it particularly challenging to assemble the information that they need to make informed choices about placement. While access to information to help inform decisions has improved, there is more that can be done. For example, while on-line virtual tours are available for many long-term care homes, they are not available for all across the province. This type of tool assists families in selecting the settings they most wish to tour in person.

Applicants and families are encouraged to visit the homes that they are considering to view the home and meet with staff. However, tour times and dates are generally not coordinated between homes, and often occur during business hours. As a result, the selection process may take several weeks and substitute decision makers may have to take multiple days off work to tour homes. Further, placements are generally only supported during business hours on weekdays, and few homes have the capacity to accept new placements during the evening and on weekends.

Some considerations to improve and streamline the placement process for applicants and families include:

- Provide tools, resources and support to encourage people to plan in advance for their care needs as they age.
- Provide comprehensive on-line resources, similar to hotel and travel sites, to help LTC home applicants and their families to compare LTC homes and identify the ones they may want to visit prior to making choices.
- Consider opportunities to schedule home tours in a coordinated fashion that would enable applicants and families to visit multiple homes in an area on the same day.
- Identify the resources that may be needed to enable LTC homes to support individuals to move in during some evenings or on weekends to make it easier for families, and for CCACs to provide care coordination supports for placement on evenings and weekends.

Recommendation: Electronic referral and information sharing is making the placement process safer and more efficient, but barriers to full implementation need to be addressed

The technology platform exists to enable referrals and information sharing between LTC homes and CCACs to be managed electronically. Electronic referral (eReferral) to LTC and CCACs' Client Health and Related Information System (CHRIS) provide a consistent business process, including a standard application and referral package for all people applying for LTC programs. As a result, LTC homes are provided with all relevant information in one place to review, accept, respond and admit patients to LTC beds. It reduces the time from application to acceptance and from vacant bed notification to patients'

admission, and allows faster acknowledgement of LTC home acceptance. Eliminating the need to use faxes and handle paper files, it better protects privacy by ensuring that patients' information is shared only with selected LTC homes in a secure, timely manner. And by reducing the time spent on administration, it allows CCAC staff more time to devote to patient care.

Through **eReferral**, LTC homes can see a list of all new referrals requiring response through the Health Partner Gateway. They can view the application and related referral package documents for each patient online, including the standard functional assessment that describes the patient's capabilities and needs. LTC homes also have access to reassessments through the Health Partner Gateway as soon as the CCAC completes them.

In one early adopter CCAC, the average response time for patients' applications for long-term care was reduced from an average of 24 days to just 3 days.

The barrier to completing province-wide adoption of eReferral to LTC is the need for comprehensive data and network-sharing agreements between LTC homes and CCACs. As of August 2015, agreements have been signed with 341 LTC homes, with another 304 agreements still to be negotiated. Countless hours and significant legal costs have been invested by the LTC homes and CCACs to get to this point.

The establishment of provincial standards, tools and guidance to support electronic patient data sharing would be welcome to support leading practice and appropriate risk mitigation. This could significantly reduce the time and investment required for extensive agreement-by-agreement negotiations.

Recommendation: Review the regulatory framework guiding LTC home placement to ensure optimal process efficiencies and reconsider the levers that are available to deal with severe capacity pressures in hospitals and the community, while providing appropriate mechanisms to prioritize individuals who are at immediate risk

The regulations governing LTC homes, including the admissions process, have been in place for just over five years. During this time, transformation of the health system has begun and fundamental change in the delivery of care for the aged and people with long-term health conditions is underway. A review of the regulations governing placement under the *Long-term Care Home Act, 2007* is warranted to ensure that the regulations continue to promote the most efficient processes and smooth, safe transitions for patients. This includes a consideration of the timeframes established in regulation for various steps of the placement process to identify opportunities to reduce wait times.

In the current regulatory framework for LTC home placement, the Crisis category can be used to address capacity pressures in hospitals in addition to prioritizing the urgent needs of individuals who are at risk as a result of their personal circumstances or conditions. The use of the Crisis category to address system capacity pressures has resulted in wide variability across the province in the size of Crisis caseloads. This mechanism is used routinely in some CCACs and rarely, if ever, in others despite similar pressures.

Consideration needs to be given to establishing appropriate levers and mechanisms to address urgent system capacity pressures both in hospitals and in the community. This would enable better tracking of capacity pressures, ensuring the supply of the most appropriate settings to meet the needs, and ensure that the Crisis category is used for its primary purpose – to address the needs of individuals who are at immediate risk.

Conclusion

In providing system-level care coordination, including placement in long-term care homes, CCACs have a unique and broad perspective on the opportunities to streamline the placement process and reduce wait times. The ideas discussed in this paper include opportunities to reduce placement wait times in the short term, but also address the importance of considering a reimagined system that looks to the future needs of Ontarians and their perspectives on how and where they want to age. We look forward to working with the government, LTC homes, patients and families to move ahead on opportunities to reduce wait times for long-term care, improve transitions and build a transformed system that will support our communities now and in the years to come.