Leading Practices in Alternative Levels of Care (ALC Avoidance): Creating a Standard Framework to Support Improvement

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Learning Objectives

- Discuss the challenges and impact of ALC clients
- Outline how the ALC Avoidance Framework was developed
- Explore ways the ALC Avoidance Framework has been used to reduce ALC numbers at Michael Garron Hospital
- Highlight how the Framework is being leveraged at the TC-LHIN level in 2016/17
ALC – What Is It?

ALTERNATE LEVEL OF CARE

When a patient is occupying a bed in a hospital and...

Does not require the intensity of resources/services provided in this care setting (Acute, Complex Continuing Care, Mental Health or Rehabilitation)
What impacts ALC rates in the TC LHIN?

- Hospital & Team Performance
- System Capacity (LTC, Rehab, housing)
- LTC Legislation
- Client Choice
- Public Guardian & Trustee (PGT) Involvement

Determinants of Health
- No Repatriation Agreements
- Non-OHIP Eligible Clients
- Lack of Resources and Supports for Bariatric Clients
- Lack of Community/Housing Supports for Clients with Mental Health Issues
ALC – ‘The Boulder’
To people accessing the right level of care

# of Clients designated as ALC in Acute and Post-Acute Care Settings

March 2015: 600
March 2016: 737

23% increase in the number of clients designated as ALC in acute and post-acute settings from 2015 to 2016

Data Source: Access to Care - ALC Informatics, CCO
Thank You! You do incredible work

TC-LHIN HOSPITAL TEAMS

TC-CCAC HOSPITAL TEAMS

TC-CCAC ALL COMMUNITY TEAMS
The Impact Cascade

911 calls -

AMBULANCE Offload Delays

ED Stretcher

ACUTE inpatient bed

REHAB
Health care providers share the goal of providing our clients with the right care in the right place in a timely manner.

Is doing the best we can do without direction or focus the best we can do?

NO!
PLAN
Partners

MGH
SHSC
SJHC
SMH
MSH
TGH
TWH

7 Different Hospitals, Common Clients, Common Issues
Planning Process

Aim:
- Develop a framework to support ALC avoidance strategies across TCLHIN

Objectives:
- Develop standard approach to ALC avoidance within TCLHIN
- Develop a roadmap of leading practices and strategies to limit the generation of ALC clients
- Develop a standardized approach to make ALC system improvements

Measures:
- % reduction in ALC rates

What’s Working? Not Working?
- Formed a working committee of 7 Directors from 7 Acute Care TC LHIN Hospitals

Identification of Leading Practices
- Shared ideas/experiences on the most effective ALC avoidance principles & strategies
- Gained consensus on effective leading practices

Development of ALC Avoidance Framework
- Developed 5 ALC Avoidance Frameworks for:
  - Acute Care
  - Post-Acute Care
  - Regional Cancer Centers
  - Mental Health and Addictions Facility
  - Community Care Access Centers (CCACs)
What Will the ALC Avoidance Framework Help Us to Achieve?

‘Everybody is going home’

FRAMEWORK ELEMENTS

- 11 Leading Practices
- Strategies Driving Leading Practices
- Self-Assessment
- Develop ALC Avoidance Improvement Plan

EXPECTED OUTCOMES

- Clear /consistent messaging to Clients and SDMs
- Prevent admissions for non-acute issues
- Aggressive and Proactive Discharge Planning
- Improved Patient Flow

KEY TENNETS OF THE FRAMEWORK

- Accountability
- Standard Approach
- Transparency

Senior leaders in each organization championing ALC Avoidance, supporting their teams
# What challenges will the Framework address?

## 1. The ‘Why’ Behind Developing The ALC Avoidance Framework
- The inability to find existing tools and processes on ALC avoidance
- TC-LHIN Hospitals all in a different place
- Some hospitals overwhelmed with their ALC challenges

## 2. What Problem Was The ALC Avoidance Framework Trying To Address?
- No standard approach to ALC Avoidance in our LHIN
- Some high performing hospitals while other hospitals struggling

## 3. What Does Having The ALC Avoidance Framework provide?
- A “roadmap”, of what practices and strategies appear to be the most effective in limiting the generation of ALC clients.
- A structured approach to making improvements

## 4. To Whom Does The ALC Avoidance Framework Apply?
- All hospitals in the TC-LHIN
- Applicability to other hospitals in Ontario and other Providences
# ALC Avoidance Framework

**Goals of the Framework:**
To provide a tool for hospitals and Community Care Access Centres (CCACs) to review Alternate Level of Care (ALC) management practices and identify opportunities for improvement with a focus on limiting the number of clients designated as ALC.

**Methodology:**
The ALC avoidance leading practices and improvement strategies outlined in this document reflect experimental learning and strategies that have proved effective in limiting the generation of ALC clients within the Toronto Central Local Health Integration Network (TC-LHIN). An evidence-based review of literature from the United Kingdom, United States of America, Australia, and Canada was conducted to identify additional practices and strategies. This Framework was developed in 2015 by the Toronto Central Community Care Access Centre (TC-CCAC) in collaboration with representatives from each of the acute care hospitals in the TC-LHIN.

**Selected References:**
- Canadian Institute for Health Information (CIHI). Rehabilitation Patient Group (RPG) Methodology and Weights, 2014
- Regional Geriatric Program of Toronto, 2015.
- Long-Term Care Homes Act, 2007.
- Discharge From Hospital to Long-Term Care: Issues in Ontario. Jane E. Meadus Barrister & Solicitor.
- Institutional Advocate Advocacy Centre for the Elderly. Updated February 2014
- Senior Friendly Hospitals. http://seniorfriendlyhospitals.ca/

## LEADING PRACTICE

Admissions are limited to clients that require inpatient acute care for more than 48 hours. All alternatives are explored to ensure anyone admitted could not be managed in a community care setting.

<table>
<thead>
<tr>
<th>STRATEGIES</th>
<th>Organizational Process</th>
<th>Self Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the hospital has over 30,000 Emergency Department (ED) visits annually, the ED has considered a fixed or virtual Clinical Decision Unit.</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>The ED has considered implementing a short stay unit.</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>No client is admitted without being assessed first by a Geriatric Emergency Medicine (GEM) nurse, CCAC Care Coordinator, or Social Worker (SW) to determine if the client's presenting condition can be managed in the community. This includes clients being held overnight in the ED being assessed in the morning. It excludes clients that have an acute medical, surgical or psychiatric diagnosis.</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>The hospital has a process to identify clients that were designated ALC within 48 hours of admission and reviews each case to identify opportunities for improvement.</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>The hospital has a process to review whether patterns of ED visit volumes align with GEM nurse and SW staffing patterns.</td>
<td>✗</td>
<td>✗</td>
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DO
# Improvement Plan

## ALC Improvement Plan - SAMPLE

### Overview/Introduction

We suggest that you build your ALC Improvement Plan around three pillars – your organization’s:

- **Strategic Goals**
- **Values**
- **Dimensions of Quality**

When your Plan is congruent with these pillars, you have an increased chance of long term success and uptake by employees at all levels. This is a sample improvement plan that contains elements you may choose to include as you develop your organization’s development plan.

### Color references:

- **Not Begun**
- **In progress**
- **Completed**
- **On Hold**

<table>
<thead>
<tr>
<th>Hospital Values</th>
<th>Dimensions of Quality</th>
<th>Hospital Strategic Directions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Courage</td>
<td>Access to care</td>
<td>Improving access to integrated care</td>
</tr>
<tr>
<td>Respect</td>
<td>Client satisfaction</td>
<td>Collaboration, and Inspiring Innovation</td>
</tr>
<tr>
<td>Trust</td>
<td>Person centered care</td>
<td>Advance systems of care for disadvantaged patients</td>
</tr>
<tr>
<td>Excellence</td>
<td>Equality</td>
<td>Expectations of clients and families are always exceeded</td>
</tr>
<tr>
<td>Advocacy</td>
<td>Efficiency</td>
<td>Revolutionize education and knowledge exchange</td>
</tr>
<tr>
<td></td>
<td>Safety</td>
<td></td>
</tr>
</tbody>
</table>

### Unmet leading Practice

<table>
<thead>
<tr>
<th>Unmet leading Practice</th>
<th>Strategy</th>
<th>Progress</th>
<th>Expected Outcome</th>
<th>Timelines</th>
<th>Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients and not SDMs</td>
<td>Overall Outcome: Clients and SDMs are aware of the risk of long stays in hospital</td>
<td>October 2015: The hospital social worker will meet with the client/SDM of each high risk for ALC and ALC client. They will outline the risks, and have a documented conversation as to potential consequences of a protracted hospital stay for an elderly client waiting in hospital for a LTC choice</td>
<td>November 2015: This process has been implemented on the medical units, and are being rolled out across the hospital</td>
<td>Jan-16</td>
<td>Each social worker on the hospital inpatient units.</td>
</tr>
</tbody>
</table>
How Is The Framework Used?

1. Review of current state practices by hospital team ‘Do they meet all leading practices?’
   - Yes
   - No

   2. Complete Audit ‘Can they demonstrate that they implement these leading practices?’
      - Yes
      - No

   3. Development of ALC improvement plan based on organizational strategy, values, and dimensions of quality

Alignement to organizational strategy and values is integral for plans to be embraced and actioned!

It’s working! Continue!
ALC AVOIDANCE KOOLAID EVERYONE IN!
The Michael Garron Hospital Experience
Diverse: 22 neighbourhoods in east Toronto.
- 5 are City of Toronto priority improvement areas.
- 40% immigrants
- 50+ languages spoken - Top 5: Chinese, Urdu, Bengali, Greek, Tagalog.

20% of families are low income
- 75% of neighbourhoods have high rates of low income seniors.
- 3.5 times as many low income patients as high.
- 5X as many low income moms and babies as high.
- Most low income patients cared for in TC LHIN

Seniors fastest growing population
- 32% of seniors live alone; 41.4% in Thorncliffe Park
- High proportions of young children
- High fertility rates, 47.9% of births are to mothers not born in Canada; 91.9% in Thorncliffe Park.

High levels of chronic disease - diabetes, COPD, heart disease
- Diabetes rates increased in all neighbourhoods 2007 and 2012
- Cancer Screen lower than avg.
- High premature mortality rates; heart disease & lung cancer leading causes.

One-fifth of population does not have a regular primary care practitioner
- High # of low income ALC

Source: “Our Community Our Services” available at www.tegh.on.ca
“And, while there’s no reason yet to panic, I think it only prudent that we make preparations to panic.”
Michael Garron Pilot

• Aim:
  – Implement ALC Framework at Michael Garron Hospital (Acute & Post-Acute)

• Objectives:
  – Complete self-assessment
  – *identify gaps/opportunities in current ALC Process*

• Measures of success:
  - Improvement in geriatric patient flow
    – 100% adherence to escalation process/policy
    – 95% of MSSU patient >65
    – 65% have a BLAYLOCK completed & communicated to admitting unit
Where to Start?

1. Complete self-assessment against leading practices with key stakeholders
   - We were 50% compliant with leading practices → There was great opportunity for improvement
   - We were missing some players: i.e., physicians and some of our IPP staff

2. Selecting what to tackle first
   - Used a ‘Dotmocracy’ process to help us decide what to tackle first
   - Suggested picking 3 things:
Where to Start?

3 Find your easy ‘win’ and ...

4 Take the time to tackle your medium and hard ‘wins’

- We tackled our ‘medium’ and ‘hard’ wins over 12 months
- Reviewed our ‘PATH’ weekly
- Engaged our external partners and other sectors

‘United we stand, United we fall’
STUDY
We Had A Lot to Learn!

- We assumed we were on track!
- Value of having tool that captures current practices in our LHIN and beyond
- Cannot underestimate the value of executive leadership in helping to drive initiatives
- We pulled ACUTE side in pretty quick—needed to look further upstream for impact
- Built our tactics into our Quality Improvement Plan
- Patient and family engagement is critical to work on the ‘how’ (i.e. SDM involvement)
## Alternative Level of Care


**Last Updated: November 10th 2015**

<table>
<thead>
<tr>
<th>Name of Tactic</th>
<th>Target</th>
<th>Current</th>
<th>Next Milestone</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ED: Geriatric Pt Triaging/FLOW</strong></td>
<td>85%</td>
<td>100%</td>
<td>EXCELLENT indicator for complexity in D/C Pilot Study Complete- Pathway for Blaylock in ACE/Acute/CCC</td>
</tr>
<tr>
<td><strong>Escalation Policy/Process</strong></td>
<td>100%</td>
<td>100%</td>
<td>Measure how many MISSED escalations: GOAL= 0</td>
</tr>
<tr>
<td><strong>ALC Avoidance Strategy</strong></td>
<td>100% of MSSU patients&gt;65</td>
<td>100%</td>
<td>Blaylock score in ACUTE CARE early identification of discharge barriers: parallel to treating acute illness- LIVE end of Nov</td>
</tr>
</tbody>
</table>
Our Successes to Date

- Annual review of framework to next steps to build into our practice
- Of tactics are in place: 90%
- ALC Physician Lead for Post-Acute: 50%
- Increase in external partners at ALC Rounds
- Full Executive Team Buy-In: 20%
- Exceeded our ALC target by 20%
- Sparking new and creative ideas to improve (i.e. acute admission avoidance strategies)
Our Successes to Date

100%
LTC Bed Offers Accepted
ALL possible declines were
Escalated to Director/VP

50%
Reduction of ALC
waiting in hospital for
LTC of tactics are
in place
ACT
Where Are We & What’s Next?

ALC Avoidance Frameworks supported by the TC-LHIN

All 17 hospitals and TC-CCAC have completed their ALC Framework self-assessment.

16/17 GOALS

Each hospital to develop an ALC Improvement Plan by June 2016

The ALC Avoidance Frameworks is a part of TC-LHIN specific obligations included in the HSAA’s in 2016/17

Reduce ALC rates by 0.5% to 9.46%

To reduce the ALC rate to 9.46% in 2016/17, we need to reduce our ALC Days by 4,443 days
Approaches To Achieve Our Goals (TC-LHIN)

- Accountable for results
- Implement ALC Avoidance Framework
- Achieve MLAA Indicators

- System
  - Implement Sustainable solutions
  - Improve Access to system resources
  - Align with other initiatives e.g. Health Links

- Hospitals
- Patient/Client

- Improve Health Outcomes
- Enhance Patient/Client Experience
- Align with Right Place of Care strategy
The Provincial Opportunity

The Acute Care ALC Avoidance Framework has been shared with all ALC LHIN Leads in Ontario

Following a survey on the ALC Avoidance framework...

100% of respondents would recommend the adoption of the frameworks in their LHIN/hospitals

100% of respondents identified it could “guide the work being done on ALC in all LHIN’s/hospitals”
“Hoping to move to all hospital and CCAC’s in the Province reporting on their ALC performance based on the ALC Avoidance Framework”

~Dr. Peter Nord, Provincial ALC Physician Lead
And Finally – A Big Thank You

ACUTE CARE DIRECTORS

- Michael Garron Hospital - Sandra Dickau
- Sunnybrook Health Sciences Center - Ann Marie McLeod
- Toronto General Hospital - Anne Marie Neary
- Toronto Western Hospital - Mary Kay McCarthy
- St Joseph’s Health Center - Melissa Morey-Hollis
- Mt Sinai Health System - Carolyn Farqueson & Sharon Currie
- St Michael’s Hospital - Judy Shearer

TORONTO CENTRAL CCAC

- Julia Oosterman
- Laura Visser
- Bridget Newson
ONE FINAL THOUGHT

ALTERNATE LEVEL OF CARE?

ALC

AGENTS OF LASTING CHANGE
Questions?