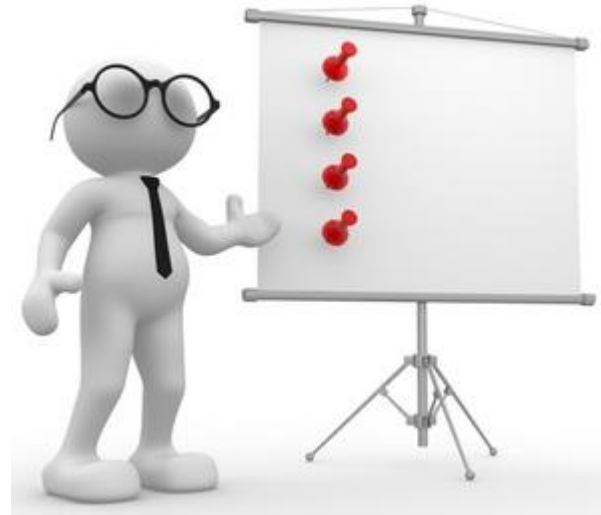


A Coordinated Bed Access Process for Residential Hospice & In-Patient Complex Continuing Care

Rhonda Wideman & Arsalan Afzal
June 16th, 2017

Agenda

- Background
- Partners
- Model Overview
- Process
- Program Outcomes
- Reporting Framework
- Sustainability
- Lessons Learned



Background

- In 2012-13, CCAC's role was expanded to coordinate the access to Local Health Integration Network (LHIN) system beds including Complex Continuing Care (CCC), Convalescent and Rehabilitation beds.
- The Complex Continuing Care (CCC) and Rehabilitation bed types include Restorative, Complex Medical, Chronic Assisted Ventilator, General and Stroke Rehab.
- In 2016, system partners identified a need to include Palliative bed types in the scope of Coordinated Bed Access

Partners



Partners	Bed Type	Bed Count
Acute Sites (Sending sites)		
Grand River Hospital, KW site	Acute Care	312
St. Mary's Hospital	Acute Care	150
Cambridge Memorial Hospital	Acute Care	85
Guelph General Hospital	Acute Care	182
North Wellington Hospitals	Acute Care	57
Community	N/A	N/A
Hospice Sites (Receiving Sites)		
Hospice Wellington	End of Life Care	10
Lissard House	End of Life Care	6
Innisfree House	End of Life Care	10
Hospital In-Patient Palliative Sites- (Receiving sites)		
Grand River Hospital, Freeport Campus	End of Life and Pain & Symptom Management Care	16
St Joseph's Health Centre	End of Life and Pain & Symptom Management Care	8
North Wellington Hospitals (GMCH, LMH, PDH)	End of Life and Pain & Symptom Management Care	10



Background: Rationale for Change!

- Standardization
- Process for matching patients to beds varied by each site, with each palliative sites having unique processes and criteria.
- Transparency & Communication
- Bed availability and the status of referrals was not visible for all partners in the system.
- Equitable Access
- Each palliative care site managed their beds independently.

CBA Palliative Working Group

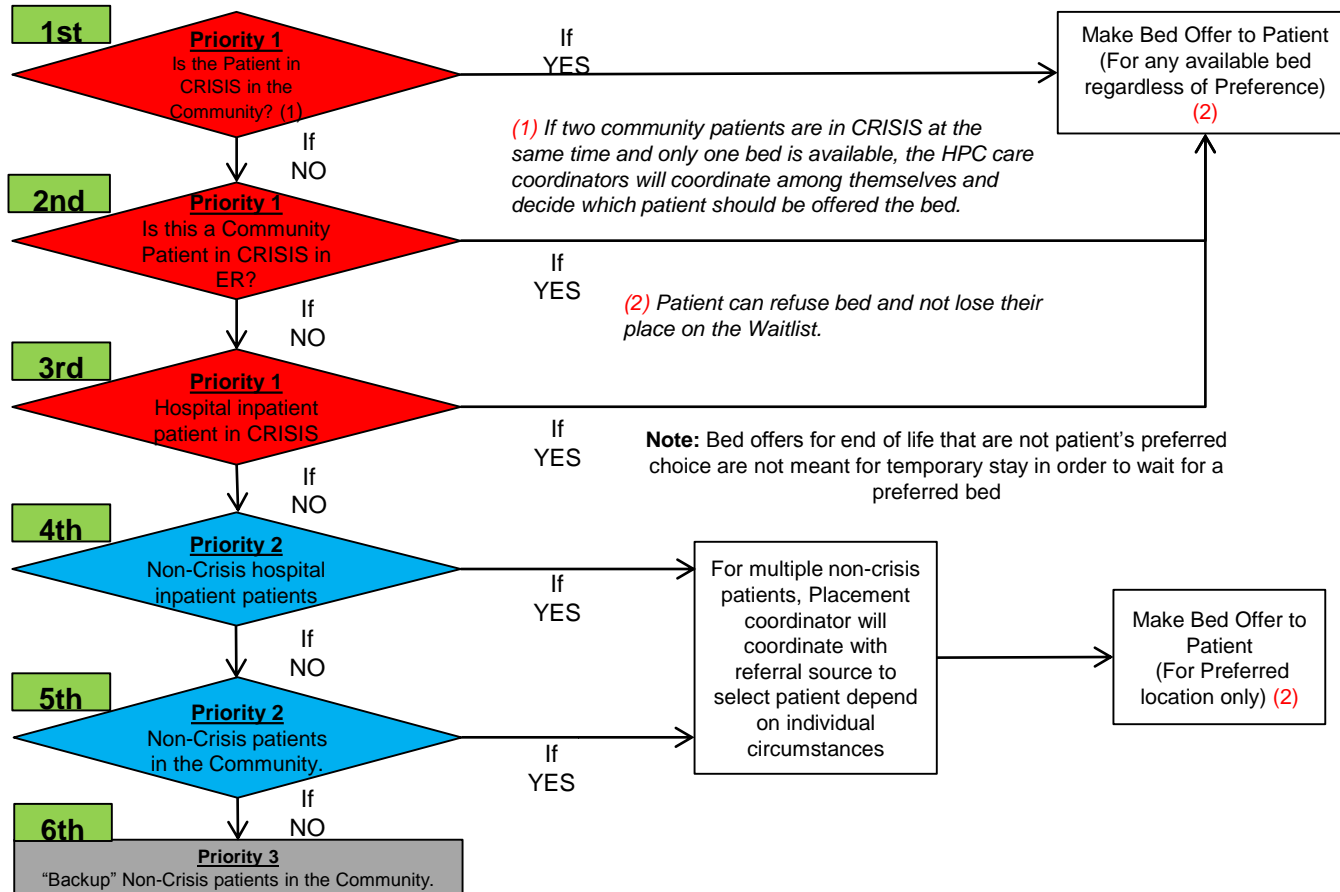
- System Partners
- Stakeholder Engagement
- System Needs (Rationale)



Model Overview

1. Standardized eligibility criteria
2. Resource matrix for Palliative care
3. Referral form for Palliative care
4. Prioritization framework
5. Coordinated Bed Access Process
 - In-patient and hospice care sites
6. Centralized regional Wait List management
7. Electronic reports with partners on available beds and status of referral movement

Prioritization Framework for Palliative Bed Offer



Coordinated Bed Access Process



REFERRAL SOURCE

- Complete referral form and identify patient's choice of palliative site and get consent
- Fax completed referral to Home & Community Care intake team
- Idle Bed report and application status report will be made available twice on a daily basis
- Arrange for transportation for acute patients

LHIN

Team Assistant:

- Review referral for completeness and enter site choice ranking as identified on the referral
- Upload the referral form to electronic portal (HPG) and share with palliative sites to confirm eligibility

Placement Coordinator:

- Receive information on bed availability from sites
- Match patients with beds based on the prioritization framework for palliative in-patient CCC sites.
- Contact receiving site to initiate bed offer

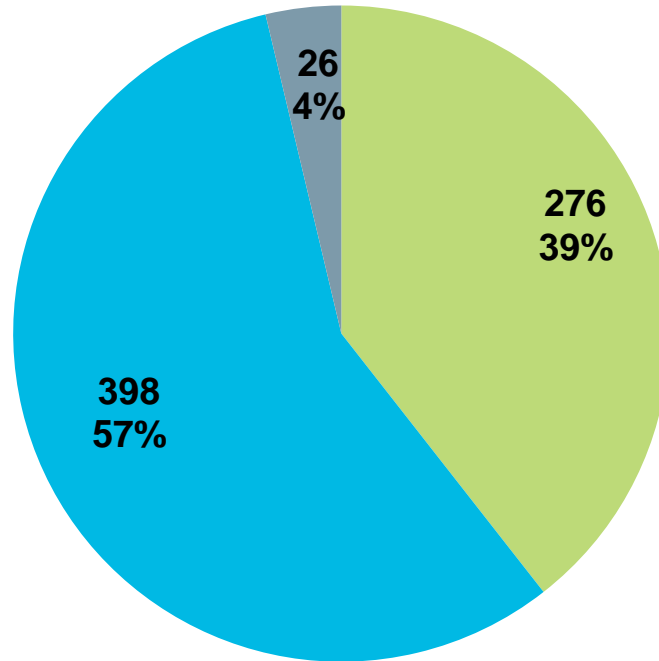
PALLIATIVE SITES

- Notify LHIN when a bed becomes vacant
- Receive referral to confirm program eligibility and add to the waitlist in the portal (HPG)
- Initiate bed offer process when patient is matched to a bed (e.g. when there is no waitlist or patient is first on the waitlist)
- Contact referral source or patient/family in the community with bed offer and discuss patient transfer
- Admit Patient and update the waitlist in electronic portal (HPG)

Referral Sources

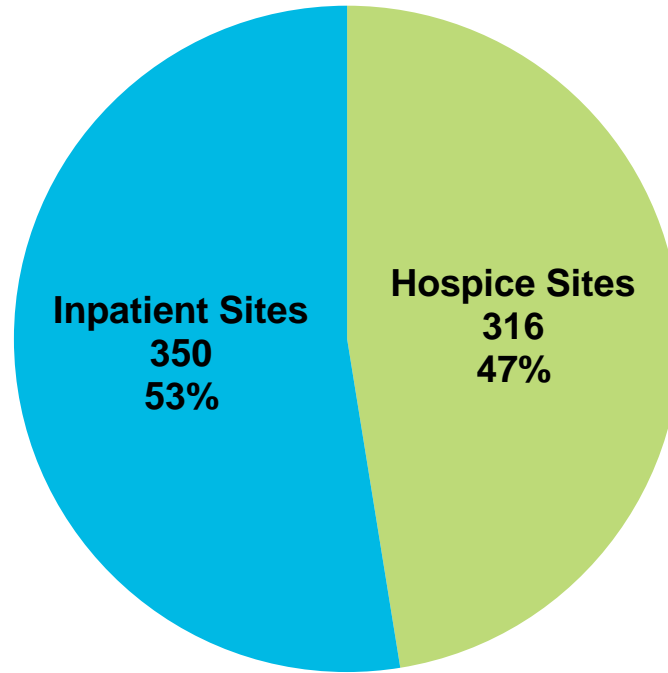
(December 5, 2016- May 31, 2017)

■ Community ■ Hospital ■ Out-of-Region



N= 700

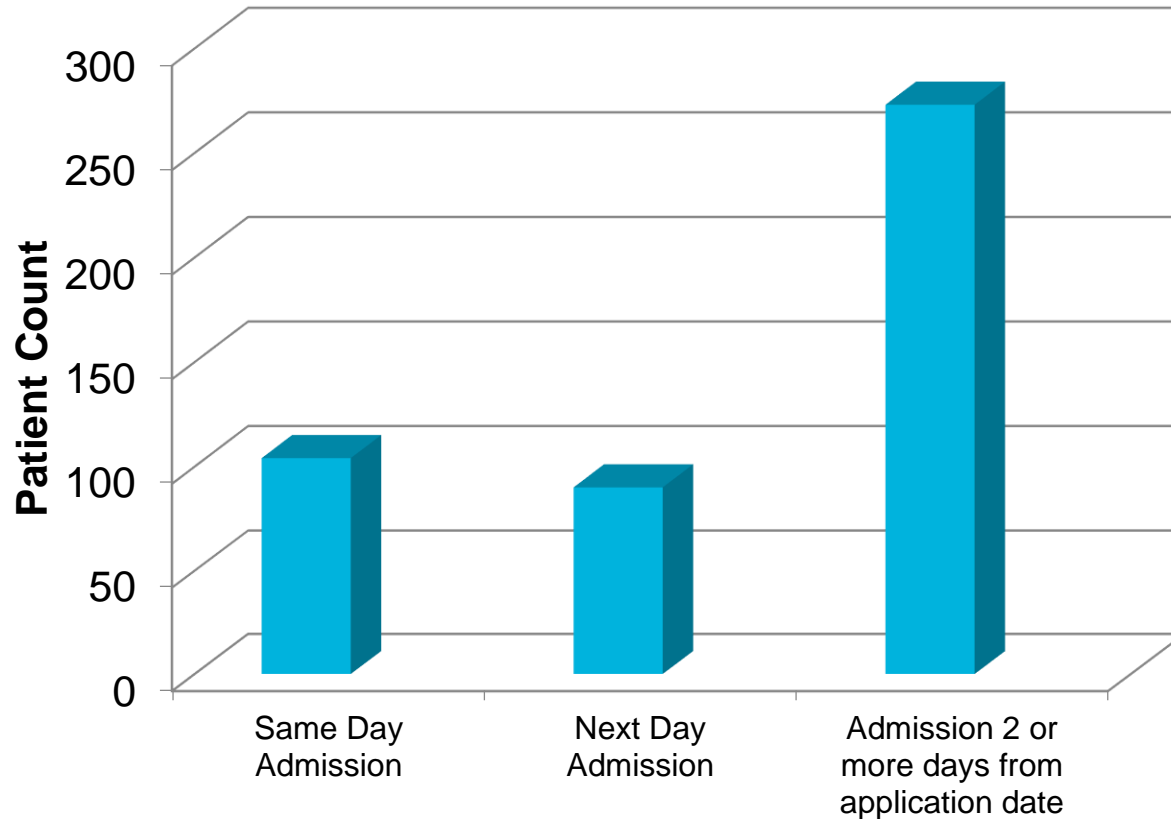
Patients Admitted to Bed Type (December 5, 2016- May 31, 2017)



N= 467

*70% of patients were admitted to their preferred choice

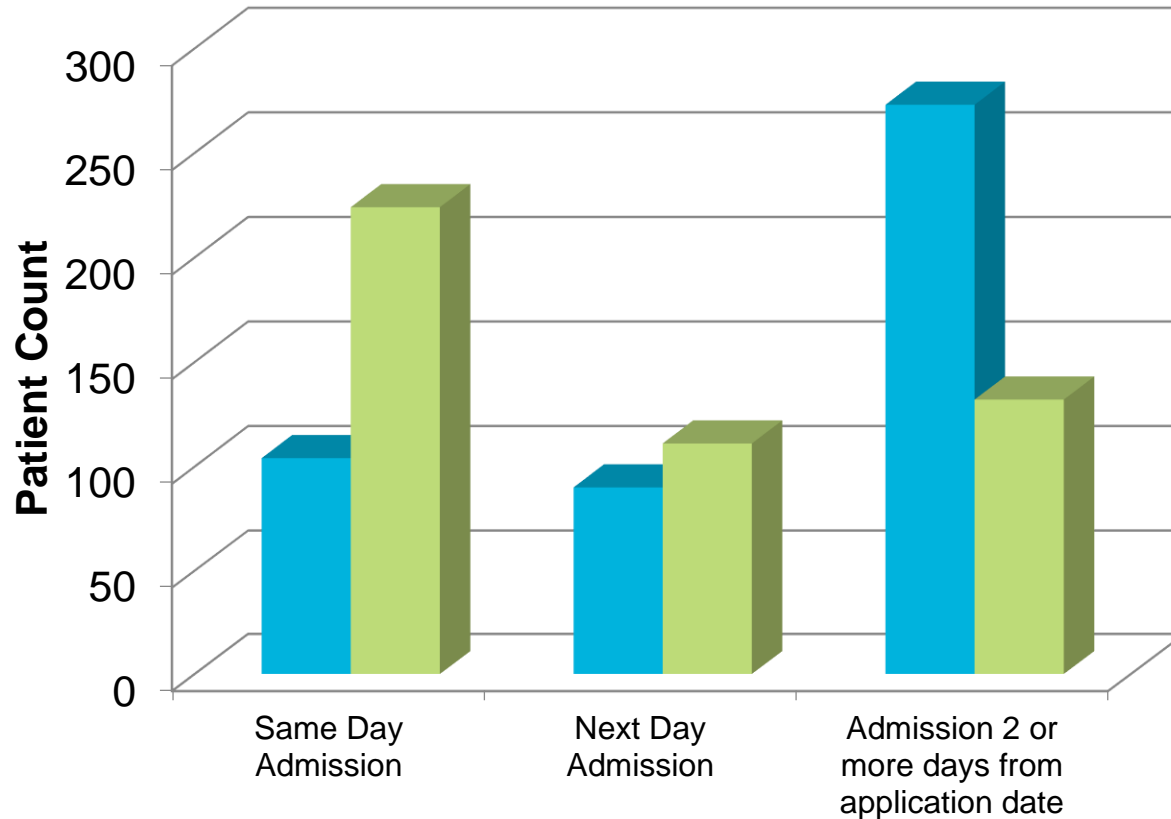
Client Application to Admit Date Turn Around Time (December 5, 2016- May 31, 2017)



■ Including Waitlist Days

Days on Waitlist (Range 0-142 Days)	
<1 Day	207
1 Day	65
2 Days	31
3 Days	38
4 + Days	126

Client Application to Admit Date Turn Around Time (December 5, 2016- May 31, 2017)



- Including Waitlist Days
- Excluding Waitlist Days

Days on Waitlist (Range 0-142 Days)	
<1 Day	207
1 Day	65
2 Days	31
3 Days	38
4 + Days	126

Reporting Framework: Reports shared with Partners

Idle Bed Report



Waterloo Wellington Community Care Access Centre

Complex Medical Management Idle Bed Report as of : 08-Jun-2017 9:23 AM

ST JOSEPH'S HEALTH CENTRE,GUELPH, Complex care hosp/unit

Current Idle Beds

Palliative- End of Life

#	Bed Id	# of Days Idle	Bed Available on
1	700985.MC-GEN.05.Jun.2017.004 Bed Gender: Any Bed Description: Private	1 Bed Type: Palliative- End of Life	07-Jun-2017 Room ID: 813
2	700985.MC-GEN.06.Jun.2017.003 Bed Gender: Any Bed Description: Private	0 Bed Type: Palliative- End of Life	08-Jun-2017 Room ID: 915
Number of Idle Beds		2	
Average Number of Days Idle		1	

Please note that this report is generated daily and is only reflective of idle beds at a specified point in time. Beds that are currently in the process of being matched with a client may not be shown on this report.

Reporting Framework: Reports shared with Partners

Application Status Report



Palliative Care

Point in Time Application Status Report as of 06-Jun-2017 10:16 AM

Palliative Pain & Symptom Management and End of Life Care Legend

- **Pending referral statuses:**
 - Awaiting Data Processing -- Application is waiting to be processed
- **Admitted referral statuses:**
 - Sending application -- Application is sent to the receiving facility(s)
 - Facility Accepts -- Facility review complete, accepted to program
 - Match Client to Vacant Bed -- Client is matched to a vacant bed waiting
 - Client Accepts Bed -- Client accepts the bed offer, receiving facility site to coordinate transfer

<i>Client Number: 8022774 Patient's Initial: J.S. Gender: Male Reason for Referral: End Of Life Care Crisis: Yes on 05-Jun-2017</i>						
Referral Date	Application Status	Waitlist Date	Referral Source	Admitting Facility	Priority	Comments
27-Oct-2016	Facility Accepts	27-Oct-2016	Community	Hospice Wellington	1	clean-
27-Oct-2016	Facility Accepts	05-Jun-2017	Community	ST JOSEPH'S HEALTH CENTRE	1	
<i>Client Number: 5546509 Patient's Initial: D.S. Gender: Male Reason for Referral: End Of Life Care Crisis: Yes on 25-Apr-2017</i>						
Referral Date	Application Status	Waitlist Date	Referral Source	Admitting Facility	Priority	Comments
25-Apr-2017	Facility Accepts	25-Apr-2017	ST MARY'S GENERAL HOSPITAL	Innisfree House (Hospice)	1	clear;
<i>Client Number: 5552689 Patient's Initial: G.F. Gender: Female Reason for Referral: End Of Life Care Crisis: Yes on 30-May-2017</i>						
Referral Date	Application Status	Waitlist Date	Referral Source	Admitting Facility	Priority	Comments
27-Apr-2017	Facility Accepts	27-Apr-2017	CAMBRIDGE MEMORIAL HOSPITAL	GRAND RIVER HOSPITAL CORP-FREEPORT SITE	1	MRSA

Sustainability

- Immediate responsiveness to partner concerns using a Transfer Feedback form
- On-going quality review with all system partners based on trends from the Transfer Feedback form
- Working group meetings as needed
- Updated Guiding Principles Document to include CBA Palliative process
- Dedicated manager to support collation of issues, trends and facilitate principles
- Continue to review and assess metrics with partners (shared monthly)

Lessons Learned

- Early engagement with key stakeholders
- Assess current state and identify opportunities/challenges for developing a coordinated process
- Establish partner consensus on standardized documents, eligibility criteria, and prioritization framework, etc.
- Comprehensive communication plan throughout all stages of development
- Build trust with partners through continuous process improvement activities

Questions and Contact Information

<http://healthcareathome.ca/ww/en/Partners/coordinate-bed-access>

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