

**Long-Term Care Administrators Group Feedback to IHSP Refresh Discussion
14-May-09**

From your perspective, what services or supports would help minimize and/or reduce the early return visits to ER for patients who recently visited the emergency room?

1. Specialized care for hard to serve with nurses who have higher skill set, safe environment for special population, and greater nurse – patient ratio.
2. Have LTC with continuum of care focus – i.e. family physician on site and outreach programs, Adult Day Programs).
3. More Adult Day Programs with transportation; expand day programs to have bathing, etc.; have night services (respite). Provision of adult day programs (ADP) in LTC homes. These could also offer other services such as hairdressing or bathing provided using the specialized equipment and environments available in a LTC setting.
4. Allowing LTC home residents access to day program services where provided on site – especially if the person previously was a client of the program while living in the community. This would allow an ability to maintain social networks, and familiar routines that may assist with the transition to life in LTC.
5. Transportation related to assisting with access to ADPs was identified but a potential solution was the use of buses/vans currently owned by some LTC homes or retirement homes.
6. Maybe LTC staffs go out to do respite services. Services that go out to support seniors in their homes in the community, such as meals on wheels that would utilize the resource of facility kitchens. This could be done in combination with the facility based respite services now provided.
7. Retirement and LTC homes – have priority ranking to move from their retirement to LTC as continuum of care.
8. Excellence of care – around psycho-geriatrics. Development of centres for excellence of care. This could include specialty units designed to meet unique needs of a specific group of people often referred to as hard to serve. This could include psycho-geriatric or behavioural unit. These centres of excellence could also be a support and resource to other LTC homes. It was identified that specialty units would need to be set up and resourced appropriately to be feasible.

9. There may be opportunities to work with hospitals to provide "specialized services" in LTC settings e.g. have mobile hemodialysis unit to go to LTC instead of 5 – 6 patients going to hospital. This could be easier to support than PD. Look at use of LTC space for hospital run clinics.
10. Use retirement home nurses that are seating for other services
11. Provision of community outreach services or clinics where seniors living in the community could come into the LTC home to receive services and support to assist them to be able to remain living in the community. These could include family physician clinics, foot care, wound care, rehab or restorative care services.
12. Provision of step down units for people following hospital based services.

How will the results be measured?

1. Units of service: Increases in number of units of service provided
2. Client Satisfaction survey on new services
3. Benchmarks for a service: that X % of spaces occupied
4. Service Cost savings
5. Link back to wait times
6. Clients in appropriate place/service/care centre
7. Client satisfaction survey results
8. Hard to serve – savings in ALC days
9. RAI – MDS scores for people coming into LTC

What integration opportunities and/or factors should be considered to improve LTCs across our LHIN?

1. Community economy: after the baby boomers, will there be empty LTC beds?
2. Population changes: Population increase needs to be factored into LTC bed needs
3. Public Awareness campaign: to let people know what LTC is and what options are available and quality of services.
4. Ethno-cultural make up of the community and expectations for LTC services

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5. Shortage of HR for LTC – Human resources for PSW’s and registered nurses to support new project developments – do not want to drain current homes, are there adequate numbers of new grads? Increased use of foreign trained staff?
6. Need to link to nursing programs in universities and colleges to inform students of LTC as a potential area of employment and the innovative services/modalities being used in LTC
7. Any new LTC building should ne multi-usage
8. Look at the innovative buildings of European LTCs
9. Consideration of services that allow people to live in the community longer than previously
10. Developments that will allow for multiple use or alternate uses in the future based on changing needs
11. Review of services provided in other countries to consider innovative models of care ie., smaller home like settings that provide LTC level services or projects that provide a broad spectrum of services across different levels of care.