ALC Management: Optimization of post acute transitional beds.

Quality Symposium

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June 05, 2018

ALC Management: Three Work Streams

ALC Avoidance Framework Leading Practices

1. 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 (ED admit avoidance)
2. Limiting the generation of ALC clients is a priority for the hospital. The hospital identifies clients at high risk for being designated ALC and focuses on ALC avoidance and on limiting ALC days (Discharge Planning Pathway)
3. All clients/Substitute Decision Makers (SDMs) are provided with an Estimated Day of Discharge (EDD) shortly following admission (MRP: Hospital Operations, Boulder Work)
4. Robust admission policies and procedures are in place to support ALC avoidance and management (MRP: Hospital Operations, Boulder Work)
5. The hospital has a well defined, standard and aggressive escalation process to enable timely and effective management of ALC challenges (discharge planning pathway)
6. Early discharge planning is embraced as part of the organization's culture and philosophy of care. Discharge planning commences on admission (discharge planning pathway, standard work, hospital P/P)
7. Supports are in place that empower staff and physicians to effectively avoid and manage ALCs.
8. A process is in place to proactively and regularly case manage clients at high-risk for being designated ALC. Multiple internal and external stakeholders are engaged in limiting the generation of ALC clients.
9. The roles/responsibilities and expectations of an SDM are clearly explained in writing on admission (part of pathway).
10. Physicians are engaged in all ALC avoidance and management practices.
11. Senior Team visibility and support is integral to the success of all policies and practices that support ALC avoidance and management. The senior team is aware of ALC clients and has a good understanding of the barriers to transition ALC clients out of the facility.
12. ALC avoidance and management is viewed as an integral part of the organizations' Continuous Quality Improvement (CQI) efforts and priorities. There is demonstrated performance improvement over the last 6 months as related to key targets/ benchmarks (e.g. average # of ALC patient days).

Prevention

- Upstream assessment/identification of patients in the community at risk of ED visit/hospital admission
- Scoping of *DIVERT* scale that identifies a patient's likelihood of future unplanned ED use
- Manage care plans in the community to enhance care to avoid ED visit
- Strengthen linkages to Primary Care

Key Metrics:

Postacute bed occupancy
Reduction in ED visits for Complex Patient Cohort

Early Identification

- ALC Response Team* approach to identify and manage patients at risk of ALC who present in ED or are admitted
- Roll out of discharge planning pathway
- Identify and define opportunity to improve ALC designation practice

*Includes identification of site lead for each hospital team

Key Metrics:

Decreased ALC Rate Overall
Decrease ALC rate Length of Stay in Home and LTC streams

Transition

- ALC management to address all patient categories:
  - Priority 1 (process will run its course)
  - Discharge with enhanced programs and services
  - Placement with additional funding (e.g. vented patients, behavioural supports)
  - Difficult to place patient (unique situations)
- Weekly ALC huddles with ALC Teams and Leadership for service resolution

Key Metrics:

Decreased Length of Stay (LOS) in ALC Home/LTC streams
Decreased ALC Rate Overall
Post Acute bed Occupancy
ED LOS at 90th Percentile

Enablers

Physician Engagement (*Standard Operating Procedures*)
Activated Patient and Circle of Care
Human Resourcing to Manage ALC Volumes
Business Systems / Information Management

Prevention Work Stream

- Cohort for Pilot identified, data reviewed, St. Joe's
- Met with St. Joseph's Hamilton re: ICCP model
- Mapping of disease pathway this week
- DIVERT training to follow
- Go LIVE aim: June 2018

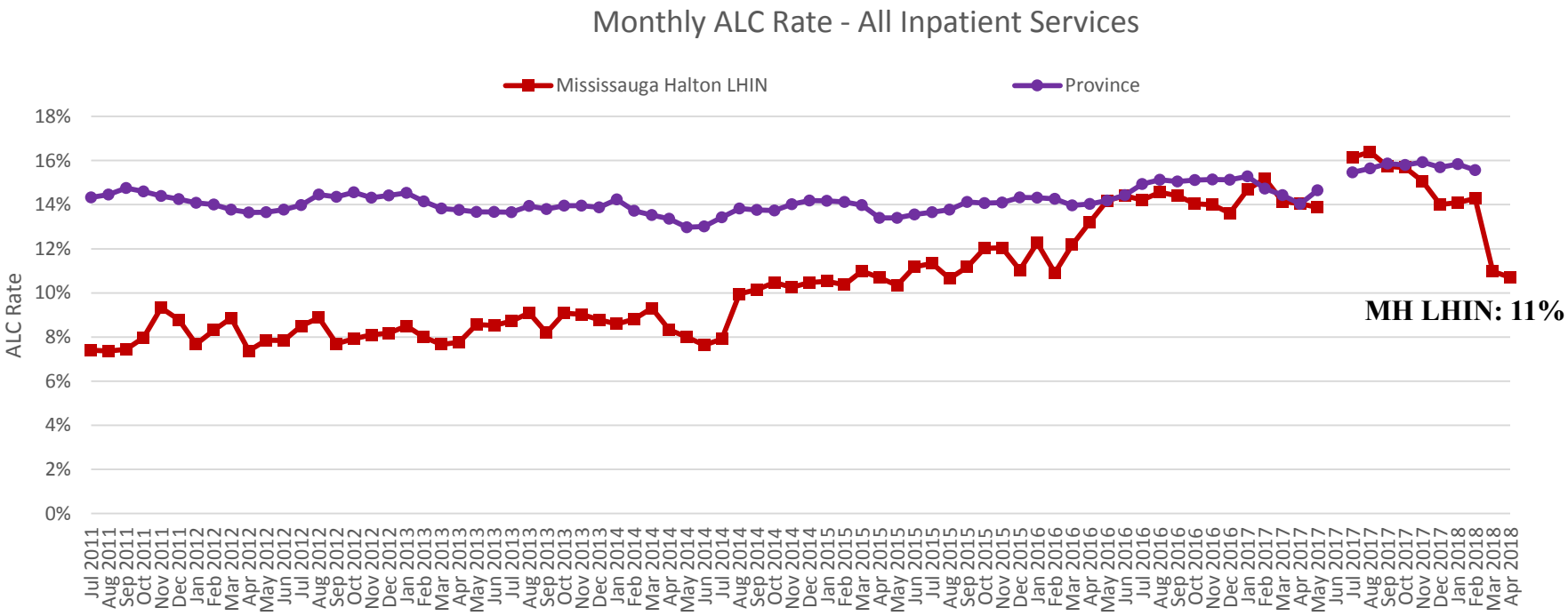
Early Identification Work Stream: Collaboration

- (8) ALC Response Team (ART) positions in hospital
- Weekly and Quarterly Dashboards
- Discharge Planning Pathway
- ED Notification
- Quality Reviews
- ALC Designation Tool Kit

Transition Work Stream

- Complex Case Resolution Tables
- THP Behavior Working Group
- My Way Home Program
- Robust idle bed and transitional bed list of (4) neighboring LHINs.
- LTC approval escalation process for hospital/LHIN

Has there been a change in ALC in Mississauga Halton LHIN?

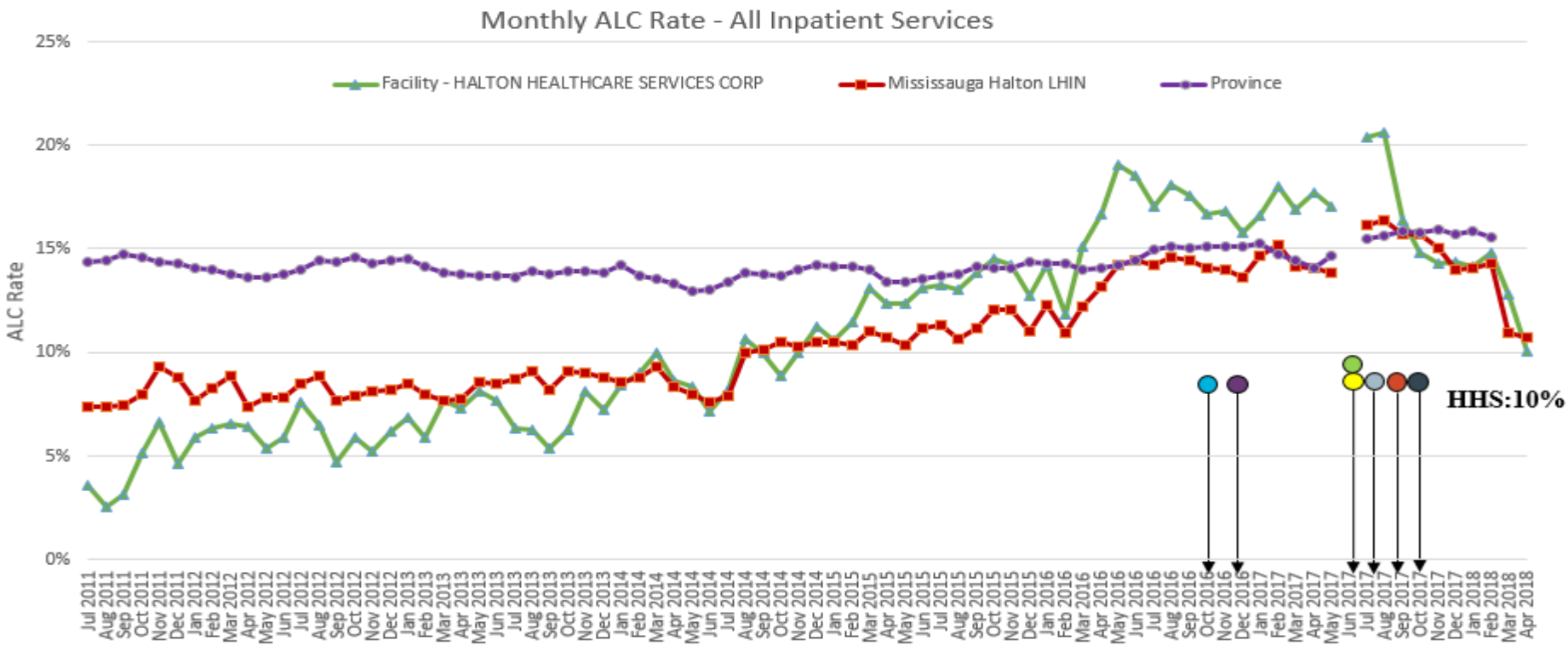


Data source: Cancer Care Ontario. Access to Care, ALC Informatics. Data for Jan-Apr 2018 was provided by THP and HHS

- Compared to the province there has been a decline in the ALC rate in Mississauga Halton LHIN since September 2017 to 11% in April 2018. This is below the target of 12.7% set by the province.

- *Note: Data for Jan – Apr 2018 were provided by Trillium Health Partners and Halton Health Services Corp.*

Has there been a change in ALC at Halton Healthcare?



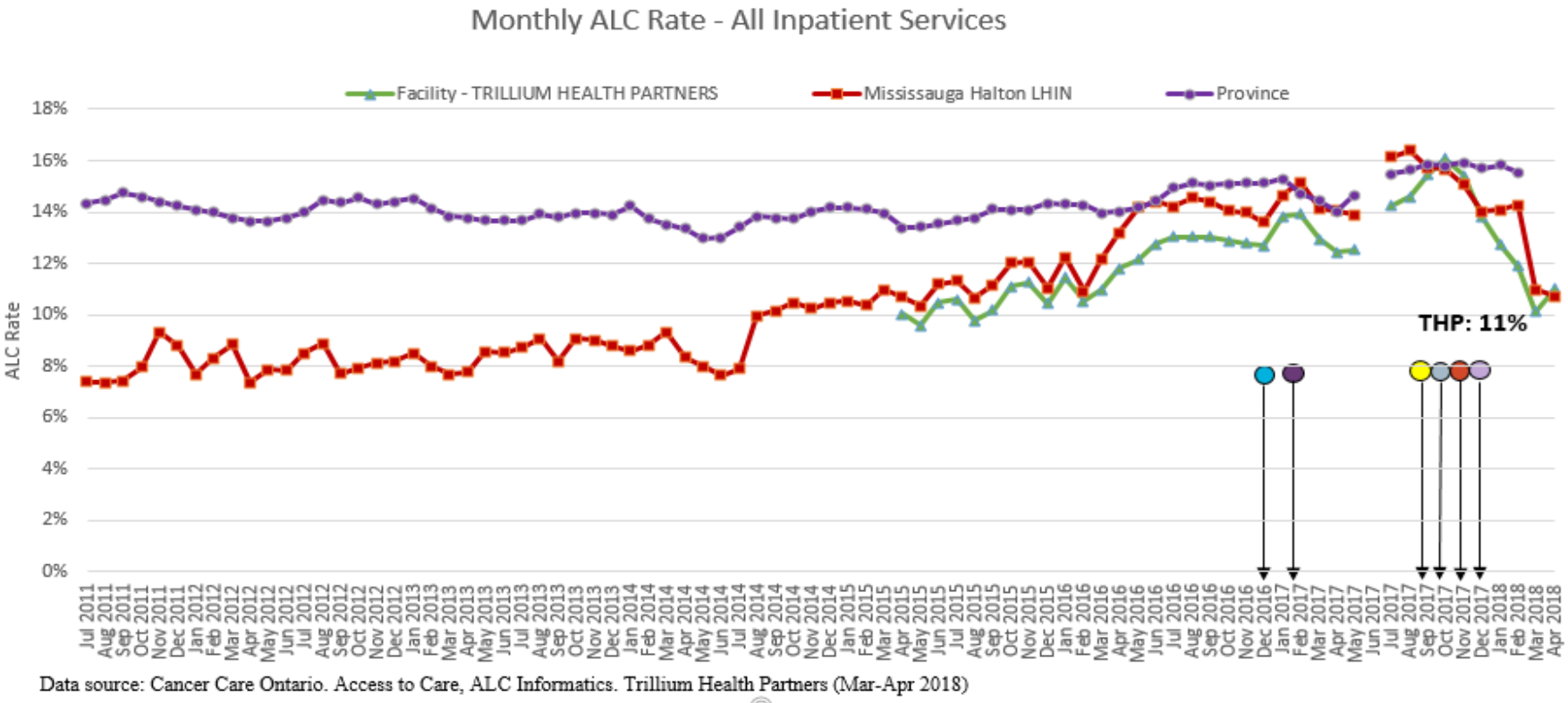
Data source: Cancer Care Ontario. Access to Care, ALC Informatics (Jul 2011-Dec 2017). Halton Health Services Corporation (Jan- Apr 2018)

Legend:

- My Way Home
- Regional Bridges To Care
- LTC Patient Rounding
- LTC Crisis Assessment
- Stay at Home Patients
- ART Leads
- 2 North Milton

- A steady decline in the ALC rate at Halton Healthcare Services since Sep 2017 to 10% in April 2018. *Note that the data from Jan. to Apr. 2018 were provided by Facility.*

Has there been a change in ALC at Trillium Health Partners?



Data source: Cancer Care Ontario. Access to Care, ALC Informatics. Trillium Health Partners (Mar-Apr 2018)

Legend:

- My Way Home
- Regional Bridges To Care
- LTC Crisis Assessment
- Stay at Home Patients
- ART Leads
- Capacity 99 and Priority 1 Status

- A steady decline in the ALC rate at Trillium Health Partners since Nov 2017 to 11% in April 2018. *Note that the data for Mar-Apr 2018 was provided by the facility*

Next Steps

- Scope out additional work for prevention work stream
- Robust Admission Avoidance in Acute Care Emergency
- Winter surge planning
- Q Site environmental scan
- Behavior Pathway Development
- ALC Avoidance Framework ReAssessment

Thank you for your attention!

Questions?

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