NSM LHIN Acute Care Sector Summit
May Summit Findings and ALC Strategy

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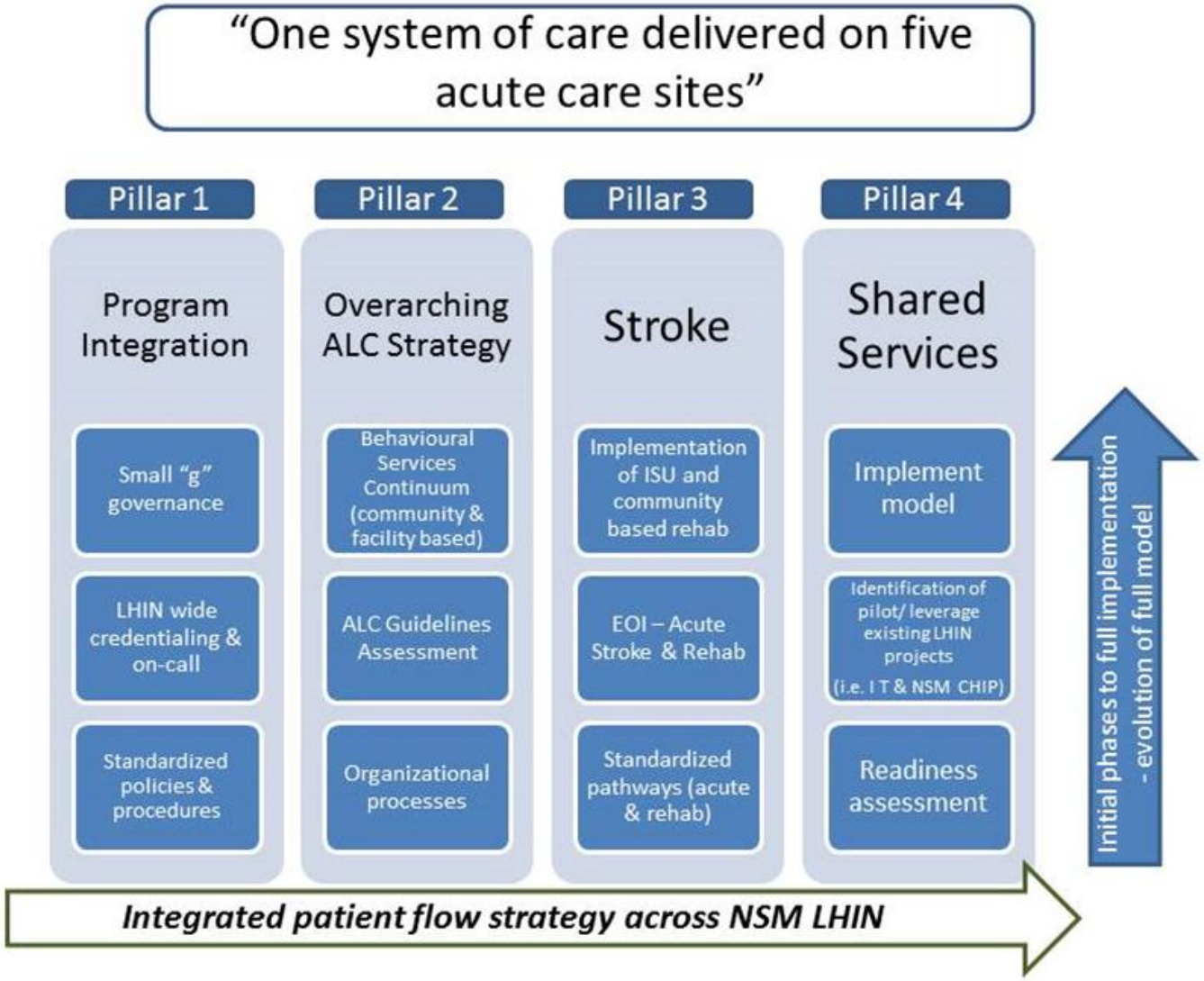
May 2015 Summit Objectives

The focus of the May 2015 summit was on:

- Providing a current state summary of acute care services and future planning considerations
- HSFR Impacts on system planning
- ALC issues and recommendations for system improvement
- Sustainability of acute care service delivery in the future
- Issue and solution identification

- The results of the summit discussions would be used to inform the broader Governance session (today)


"One system of care delivered on five acute care sites"
Pillar 1
Program Integration
Small "g" governance
LHIN wide credentialing & on-call
Standardized policies & procedures
Pillar 2
Overarching ALC Strategy
Behavioural Services Continuum (community & facility based)
ALC Guidelines Assessment
Organizational processes
Pillar 3
Stroke
Implementation of ISU and community based rehab
EOI – Acute Stroke & Rehab
Standardized pathways (acute & rehab)
Pillar 4
Shared Services
Implement model
Identification of pilot/ leverage existing LHIN projects (i.e. I T & NSM CHIP)
Readiness assessment
Initial phases to full implementation - evolution of full model
Integrated patient flow strategy across NSM LHIN

ALC Strategy - Goals

- Robust understanding of how we can better manage ALC patients and reduce ALC in our acute care settings
- Snapshot of current state
- Inform recommendations for overarching LHIN ALC Strategy
- Inform future discussions on LHIN basket of services

NSM LHIN ALC STRATEGY – PROPOSED APPROACH

"Do we have the right people, in the right bed, at the right time?"

Data Review

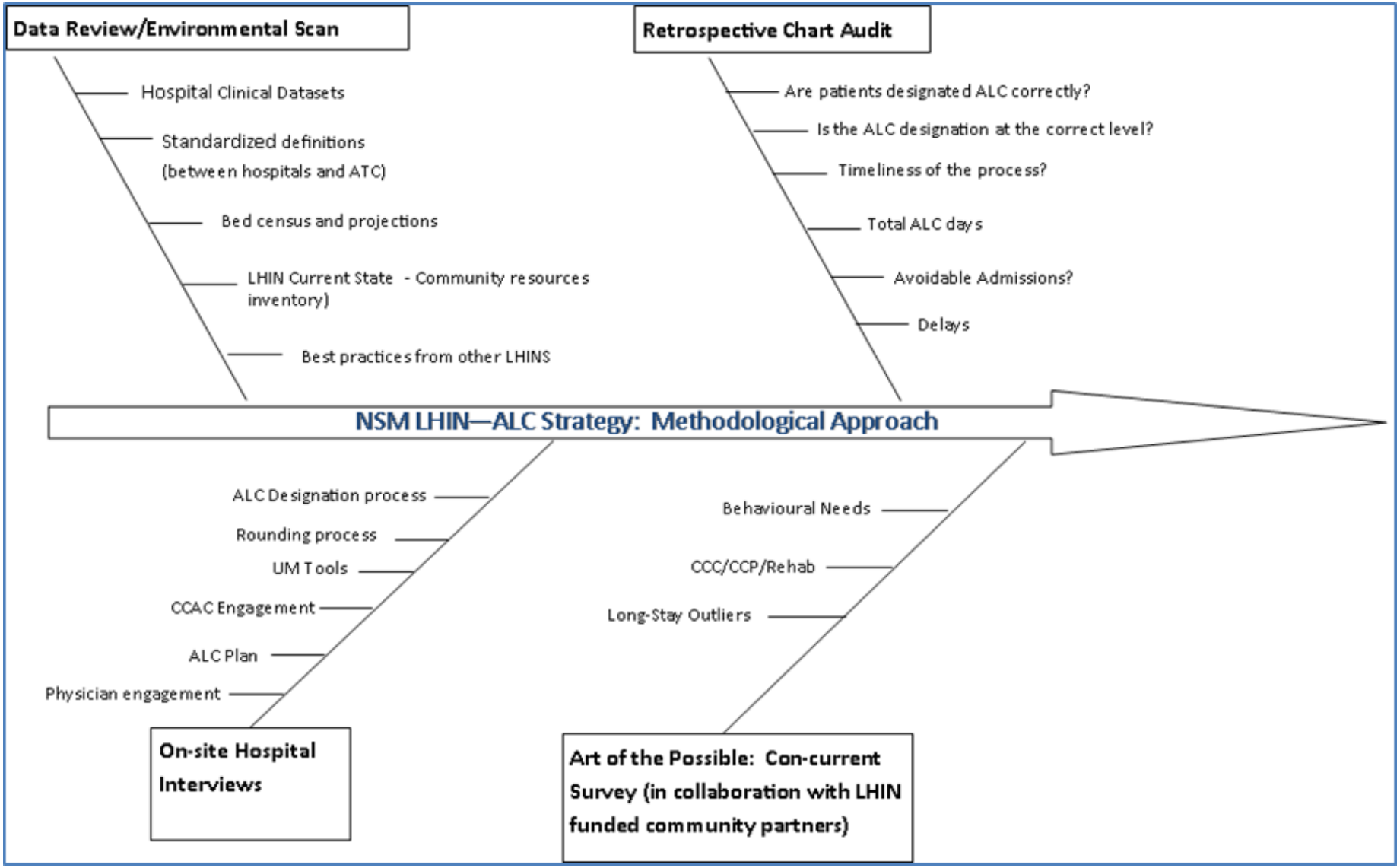
- Meso/Macro level review of ALC data and trending
- When did ALC rates increase/decrease?
- Impact of key drivers on ALC rates (i.e. bed configurations, post-acute supports, etc.)
- Availability of community supports/primary care options and comparison to other LHINs/sub-LHIN areas

Organizational Processes

- Review of discharge planning policies and procedures
- Adherence to policies & procedures
- ALC guidelines (possible chart review)

Post-acute Needs

- Survey of ALC patients in acute beds (within identified 2 week window) to assess post-acute care & support needs (including behavioural services)
- What are these patients waiting for? What is the most appropriate post-acute care environment?
- How does this relate to existing system capacity?


Data Review/Environmental Scan
Hospital Clinical Datasets
Standardized definitions (between hospitals and ATC)
Bed census and projections
LHIN Current State - Community resources inventory)
Best practices from other LHINS
Retrospective Chart Audit
Are patients designated ALC correctly?
Is the ALC designation at the correct level?
Timeliness of the process?
Total ALC days
Avoidable Admissions?
Delays
NSM LHIN—ALC Strategy: Methodological Approach
ALC Designation process
Rounding process
UM Tools
CCAC Engagement
ALC Plan
Physician engagement
On-site Hospital Interviews
Behavioural Needs
CCC/CCP/Rehab
Long-Stay Outliers
Art of the Possible: Con-current Survey (in collaboration with LHIN funded community partners)

Feedback on Project Workplan

- One on one interviews where held with members of the Project Integration Committee and Hospital CEOs to obtain feedback on the proposed approach and methodology

- Highlights of feedback received:
  - Ambitious timeframe
  - Overall support for project approach
  - Glad to see LHIN support and leadership
  - "Hospital problem but answer lies in community" – need to engage community providers and family physicians
  - Best practice and lessons learned from other LHINs/Hospitals
  - Feedback on possible ALC drivers