

ONTARIO HEALTH SERVICE

SENIOR SCORECARD

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EFFORTS

Home First

Over the past year 592-people across the Champlain region have been discharged from area hospitals through Home First. Ninety days after discharge from hospital 95 per cent of Home First clients were able to remain safely at home.

- Champlain Local Health Integration Network

Launched July, 2010 the program aims to assist elderly patients recover safely at home following a hospital stay. In Eastern Ontario, the Champlain Community Care Access Centre (CCAC) is described as working closely with the Champlain Local Health Integration Network (LHIN) and all acute care hospitals in the region to implement this "cultural shift" in patient care. The program aims to give people the opportunity to:

- Recuperate in a familiar environment, reducing the risk of losing strength from lack of mobility,
- To relieve pressures on hospitals, and
- Prevent premature admissions to long-term care homes.

"The Home First program is creating a new option for seniors and their families in our community, and it's an option that improves their care, improves their quality of life and helps our health-care system as a whole," said Champlain LHIN CEO Alex Munter in a statement.

The LHIN reports that over the past year, 592-people across the region have been discharged from area hospitals through Home First. Ninety days after discharge from hospital, 95 per cent of Home First clients were able to remain safely at home.

"Home First is making a vital impact on the number of Alternative Level of Care (ALC) patients in hospital, while promoting independence and quality of life for seniors with care options that help them age at home," said Gilles Lanteigne, CEO, Champlain CCAC, similarly. "By working collaboratively and strengthening our partnerships through Home First and other innovative programs, we are providing people with the right care, in the right place, at the right time," he added.

CEO Alex Munter reiterated "It's no exaggeration to say

that Home First is revolutionizing health care for seniors ... the new approach is an example of how the Champlain LHIN is helping to improve access to health services, making the transition from hospital to home as seamless as possible."

Aging at Home

The Aging at Home program has reduced hospital bed occupancy in the region by 545 through increased alternative services such as assisted living at home.

The LHIN's funding to the CCAC increased from \$158-M in 2007-2008 to \$182-M, eighty-five per cent of all Ontario patients who visit emergency rooms are being seen within the provincial targets, and there has been an 8.7% reduction in emergency room length of stay since April 2008.

- *Champlain LHIN*

In December, 2010 the provincial government announced additional funding to create 248-new "transitional care" beds at hospitals in the Champlain Region.

The Aging at Home Strategy, launched in 2007, strives to

- Allow people to stay in their homes while receiving supportive community care,
- Ease pressures on hospitals by finding care for patients who no longer need hospital services,
- Help patient flow throughout the hospital by freeing up hospital beds, and
- Lead to shorter wait times in the emergency room.

"The additional beds will allow our health system to function more smoothly at a time of increasing demand due to an aging population," said then Champlain LHIN CEO Dr. Robert Cushman. "What's more, it will improve the quality of care for elderly patients by providing better rehabilitative care while they are still in hospital," he added.

The LHIN asserted that:

- The Aging at Home program has reduced hospital bed occupancy in the region by 545 through increased alternative services such as assisted living at home,
- Its funding to the CCAC increased from \$158-M in 2007-2008 to \$182-M,
- Eighty-five per cent of all Ontario patients who visit emergency rooms are being seen within the provincial targets, and
- There has been an 8.7% reduction in emergency room length of stay since April 2008.

Transition to Home

[W]e have been able to send many of our frail elderly patients home with the appropriate supports ... roughly ten patients are discharged home from the Restorative Care Unit every week.

*- Queensway-Carleton
Hospital CEO*

L launched in December 2010, Transition to Home is a collaborative effort between the Queensway Carleton Hospital in Ottawa, and the local CCAC and LHIN. Two and three-quarter million dollars in funding was provided to the hospital for a 24-bed unit to provide restorative care to improve the day-to-day functioning of frail seniors who have completed treatment but are not yet ready to go home. Restorative care is considered key to recovery and can often prevent premature admissions to long-term care homes, the LHIN said in a statement.

"[W]e have been able to send many of our frail elderly patients home with the appropriate supports," hospital CEO Tom Schonberg added, saying roughly ten patients are discharged home from the unit every week.

"It's encouraging to see these changes happening as we continue to re-engineer our health care system to align with a senior-friendly care framework," commented Kelly Milne, Program Director of the Regional Geriatric Program of Eastern Ontario.

"The framework is designed to improve care, reduce inappropriate use of resources, and improve patient and family satisfaction. Restorative care is one strategy that promotes a more age-appropriate response to the unique health needs of the older patient population," she concluded.

Behavioural Supports Ontario

The Behavioural Supports Ontario Project – the first of its kind in Canada and only one of a handful in the world – will support [the dementia, mental health and other neurologic conditions of the senior] population.

*- Ontario Minister of Health
and Long-Term Care*

T he LHIN announced August, 2011 funding of \$3.8-M to enhance services for seniors with dementia and other mental health and neurologic conditions. Province-wide the funding announced was \$40-M and is earmarked for specialized staffing.

The LHIN stated that the project focuses on providing quality care for individuals with these conditions, in an environment that is based on safety, respect, high-quality, [and with] evidence-based care and practice.

"We know Ontario's population is aging and that the number of seniors with dementia and other complex health

needs is going to increase," said Ontario Minister of Health and Long Term Care Deb Matthews. "The Behavioural Supports Ontario Project – the first of its kind in Canada and only one of a handful in the world – will support this vulnerable population," she added.

The CEO of the Alzheimer Society of Ontario, Gale Carey, said "[We] applaud these much-needed investments that will strengthen the capacity of both families and our health-care system to improve the quality of life for this group of Ontarians.

"Today's announcement responds to solutions suggested by family caregivers and health-care personnel coping with these challenges every day, whether they're in hospitals, long-term care facilities or in their own homes," she concluded.

OBSERVATIONS

The Media

Most of the problem is due to a lack of funding.

- *Toronto Star*

The *Toronto Star's* Bob Hepburn characterized the Ontario Auditor-General's report in December 2010 as "damning," and urged health minister Deb Matthews to demand a complete review of the entire home- and community-care system.

Hepburn stated that the report basically validated what health care professionals had been calling a "nightmare" for a long time.

Most of the problem is due to a lack of funding, he commented, and supported that statement with 2010 data from both the report and the government itself, including:

- A home care waiting list of 10,000 people,
- A reduction in visits by speech-language pathologists of over 40%,
- Only \$45-M of the \$1.1-B Aging At Home strategy funds having been released, and
- Over 50,000 patients remaining in hospital longer than necessary.

The *Star's* Moira Welsh and Theresa Boyle added that a

Seniors are being left in hospitals awaiting nursing home placement, in part, because they were treated "improperly" and became physically and mentally weak.

- *The Ottawa Citizen*

shortage of allied health professionals is contributing to the home care wait lists.

Eastern Ontario hospitals were slammed for the way they treat seniors in a unreleased report characterized as "scathing" by *The Ottawa Citizen* in June, 2011.

Commissioned by the Champlain LHIN and the Regional Geriatric Program of Eastern Ontario, the report stated that hospitals should invest in more physical therapy services to get frail seniors back on their feet, provide better dementia care and establish programs that would identify elderly patients who are at high risk of returning.

It went on to say that seniors are being left in hospitals awaiting nursing home placement, in part, because they were treated "improperly" and became physically and mentally weak.

The resulting over occupancy of beds in hospitals by elders leads to reduced performance by those hospitals in other areas.

Highlights of the report include recommending hospitals focus on prevention and management of loss of physical and mental functioning of seniors.

Champlain LHIN CEO Alex Munter was quoted as saying that hospitals should work towards helping elderly patients maximize their recovery and independence. "We need to re-orient the culture of hospitals," he commented.

The Citizen declared that there has not been a coordinated approach to ensure all hospitals in the region adopt [different ways to discharge seniors to their own homes].

Seniors in the Eastern Ontario town of Arnprior are now waiting up to four years for nursing home placement.

- *The Ottawa Citizen*

The same newspaper reported in October, 2011 that seniors in the Eastern Ontario town of Arnprior are now waiting up to four years for nursing home placement.

Arnprior and District Hospital CEO Eric Hanna told *The Citizen* that the town is one of Eastern Ontario's overlooked and under-served areas for elder care.

The hospital recently converted eight of its 14 complex continuing-care beds into "restorative care" ones, which combine nursing services with an array of rehabilitation therapies, in an effort to later discharge seniors to their homes rather than nursing ones.

As well, the hospital's affiliated nursing home received over \$100,000 in provincial funding to provide a 24-hour on-call service to seniors living in the community who need urgent personal support, homemaking or extra in-home support, in a further effort to prevent premature admissions of seniors to nursing homes, reported *The Citizen*.

The hospital's own analysis of its elderly patients found that nearly two-thirds of them could benefit from discharge to home with enhanced support services, or the rehab-to-home approach. But the remaining one-third are so frail and needy that they have little choice but to go to a nursing home.

"It's not all about going home, not all about restorative care," commented CEO Hanna. "Some inevitably need long-term care, and those patients are waiting longer than ever to be placed," he concluded.

Advocacy Organizations

More than 23,900 people are waiting for placement in a long-term care home. New beds are needed in public and non-profit long-term care homes and minimum care standards are needed to ensure adequate care levels.

Democratic governance of health care institutions and services is being eroded.

- Ontario Health Coalition

Natalie Mehra of the Ontario Health Coalition, a pro-Medicare group, said "there is a severe shortage of acute care hospital beds, and access to longer-term care for seniors both in hospitals and in the community is poor and inequitable."

Her organization provided the following data to support that position:

- After two decades of hospital cuts, Ontario has the fewest hospital beds per population of any province in Canada. In fact, Ontario is fourth from the bottom of all industrialized countries in numbers of hospital beds per population – 18,500 hospital beds have been cut since 1990,
- Ontario's hospital occupancy rate is now 98%, far above occupancy rates in the rest of the industrialized world. Bed shortages have contributed to ER backlogs, cancelled surgeries, high infection rates, and longer

- waits for care,
- More than 23,900 people are waiting for placement in a long-term care home. New beds are needed in public and non-profit long-term care homes and minimum care standards are needed to ensure adequate care levels,
 - More than 10,000 people are on wait lists for home care. Ontario has the most privatized home care system in the country and is the only province that runs home care entirely through a destabilizing competitive bidding system,
 - Access to front-line medicine (nurse-led clinics, community health centres, nurse practitioners, family doctors, and family health teams) has improved. Continued progress is needed, particularly in underserved areas,
 - Wait times for some treatments and surgeries have improved, and
 - Democratic governance of health care institutions and services is being eroded.

Representatives of the Ontario Association of Speech Language Pathologists and Audiologists, and the Ontario Council of Hospital Unions / CUPE launched a provincial campaign July 25, 2011 to advocate for elderly patients who are:

Pushed out of hospital while they are acutely ill or who are denied acute care services they need. Patients are also being denied access to services like speech language pathology (for assistance with swallowing and speech) following a stroke because they are discharged earlier than they should be, without treatment or the appropriate follow-up

it said in a statement.

It's been years and years of the same story.

- Council on Aging CEO

Ottawa's Council on Aging reported in a study released July, 2011 that the number of seniors living in Ottawa – currently 100,000 – will more than double in the next 20-years and unless sweeping changes are made, the strain on an already overloaded health care system will become increasingly onerous and the quality of life for ailing seniors will worsen.

In addition to integrating health care with social services, Ontario needs policies to improve access to pharmaceuticals, and expand support so people can provide for elderly family members.

- University of Ottawa
Health Policy Professor

"When families and caregivers are taken into consideration, the number of people affected by this problem increases to between 500,000 and 700,000. The time to find and implement solutions is now," it stated.

Council of Aging Executive Director Bernard Bouchard added that theirs was not the first report calling for a new strategy and a re-direction of health care dollars.

"It's been years and years of the same story," he told *The Citizen*.

Finally, A health policy professor at the University of Ottawa characterized the promises made by all three main political parties in the recent Ontario election for increased health care funding as "miniscule."

Douglas Angus told *CBC News* that the Progressive Conservative Party plan to add 5,000 long-term care beds would make a significant dent if it was for just eastern Ontario – where today 3,200 people are currently waiting either in a hospital or at home, for long-term care.

"They are Band-Aids when what we need is a diagnostic look at what's going on," he said.

He quoted a joint report from the Ontario Hospital Association and the Ontario Association of Community Care Access Centres calling for greater spending in community care.

He told the news service that in addition to integrating health care with social services, Ontario needs policies to improve access to pharmaceuticals, and expand support so people can provide for elderly family members.

EVALUATIONS BY THE ONTARIO GOVERNMENT ITSELF

Health Quality Ontario

The organization formerly known as the Health Quality Council reported in 2011 that:

- Ontario has 21,500-seniors who are on the waiting list for placement into a LTC home (and their families and

Wait times to get into an LTC home are still too high. The median wait time is 3.5 months (103 days), which is nearly three times higher than in the spring of 2005. For those waiting in the community, the wait is over five months; for those waiting in hospital, it is just under two months.

- Health Quality Ontario

- caregivers),
- Some 75,000-residents are in the 626-LTC homes across the province,
- Some 185,000 clients receive services through CCACs on any given day and over 600,000 received home care services from CCACs in 2009. Some 170,000 of these individuals were long-stay clients,
- Over 1,000,000 discharges occur each year,
- Despite a major increase in the number of long-term care (LTC) beds several years ago, wait times to get into an LTC home are still too high. The median wait time is 3.5 months (103 days), which is nearly three times higher than in the spring of 2005. For those waiting in the community, the wait is over five months; for those waiting in hospital, it is just under two months. The latter contributes to the serious problem of ALC beds in hospitals – approximately one in six hospital beds in Ontario are filled with people who could best be cared for elsewhere,
- The wait time for those placed from hospital has increased by 10-days in the past year even though fewer people were admitted to LTC from hospital,
- Although LTC wait times are too high, they have stopped increasing for the first time since 2005,
- The situation is even more serious for wait times to see a specialist. Half the people who are referred to a specialist wait four weeks or longer for an appointment,
- In the past year, the number of people placed into LTC from hospital dropped by 19%, while the number placed from home rose by 15%,

No. on waiting list for LTC	21,500
LTC population	75,000
Home care daily roster	185,000
Home care annual roster (2009)	600,000
Home care long stay roster	170,000

Table 1: Ontario Community Care (selected data, 2011)

To shorten wait times for long-term care homes, the province needs to ensure that enough supportive housing and assisted living facilities are available as an alternative to LTC for people who are able to live more independently – especially in high-demand regions. Home care needs to be more available as well, with flexibility on the hours allotted to families based on their needs. In addition, when patients enter hospital, it's important to avoid jumping to the conclusion that they need LTC until they have been given time to recover, and to keep them as active as possible to prevent a decline.

- Health Quality Ontario

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- Close to half of long-stay home care clients experienced a problem with activities of daily living or have an old problem that is not getting better,
- Among all home care clients, one in 10 exhibits a sad mood and at least two depressive symptoms. There has been no improvement in the last three years,
- Almost one quarter of home care clients experiencing pain are not having it appropriately managed. This indicator has not improved in the last three years,
- Only one in four people waiting for LTC placement get their first choice when placed for the first time. This has not changed in the last four years,
- More than half of all people discharged from the hospital who require home care services are receiving their first nursing visit within one day. Over the past four years, no major changes have been seen in this indicator. Nearly 20% of post-acute patients who need home care services are waiting more than four days for their first nursing visit. This suggests there may be room to improve,
- One in five people placed in LTC homes do not have high or very high care needs. These people could potentially be cared for in other settings in the community (e.g. with more home care or in supportive housing arrangements),
- The use of drugs that should be avoided in the elderly is gradually decreasing. However, about one in five LTC residents is still prescribed these drugs,
- Shortly after entering an LTC home, one in six residents are given an antipsychotic drug that they were not receiving before (i.e. the LTC home physician – not the previous family doctor – started the drug). One in four are given a new drug for anxiety or sleep. There has

been no major change in the past three years. These drugs have many risks and should be avoided where possible,

- Almost one in six LTC residents were restrained in the previous three months. Many LTC homes are adopting zero-restraint policies, and some countries have rates lower than Ontario's,
- Fourteen percent of LTC residents were noted to have worsening behaviour (e.g. aggression or wandering) in the past three months, and
- Too few healthcare practitioners may lead to increased wait times, more travel to get care and, in some cases, no access to certain services. Providers compensating for the shortfall may experience extra workload and stress.

The report suggests "Ideas for Improvement" for LTC waits and people in LTC who don't necessarily require it, including:

- Respite care,
- Community day or support programs,
- Extended home care hours or services,
- Supportive housing or assisted living arrangements, and
- Retirement homes providing some types of additional support.

Similarly, for drug safety in LTC:

- Medications with serious side effects for the elderly should be avoided when there are safer alternatives available. LTC staff can consult the "Beers" list of drugs to avoid and the Agency for Healthcare Research and Quality (AHRQ) "never prescribe" list of drugs,
- Prescriptions to LTC residents for antipsychotic or anti-anxiety drugs should be avoided unless there is a specific reason,
- Encourage non-drug approaches to managing inappropriate behaviour when they are exhibited, such as aggressiveness traditionally leading to the prescription of antipsychotics or sedative-hypnotic drugs,
- Gradually wean residents off these drugs where patients are on them due to standing orders or addiction, and
- Offer a range of social and recreational activities where

The Champlain region demonstrates average results, with room to improve, on 12-measures, and worse-than-average, with major room to improve, on four.

- Health Quality Ontario

feelings of loneliness, lack of autonomy, or lack of purpose may lead to anxiety or difficult behaviour.

And for providing the right service in the right place:

- Identify early those at risk of being hospitalized and subsequently becoming LTC patients,
- Establish a transitional care program,
- Provide in-hospital rehabilitation and intensive, long-term, follow-up rehabilitation,
- Use objective criteria to help determine who truly needs LTC, and
- Improve primary care services.

It considers the Champlain region as demonstrating average results, with room to improve, on the following measures:

- ALC hospital bed days,
- Emergency department wait times,
- Access to primary care,
- Wait times for CT scans and cancer surgery,
- Avoidable emergency department visits by LTC residents,
- Chronic disease management (diabetes complications, heart attack survival),
- Use of the right drugs for hospital patients with heart attack and heart failure,
- C-section rates,
- LTC safety and effectiveness (average for most indicators; worse results for restraint use but better (lower) results for new starts of anti-anxiety drugs),
- Home care safety and effectiveness (average for most indicators),
- Population health (average results for smoking, obesity; higher rate of binge drinking but lower rate of physical inactivity; higher rate of breastfeeding), and
- Preventive health screening (average for most indicators but better results for Pap screening).

and worse-than-average results, with major room to improve, on the following:

- Longer waits for hip and knee replacement, cataract surgery, and general surgery,
- Longest wait time for a LTC bed in Ontario, for people

- placed from the community – wait times for people placed from hospital are close to the provincial average,
- Longer time to home care visit after hospital discharge, and
 - Second-highest rate of HIV incidence in Ontario (after Toronto Central).

Overall, LTC waits improved by 28-days from April-June, 2009 to 2009-2010 in the region.

Auditor-General of Ontario

Home Care

Funding for home care has not kept up with its demand.

- Auditor-General of Ontario

Wait lists are due to a lack of financial resources, or with therapy, a lack of therapists.

- Auditor-General of Ontario

Prioritization affects wait lists.

- Auditor-General of Ontario

Jim McCarter reported in December, 2010 that:

- For the year ended March 31, 2009, Ontario spent a total of \$1.76 billion to provide home care services to 586,400 clients. At the time of our last audit, reported in our *2004 Annual Report*, total expenditures for similar home care services were \$1.22 billion to serve about 350,000 clients. Since then, total expenditures have increased by more than 40% while the number of clients that CCACs serve has increased by more than two-thirds,
- Eleven of the 14 CCACs have some form of wait-list for various home care services,
- Wait-lists were usually caused by a lack of financial resources or a shortage of specialist resources; the shortage of therapists was the main reason cited for clients being on the therapy wait-list,
- Prioritization affects the distribution of resources:
 - At the three CCACs we visited as well as the remaining 11 that we surveyed, we found that some had very high wait-list numbers for certain services while others had none,
 - In our *2004 Annual Report*, we noted the lack of specific direction or guidance from the Ministry to CCACs on the ranking of clients to receive services and on the management of wait-lists. We found that this was still the case. Each of the CCACs we visited had developed and was using its own approach to ranking clients in order of priority to be admitted to home care services or placed on wait-lists, and

Funding for the Community Care Access Centres is inequitable.

- Auditor-General of Ontario

- Although each CCAC established its own approach to prioritization, there was no standard guideline for determining how soon the first service-provider visits to a client should occur,
- Funding for the CCACs is inequitable. Specifically:
 - It is not being allocated primarily on the basis of locally assessed client needs but rather remains historically-based,
 - They do not have adequate assurance that services are being acquired from their external providers in the most cost-effective manner, and
 - The Ministry has developed a new funding model - the Health Based Allocation Model - but its use is, as yet, too limited to have any effect in addressing funding inequities,

The wait list for home care is 10,000 people.

- Auditor-General of Ontario

- Wait lists of about 10,000 people,
- Inconsistent program administration across CCAC locations,
- Absence of standard service guidelines,
- Guidelines varying in the:
 - Time allocated for each task, and
 - The frequency of service visits recommended,
- Inadequate quality assurance,
- Assessments not being completed in a timely or standard manner,
- The CCACs stating that they could not obtain the best value from providers, from both a cost perspective and a service perspective, because they were not able to procure services competitively,
- The Ministry having suspended the competitive procurement process on three occasions since 2002 and, at the time of the 2010 audit, the process being still under suspension, contributing significant differences in rates paid to service providers,
- The Ministry having provided CCACs with \$1.9-B in funding in the 2009/10 fiscal year, which represented an increase of 56% since last audited in 2003-2004,
- From 2004/05 to 2009/10, \$76 million was provided to CCACs to help reduce wait times for hip and knee replacement surgeries. This funding was to be used to help facilitate patients' early discharge from hospital by providing in-home rehabilitation and support services. It was to cover the costs of additional clients beyond the usual number of clients served in the 2003/04 fiscal year,

Only \$45 million of the \$1.1 billion Aging at Home strategy funds have been released.

- Auditor-General of Ontario

- In each of the 2008/09 and 2009/10 fiscal years, \$30 million in additional funding was provided to CCACs to fund an increase in the maximum number of hours of personal support and homemaking services to eligible clients. The funding increase had been brought about by a regulatory change, and was calculated on the basis of the total costs of providing the services to new clients plus the additional costs of providing more hours of care to existing clients. However, the CCACs we visited all indicated that the funds were not sufficient to cover the related costs of the legislative change, and
- In the 2008/09 fiscal year, the Ministry launched the Aging at Home strategy, a four year, \$1.1 billion health-care initiative designed to allow seniors to live healthy, independent lives in the comfort and dignity of their own homes. However, the funding that the 14 CCACs received from this initiative in 2008/09 and 2009/10 totalled only \$45 million of the announced \$1.1 billion.

Discharge of Hospital Patients

There are 50,000 alternate level of care patients.

- Auditor-General of Ontario

The auditor-general also reported that:

- Over 20% of patients discharged from hospital still require various levels of support; about half of these require home care; in 2009, about 4% of hospital patients were discharged to a long-term-care home,
- In 2009, over 50,000 patients waited in hospital due to delays in arranging postdischarge care (also known as patients waiting for an alternate level of care, or ALC), accounting for 16% of total patient days in all Ontario hospitals. In addition, the total days ALC patients were hospitalized increased by 75% between 2005/06 and 2009/10, while total hospital patient days increased only 7%; ALC patients accounted for only 5% of all hospital discharges,
- The CCACs have developed the following programs to assist with ALC:
 - *Home at Last* - a program to provide, for patients who do not have family or friends to assist them, a personal support worker or volunteer for a few hours on the day they are discharged from hospital. Assistance provided is for transportation home and basic necessities, such as picking up the patient's medication and some groceries, and ensuring that the patient has a meal,

There are only so many basic long-term care beds available; the rest are premium.

- Auditor-General of Ontario

- *Wait at Home* - an initiative to provide CCAC-organized homemaking and personal support services in excess of regular home-care hours, to enable patients to wait in their homes for a long-term-care vacancy, rather than waiting in hospital,
- *Stay at Home* - a program to provide CCAC-organized homemaking and personal support services in excess of regular home-care levels for a limited time to enable patients to be discharged home earlier than otherwise,
- According to the CCACs we spoke with, one reason patients wait in hospital for a long-term-care home is that applicants prefer the less expensive "basic" accommodation in long-term-care homes (about \$250 less per month than a semi private room and \$600 less than a private room); only low-income residents in basic accommodations can qualify for a Ministry subsidy; in the 2009/2010 fiscal year, 80% of applicants from one hospital we visited requested basic long-term-care accommodations, however, according to legislation, only 40% of long-term-care homes' beds are required to be basic accommodation,
- In 2010 that many LHINs are now proceeding with the Alternate Level of Care Resource Matching and Referral Project, which aims to reduce the number of alternate level of care days by improving workflow and communication between organizations (for example, among hospitals and their CCACs). This electronic information and referral system matches patients to the earliest available and most appropriate care / support setting at discharge, and
- Research indicates that hospitals will experience regular bed shortages if occupancy is above 90%.