

Chapter 4

Section 4.07

Ministry of Health and Long-Term Care

Long-term-care Home Placement Process

Follow-up to VFM Section 3.08, 2012 Annual Report

RECOMMENDATION STATUS OVERVIEW					
	# of Actions Recommended	Status of Actions Recommended			
		Fully Implemented	In Process of Being Implemented	Little or No Progress	Will Not Be Implemented
Recommendation 1	3		3		
Recommendation 2	2		2		
Recommendation 3	3		3		
Recommendation 4	2			2	
Total	10	0	8	2	0
%	100	0	80	20	0

Background

Long-term-care homes (LTC homes) provide care, services and accommodation to people who need to have 24-hour nursing care available, supervision in a secure setting or frequent assistance with activities of daily living, such as dressing and bathing. LTC homes are sometimes referred to as nursing homes or homes for the aged. They may be for-profit, not-for-profit, or municipally run organizations, and often have waiting lists for their beds.

The *Long-Term Care Homes Act* (Act) authorizes the province's 14 Community Care Access Centres (CCACs) to determine eligibility for LTC home admission, prioritize eligible people on wait lists and

arrange placement when a bed becomes available. Each CCAC reports to one of the province's 14 Local Health Integration Networks (LHINs). The Ministry of Health and Long-Term Care (Ministry), to which the LHINs are accountable, is responsible for ensuring that CCACs comply with the Act's LTC home placement provisions. In the 2013/14 fiscal year, CCACs placed more than 26,000 people (about the same number as in 2011/12), 85% of whom were 75 or older, in Ontario's about 630 LTC homes (about 640 in 2011/12). The more than 76,000 long-stay LTC beds in these homes (about the same number as in 2011/12) are over 97% occupied.

Since 2005, the number of Ontarians aged 75 and over has increased by more than 20%, which is undoubtedly one reason why the median amount of

time people wait for an LTC home bed has tripled—from 36 days in the 2004/05 fiscal year to 108 days in 2013/14 (98 days in 2011/12). Ontario's population of those aged 75 and older is expected to grow by almost 30% from 2012 to 2021 and to further increase beginning in 2021 when the baby boomers start to turn 75, likely creating additional demand for long-term care. The Ministry has recognized that it is critical that alternatives to long-term care be developed given Ontario's aging population.

CCACs use a standardized process to determine client eligibility, including considering alternatives to long-term care. However, more needs to be done to ensure that crisis cases are prioritized consistently. Many factors that affect wait times for placement are out of the control of CCACs. For instance, the Ministry is responsible for how many LTC home beds are available. As well, people are allowed to select the LTC homes they are willing to be placed in, and LTC homes may reject applications.

The objective of our 2012 audit was to assess whether the processes in place at selected CCACs were effective for placing individuals in LTC homes in a consistent and timely manner, based on their needs and in accordance with ministry and legislative requirements. We conducted our audit work at three Community Care Access Centres of different sizes: Central East CCAC, responsible for 9,700 LTC home beds, with head office in Whitby; North East CCAC, responsible for 5,000 LTC home beds, with head office in Sudbury; and Waterloo Wellington CCAC, responsible for 4,000 LTC home beds, with head office in Kitchener.

In our *2012 Annual Report*, we noted that, overall, the three CCACs we visited were managing various areas of their LTC home placement process well, but all had areas that needed improvement. Our observations included the following:

- March 2012 LTC home wait-list data indicated that crisis clients, who were still on the wait list at that time, had been waiting a median of 94 days up to that point; moderate-needs clients had been waiting 10 to 14 months; and most other eligible clients had been waiting

for years. During the 2011/12 fiscal year, 15% of all clients on the wait list died before receiving LTC home accommodation, indicating that many potential clients that could benefit from services are not receiving them in a timely fashion.

- Nineteen per cent of people waiting in hospital for an LTC home bed had applied to only one LTC home, even though the selected home may have a long wait list. This can result in negative consequences for both the individual's health and the health system as a whole, as it has been shown that remaining in hospital longer than is medically necessary is detrimental to a person's health, is more costly than community-based care alternatives and takes up beds that are needed by other patients.
- While 36% of clients were placed in their first choice of homes, others accepted an alternative LTC home but stayed on their preferred home's wait list. In March 2012, 40% of people on wait lists for a particular home resided in another home. Because crisis clients get priority, non-crisis clients may find it difficult to access the more popular homes.
- Applicants in some areas of the province get into LTC homes more quickly than others. At one CCAC, 90% of clients were placed within 317 days, whereas at another it took 1,100 days.
- Clients able to pay for private or semi-private rooms are generally placed more quickly because homes can have up to 60% of their beds in such rooms, but only 40% of people apply for them.
- The CCACs we visited did not periodically review whether the highest priority clients were offered the first available beds in their chosen homes.

We made a number of recommendations for improvements and received commitments from the Ministry and the CCACs that they would take action to address these recommendations.

Status of Actions Taken on Recommendations

The Ministry of Health and Long-Term Care (Ministry) and the three CCACs visited provided us with information in the spring and summer of 2014 on the status of the recommendations we had made in our *2012 Annual Report*. According to this information, none of the recommendations have been fully implemented, but some progress has been made in implementing most of the recommendations. For example, the CCACs' information system had been modified to provide better data on placement decisions. The CCACs were in the process of implementing independent reviews of placement decisions to ensure that the highest priority patients got the first available beds that matched their needs (for example, male versus female; basic, semi-private or private room). However, little progress has yet been made in two areas: developing consistent performance measures for monitoring the LTC home placement process, and developing target deadlines for completing each stage of the LTC home placement process in order to help reduce wait times.

The status of the actions taken by the Ministry and the CCACs is summarized following each recommendation.

Wait-list Management

Recommendation 1

To better ensure that higher-needs clients are identified and placed in long-term-care homes (LTC homes) as soon as possible, Community Care Access Centres (CCACs) should:

- *develop a consistent province-wide process for ranking clients within the crisis priority level;*
Status: Fully implemented at the three CCACs visited and in the process of being implemented province-wide by all CCACs.

- *in consultation with the Ministry, consider conducting a periodic “touch-base” to determine whether wait-listed clients’ condition or circumstances have changed and therefore require a reassessment of their needs, rather than conducting formal reassessments of all clients every six months as is currently required; and*
Status: In the process of being implemented.

- *conduct periodic independent reviews of placement decisions to ensure that the highest-priority client matching the bed specifications (such as male versus female, and private versus semi-private and basic accommodation) is offered the first available LTC home bed.*
Status: In the process of being implemented.

Details

In October 2013, the Ontario Association of Community Care Access Centres—a not-for-profit organization that represents and supports all CCACs across the province—and the 14 CCACs themselves approved a process to consistently rank clients within the crisis priority level. The three CCACs visited had adopted this ranking tool. All 14 CCACs were expected to have implemented a revised version of this tool by spring 2015.

In September 2013, the Ministry sent a letter to all CCACs, the Ontario Association of Community Care Access Centres, and all Local Health Integration Networks clarifying that, although a client assessment is required to be completed during the three months prior to admission into an LTC home (to ensure client placement decisions are based on up-to-date information) a formal reassessment of all clients waiting for an LTC home did not have to be completed every six months, as was previously done. At the time of our follow-up, all three of the CCACs visited were relying on automated prompts to identify clients nearing the top of the wait list to schedule reassessments within the three months before placement in a LTC home. However, no periodic “touch base” had been implemented to determine whether wait-listed clients’ conditions or

circumstances had changed and therefore required a reassessment of the clients' needs. Instead, the CCACs continued to perform additional assessments at least every six months for all home-care clients with chronic or more complex needs, including those waiting for an LTC home, to see if their needs had changed.

The information system used by all CCACs was updated in November 2013 to enable CCACs to review historic wait list data. As a result, CCACs can now access information needed to conduct periodic reviews of placement decisions. This will enable them to ensure that the highest priority client matching the bed specifications is offered the first available bed. Furthermore, the CCACs, in conjunction with the Ontario Association of Community Care Access Centres, have developed a standardized protocol for auditing the appropriateness of placement decisions. This protocol was being tested at the time of our follow-up in order to improve and streamline the process. It was expected to be in place by spring 2015. Prior to implementation of this standardized process, each of the CCACs was taking different actions to address this recommendation. For example, one CCAC visited was using a wait list exceptions report it had introduced in fall 2012. With it, senior managers could follow up on any exceptions to the legislation governing how placements are to be prioritized. Another CCAC had introduced quarterly audits, starting in the 2014/15 fiscal year, using LTC home historical wait lists to ensure that the highest priority client matching the bed specifications was offered the available bed. The third CCAC had developed a business process to support periodic audits of the bed offer process. However, it indicated that the process had not been implemented due to resource constraints and because the planned audits would be labour intensive.

Recommendation 2

To help clients move out of hospital more quickly and to help manage growing wait lists, the Ministry of Health and Long-Term Care (Ministry) should

consider options employed by other jurisdictions, as well as making more community alternatives to long-term-care (LTC) homes available and having LTC homes provide more restorative and transitional care programs to improve, among other things, clients' functioning.

Status: In the process of being implemented.

As well, to better ensure that clients assessed as eligible for an LTC home are placed as soon as possible, the Ministry should streamline the client health assessment form (to avoid duplicating information that is already obtained as part of the eligibility assessment and to avoid potentially delaying the process).

Status: In the process of being implemented.

Details

By December 2013, the Ministry had funded 250 additional convalescent care beds at LTC homes to help clients move out of hospitals more quickly, among other things. About 10% of the beds were new; most of the rest were converted from regular long-stay beds in LTC homes. These beds are available to people, for up to 90 days a year, who do not need permanent residence in an LTC home, but do need care and time to recover (their strength and functioning, for example). Ontario is also participating in the Health Care Innovation Working Group, composed of provincial and territorial ministers of health, which is focusing on enhancing provincial and territorial capacity to better meet challenges in health care. One priority of this working group is seniors' care and the sharing of best practices to prioritize homecare over long-term care. The working group was expected to present a summary report to the premiers by fall 2014.

The Ministry, in conjunction with the CCACs, is in the process of streamlining the client health assessment form so that physicians can complete it more quickly. The revised form will still duplicate clinical information on the health assessment form completed by the CCACs. The Ministry indicated that this was necessary to verify information about

a client's health status. The Ministry indicated that the CCACs would start using the new form in late 2014.

Wait Times

Recommendation 3

To better ensure that clients have sufficient information on the long-term-care (LTC) home placement process and wait times for LTC home admission, the Ministry of Health and Long-Term Care (Ministry), in conjunction with the Community Care Access Centres (CCACs), should:

- *provide the public with detailed information on the LTC home admission process and the policies in place to ensure the process is administered equitably;*
Status: In the process of being implemented.
- *examine options for encouraging greater utilization of basic accommodation in less desirable homes; and*
Status: In the process of being implemented.
- *promote the public disclosure of information that would help people choose which LTC homes to apply to, such as wait times by home, by type of accommodation—private, semi-private and basic—as provided on one CCAC's website, and wait time by priority level.*
Status: In the process of being implemented.

Details

At the time of our follow-up, the Ministry indicated that it was planning to include detailed information on the LTC home admission process on its Health Care Options website by late fall 2014. Furthermore, all CCACs, including the three we visited, had updated their public websites to provide some more detailed, standardized information on the LTC home application process, including the admissions process. In addition, two of the CCACs visited had posted on their websites a video walk-through of the LTC home placement process. As well, both of these CCACs had each developed their

own information booklets on the LTC home admission process. Two of the three CCACs had posted on their websites a statement that they have processes in place to ensure the LTC home admission process was administered equitably, as well as a phone number to call for more information.

Since some LTC homes, such as older, less desirable LTC homes, have lower bed occupancy rates than the Ministry's 97% occupancy target, the Ministry updated its financial remuneration policy to create a greater incentive for LTC homes to achieve higher occupancy rates. However, it was not clear how these changes would encourage more clients to apply for basic accommodation beds in less desirable homes or otherwise increase the occupancy of these less desirable beds. The Ontario Association of Community Care Access Centres indicated that variations in design standards for basic accommodation in LTC homes (for example, four beds per room in older homes versus one or two beds per room in newer homes) continue to be a challenge to increasing occupancy rates in older homes. In this regard, the CCACs visited were working to improve utilization of LTC beds in less desirable homes. For instance, one CCAC indicated that its care co-ordinators now review idle bed listings daily to ensure that clients are aware of available long-term-care beds and the estimated wait times for beds in more desirable homes. Another CCAC, in conjunction with its LHIN, reviewed LTC home bed utilization and converted eight idle long-stay beds to shorter-stay convalescent care beds, resulting in fewer idle bed days. The third CCAC indicated that it shared its idle bed lists with local hospitals daily to provide options to hospital patients. The Ministry's analysis of LTC homes' occupancy data between 2008 and 2013 indicated a slight decrease in the percentage of LTC homes falling below the Ministry's 97% occupancy target.

All CCACs across the province now publicly disclose information on their websites on wait times by LTC home and by type of accommodation (private, semi-private or basic). Although information is also being provided publicly on the various placement

priority categories, the decision was made not to publicly disclose wait times by these priority levels. The Ministry indicated that the CCACs would continue to verbally discuss wait times by priority level with individual clients because the information was complicated. In this regard, the Ministry indicated that the CCACs have identified the need to develop a guidance document to better support CCAC staff in communicating this information to clients. Such guidance was expected to be developed by February 2015.

Oversight

Recommendation 4

To enhance the oversight of the long-term-care (LTC) home placement process, the Ministry of Health and Long-Term Care (Ministry), in conjunction with the Local Health Integration Networks (LHINs) and Community Care Access Centres (CCACs), should:

- *develop consistent performance measures for monitoring the process, such as wait times for clients waiting in hospital versus at home, wait times for clients requesting preferred (that is, private or semi-private) versus basic accommodation, and the percentage of clients who receive their requested transfer to another LTC home; and*

Status: Little or no progress made.

- *develop target guidelines for completing each stage of the LTC home placement process, such as the times to determine client eligibility, for hospital clients to complete placement applications, and for clients to get onto a wait list.*

Status: Little or no progress made.

Details

At the time of our follow-up, one new performance measure—the wait time from the client’s application for LTC home placement until the client’s eligibility determination—had been added to the Ministry-LHIN Performance Agreement for the 2014/15 fiscal year. As well, three others were being developed: wait time from eligibility determination to LTC home acceptance/rejection; wait time from LTC home acceptance to placement; and application refusal rate by LTC homes. However, consistent performance measures have not yet been developed for monitoring other aspects of the LTC home placement process, such as wait times for clients waiting in hospital versus at home; wait times for clients requesting private or semi-private versus basic accommodation; or the percentage of clients who receive their requested transfer to another LTC home. The Ministry indicated that, in conjunction with the Local Health Integration Networks, CCACs and LTC homes, it would consider adding additional performance measures, including these, in the future.

Target guidelines have yet to be developed for completing each stage of the LTC home placement process. Establishing and achieving targeted time frames for each stage in the LTC home placement process can help ensure that individuals are placed in a timely manner. The Ministry indicated that decisions related to creating targets would be made after the associated performance measures were established and data reliability was confirmed. At the time of our follow-up, no time frames had been set for when the Ministry expected this to occur.