

INTEGRATED PROGRAM FOR COMPLEX CARE APPROVED BY HNHB LHIN BOARD

Seven recommendations form background of Complex Care Report

NEWS

June 30 2010

At its June 29, 2010 meeting the Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) Board of Directors approved a plan to create an LHIN-wide integrated program for complex care. The plan included seven recommendations – all of which were supported by the Board.

Within the report, the first recommendation was a common definition of complex care. The definition was developed based on provider feedback and is based on recognized work by the Ontario Hospital Association (OHA). Complex care is a specialized, time-limited program providing patients with complex medical conditions who require a hospital stay with ongoing onsite assessment and active care by an interprofessional team with a goal to enhance the health and quality of life.

In addition, the Task Group also recommended an expanded role for the Community Care Access Centre (CCAC) with respect to patient flow processes. This will include the management of a centralized wait list and the implementation of common assessment, referral and placement processes.

Recommendations about the configuration of 628 complex care beds in the HNHB LHIN were made based on a set of criteria established by the Task Group. The suggested configuration was based on population growth, unmet need, and alternate level of care (ALC) and occupancy rates. While it is anticipated that much of the transition work can be completed by April 2011, full implementation of the integrated program will require a phased process, targeted for completion by April 2012.

...2

The seven recommendations made by the Task Group are:

1. That by Fall of 2010, the following definition of Complex Care be formally adopted by all complex care providers in the HNHB LHIN:
“Complex care is a specialized, time-limited program providing patients with complex medical conditions who require a hospital stay with ongoing onsite assessment and active care by an interprofessional team with a goal to enhance the health and quality of life.”
2. That the complex care admission criteria and streams be adopted and implemented by all complex care providers in the HNHB LHIN by Fall 2010.
3. That the Community Care Access Centre (CCAC) take on an enhanced role for complex care beds starting the Fall of 2010, including:
 - Centralized wait list management
 - Standardized assessment, referral and placement processes.
4. That the HNHB LHIN adopt the proposed allocation of 628 complex care beds by stream and geography as the post-transition target (April 2012).
5. That the HNHB LHIN directs hospitals to reconfigure existing beds to comply with the plan, using existing funding. Hospitals should identify what changes will be made immediately, by April 2011; and by April 2012.
6. That the HNHB LHIN follow-up with each complex care hospital provider and the CCAC to formalize funding, accountabilities, and performance requirement, including timelines for implementation, for incorporation in the next service accountability agreement.
7. That the HNHB LHIN establishes a LHIN-wide coordinating group to facilitate and monitor transition towards the integrated program in complex care.

QUOTES

“This extensive process has involved key complex care providers from our LHIN and has resulted in the vision of a complex care system where people don’t live in hospitals,” explained Juanita Gledhill, HNHB LHIN Board Chair. “The Task Group’s expertise, knowledge and planning allowed them to put forward recommendations that will allow the HNHB LHIN to move from 686 complex care beds to 628 beds.”

“Much of the work to successfully move this plan forward will be carried out by the individual hospitals within existing funding,” said Pat Mandy, HNHB LHIN CEO. “Each hospital site will be expected to work in partnership with the CCAC to make the necessary changes to transition the system to the new role.”

“At this point, the 628 beds have been allocated based on population within each HNHB LHIN area,” explained Pat Mandy, HNHB LHIN CEO. “The hospitals within those geographic areas will be expected to collaborate with one another to identify what bed changes will be made immediately and in the future to meet the April 2012 timeline.”

FAST FACTS

- 628 complex care beds have been grouped into the following specialty areas:
 - Ventilator-dependent – 10
 - Dialysis – 25
 - Acquired Brain Injury – 13
 - All other medically complex – 141
 - Bariatric – 10
 - Behavioural Health – 113
 - End of Life Care – 95
 - Restorative Care -- 221
- Complex care beds will be distributed across the HNHB LHIN (based on population) as follows:
 - Hamilton – 266
 - Niagara – 232
 - Haldimand and Norfolk – 31
 - Brant – 40
 - Burlington – 59

LEARN MORE

For more about the Integrated Plan for Complex Care, please visit our website at www.hnhblhin.on.ca.

For more information, contact:
Trish Nelson -- Team Lead, Communications
905-945-4930 x4255 trish.nelson@lhins.on.ca