

Collaborative Placement Model in Support of Critical Hospital Capacity in COVID-19: LTCH Providers and Home and Community Care Support Services Ontario

Overview

During this current wave of the COVID-19 pandemic, the province of Ontario is experiencing an ever-increasing number of COVID-19 cases, and a simultaneous escalation in the number of patients being admitted to hospital. This has resulted in unprecedented pressures on Acute Care and ICU capacity, and highlights an urgent need to support the rapid admission of Alternate Level of Care (ALC) and community Crisis-designated patients to Long-Term Care Homes (LTCH). Enabling a strong system flow to reduce the number of beds occupied by ALC Patients is imperative to protect critical care capacity at this time.

This document outlines shared practices and guidelines to help ensure patient safety and positive outcomes for residents and LTCH staff, while prioritizing activities that will promote higher rates of admission into vacant beds and free up critical hospital capacity. It is expected that all parties will implement these practices immediately and continue until such a time as new direction is received.

To support increased admissions, Home and Community Care Support Services is proposing the implementation of the following:

Shared practices and guidelines

- Home and Community Care Support Services (HCCSS) will ensure that the information pertaining to the LTC applicant is made available to the LTCH, and is up to date, specifically all material changes in status of the applicant that would impact care needs will be communicated to the LTCH.
- HCCSS placement teams will prioritize placement of ALC patients from hospital above community dwelling patients waiting on the LTC admissions waitlist. The only exception to this prioritization process is with community crisis patients at imminent risk of hospitalization who are on the LTC admissions waitlist, as to avoid hospitalization or death; as such, traditional waitlist practices will be temporarily suspended.

- HCCSS placement teams and LTCH staff will work collaboratively and strive to maximize admission rates, including admissions over weekends, where possible. Home and Community Care Support Services will commit to an expeditious process for bed offers made to clients to ensure consistent flow of residents to LTCHs (e.g., providing 3 to 5 referrals at a time to a home, where possible), and work together to support applicants' decisions by providing information about the opportunities that exist.
- To support the maximization of admission rates, LTCHs will engage with Home and Community Care Support Services and discuss any transitional supports (e.g., specialized staffing) that could be provided to increase acceptance into LTCHs, including to secure beds.
- LTCHs are encouraged to continue accepting patients with complex needs where possible and will work with Home and Community Care Support Services to identify potential supports to maintain patient safety during this process.
- LTCHs have access to top-up funding, per direction provided by the Ministry of Long-Term Care, to make Private Beds available for Basic Bed matches.
- Where available (Central East, Central West, Central, Mississauga-Halton, North Simcoe-Muskoka), Specialized Care Centre (SCC) beds will be used for isolation of ALC patients for their isolation period (as per the most current requirements set out in Directive #3) prior to admission. Provincially, Home and Community Care Support Services will continue to work with LTCHs that are able to meet the isolation period requirements to facilitate the admission of ALC patients into homes.
- As per direction provided by the Ministry of Long-Term Care and Ministry of Health, in a memo sent to LTCHs and Public Health Units on March 4, 2021, hospitals will make every effort to fully vaccinate ALC patients (i.e., two doses) prior to moving into a LTCH. At a minimum, hospitals will ensure at least a first dose offer is made (based on vaccine supply being available) prior to transfer. Hospitals will ensure vaccination status and details (i.e., vaccine type, first dose date, second dose date, or refusal / inability to accept a vaccine), is provided to the home. Vaccination remains an individual choice, and some people may not be able to accept a vaccine due to medical advice.