

# NYGH & CCAC Partners Across The Continuum (ED/ALC)

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# Through the Lens of North York General Hospital

- ½ of medical beds occupied by ALC patients
- 30 admitted patients in the Emergency Department (ED)
- Patient preference for LTC home does not match bed availability
- ICU gridlock because no beds available
- Patient resuscitated on ambulance stretcher in hallway in ED
- Nursing home policies restrict number of admissions per day



# Through the Lens of the Central CCAC

- ALC is seen as a LTC placement issue but in fact has many contributors (i.e. rehab, complex continuing care)
- Clients receive mixed messaging with respect to placement
- The most requested LTC homes were at 100% occupancy with wait lists
- Balancing choice with hospital policy
- 90% of hospital referrals to CCAC are for clients being discharged home – not LTC homes
- Continuum of care issues – multiple providers



# Shared Sense of Urgency

- **11.7 %** of the total steps in the NYGH/CCAC patient placement process are value added
- **74%** of the total process is just wait time
- **138 Handoffs** to discharge just one patient on average
- **45 distinct functions** are involved in transitioning just one patient to the community



# Results of Integration: Highlights

Improvement	Objective	Outcome
Home first CCAC process redesign	<ul style="list-style-type: none"> <li>• Improve access to care (ED) by improving pt flow.</li> <li>• To improve the patient transition process to final destination.</li> </ul>	<ul style="list-style-type: none"> <li>•46% reduction in the number of days waiting for LTC bed placement</li> </ul>
Equipment availability for ED patients	<ul style="list-style-type: none"> <li>• To improve the availability of equipment for patients being transferred into the community from the ED</li> </ul>	<ul style="list-style-type: none"> <li>•Percent of time equip available at requested destination- 150% improvement</li> </ul>
Social work standard work for ALC	<ul style="list-style-type: none"> <li>▪ To reduce the non-value added activities associated with discharging ALC patients</li> <li>▪ Reduce LOS for ALC patients</li> </ul>	<ul style="list-style-type: none"> <li>•Standard work developed</li> <li>• ALC policy revised and amended</li> <li>• Role clarity defined between Social Work and CCAC involvement in LTC placement</li> </ul>
Standardizing the discharge destination process	<ul style="list-style-type: none"> <li>▪ To streamline the discharge destination process and criteria.</li> <li>▪ To eliminate the duplication of work with LTC placement process (SW &amp; CCAC)</li> </ul>	<ul style="list-style-type: none"> <li>• Discharge destination matrix developed</li> <li>•Discharge flowchart developed</li> </ul>
GEM Nurse and CCAC case management in ED	<ul style="list-style-type: none"> <li>• Designing a process that would engage the GEM nurse and CCAC in partnership to ensure that patients can return home with community support services</li> </ul>	<ul style="list-style-type: none"> <li>• Avoidable admissions to acute care.</li> </ul>

# Benefits/Challenges

## *Benefits*

- Collaboration
- Awareness of Roles
- Relationship Building
- Synergy
- Rapid Decision Making
- Collective Wisdom
- Less Confusion for Patients and Family Regarding Decisions/Information

## *Challenges*

- Culture
- Funding
- Conflicting Priorities
- Differing Business Perspectives
- Separate Unions
- Different Policies & Procedures
- Disparate Information Systems

# Funding Considerations & Incentives to Improve Continuity of Care

- Funding Should Follow the Patient
- Receiving extra funding when providers initiate integration projects.
- Realign funding to support CCAC resources in the community-Home First Example
- Develop comprehensive financial incentives-balance rewards & penalties
- Creation of multidisciplinary teams including primary care physicians, CCAC, community agencies to provide support in community.
- Quality metrics included in accountability agreements with shared accountability between community/provider groups
- Tailoring the size of incremental rewards to increasing marginal improvements and sustainability

# Team Building

