REGIONAL MUNICIPALITY OF OTTAWA-CARLETON
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REPORT
RAPPORT

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DATE	22 September 1997
TO/DEST.	Co-ordinator Community Services Committee
FROM/EXP.	Commissioner, Homes for the Aged Medical Officer of Health
SUBJECT/OBJET	**RESPONSE TO THE HEALTH SERVICES RESTRUCTURING COMMISSION DISCUSSION PAPER "REBUILDING ONTARIO'S HEALTH CARE SYSTEM: INTERIM PLANNING GUIDELINES AND IMPLEMENTATION STRATEGIES"**

DEPARTMENTAL RECOMMENDATION

That Community Services Committee recommend Council forward this report as the RMOC's response to the Health Services Restructuring Commission's discussion paper, "Rebuilding Ontario's Health Care System: Interim Planning Guidelines and Implementation Strategies".

BACKGROUND

The Health Services Restructuring Commission (HSRC) was established by the Ontario government to make decisions about hospital restructuring and to recommend changes to other aspects of the health care system.

In July 1997, the Commission released a discussion paper, "Rebuilding Ontario's Health Care System: Interim Planning Guidelines and Implementation Strategies". The paper raises a number of issues related to planning for future service level requirements for long-term care (LTC), rehabilitation, home care, mental health and sub-acute care. Feedback is requested by October 7, 1997.

As the Region operates 651 long-term care facility beds, the focus of this response is on the section in the discussion paper referring to long-term care. Where relevant, reference is made to other sections of the discussion paper.

The HSRC proposes the following vision for long-term care in Ontario:

> Long-term care is an integral component of the overall system. Long-term care will be provided in different settings dependant on the desires, levels of dependence and care requirements of each person and the availability of compensating informal and formal systems of support. Long-term care settings will include private residences, retirement homes, supportive housing and facilities (homes for the aged, nursing homes, chronic hospitals and units).
>
> Each person will have equitable access to affordable and appropriate long-term care services regardless of geography, income, age, gender or background. People in need of long-term care services will be supported in their own homes and communities for as long as possible. Families will receive the support they require to make this possible. People who cannot be supported in their own homes will receive care in the least restrictive, least intrusive alternate setting feasible. In all settings, long-term care will focus on maximizing each person's health and quality of life.

The HSRC discussion paper identified the following issues for the long-term care sector:

- vision for long-term care in Ontario
- methodology to calculate LTC places/LTC bed requirements
- retirement homes
- redefinition of chronic care
- role of regional chronic care resource centres
- transitional care programs

This report is the R.M.O.C.'s response to the discussion paper.

<u>DISCUSSION</u>

Vision For Long Term Care in Ontario

The RMOC supports the direction of the discussion paper and the stated vision that encompasses the entire range of services for seniors. We agree that the following gaps currently exist in the sector:

- there are no evidence-based guidelines nor evaluative frameworks to determine the appropriateness and adequacy of the chronic care and LTC bed supply
- the funding system needs to be driven by individual client need rather than the classification of the facility
- common assessment and classification tools are not available
- an integrated care continuum based on providing care in the least obtrusive setting while meeting client needs is needed to offset the current fragmentation
- there is not a consistent approach to meeting the healthcare requirements of the populations to be served

Proposed Planning Methodology To Calculate LTC Places

The HSRC has determined a "minimal acceptable level" for access and use of LTC services. It has estimated a 33% increase in capacity for LTC services by the year 2003 across Ontario based on a review of current utilization patterns and population growth of persons over the age of 75. It recommends that approximately 38% of the required increase in capacity in LTC should be provided in homes for the aged and nursing homes and the remainder through the development of non-institutional options. The lack of available, comparable data severely limits the ongoing reliance on this methodology.

Current utilization does not reflect appropriate service levels. Data collection should shift from utilization-based activity to needs-based patterns. If future services are developed solely on current service patterns, we may see a replication of current services rather than the development of viable community alternatives such as supportive housing. In order to create an affordable, integrated continuum of LTC, levels of care and funding thresholds must be established now for all care options available.

How Should Beds in Retirement Homes be Factored Into Any Analysis of the Need For LTC Bed Requirements?

The Rest and Retirement Home sector is neither funded nor regulated by any government and is accessible only to those who have the ability to pay. These homes offer a wide range of accommodation and support options. These factors make it unrealistic for the government to consider the impact of rest and retirement homes when projecting future need for government-funded facilities for seniors. However, when projecting the need for community homecare and home support services, it must be recognized that many persons living in rest and retirement homes are eligible and that appropriate levels of homecare to these residences could delay the need for institutionalization for a certain segment of the population.

Redefinition of the Role for Chronic Care Hospitals and Units with a Focus on Complex Continuing Care

Chronic care hospitals served only the most medically complex clients in the LTC continuum, including respite and palliative care services for people who need facility-based care. Many LTC facilities are currently providing care that is defined as complex continuing care but are not being funded for that level.

A reformed LTC system must fully integrate all existing beds (chronic care, homes for the aged, nursing homes) and implementation of a single system for funding, client needs assessment, client classification system, and placement process. The RMOC agrees with the comments made by the Ottawa-Carleton District Health Council and the Regional Geriatric Advisory Committee that no downloading of care away from chronic care hospitals should occur until appropriate alternatives are in place.

Need for and Role of Regional Chronic Care Resources Centres

The RMOC supports the development of a regional resource centre to bring inter-institutional support and foster collaboration and consistent practices in the delivery of LTC services. Examples of shared options might include; multidisciplinary clinical consulting in speciality services for the elderly, policy development, research and education, care maps and standards development. These resources could be shared across all LTC settings to provide a cost-effective means of improving the quality of care delivered to our population.

In order to identify operating funds for these activities, a cost sharing arrangement should be devised among all partners. Any regional resource centre would need to be accountable to all of the LTC stakeholders.

Comments on the Establishment of Transitional Care Programs

Transitional care describes a program activity not a level of care, therefore, the determination of where the care is delivered should be based on client need and well-being.

OUTSTANDING ISSUES FOR LONG TERM CARE

The following have not been adequately addressed in the discussion paper and require further consultation with provider and consumer groups in order to create an effective and efficient LTC system:

Capital and Operating Funds

It has long been identified that the current operational funding for LTC facility beds is inadequate to meet existing care needs. The proposed restructuring guidelines impose further costs on an already burdened system. The impact that increased resident acuity will have on the cost of resident care, and the costs of providing a variety of programs to meet diversified needs must be resolved. Long-term care facilities are not static environments and experience a 40% turnover in residents annually. This admission and discharge activity also adds to the cost of operating a facility.

Without access to capital funding for the development of new and/or renovated LTC beds, the HSRC vision for LTC will go unmet. The RMOC estimates that $75M in capital investment will be needed in Ottawa-Carleton to meet the resource requirements identified by the Commission.

Dementia Trends

Projections for LTC services must recognize that there is a growing number of people with behaviour disorders resulting from dementia. Currently, 70-80% of facilities have residents with varying degrees of dementia. Homecare programs are also seeing a demand for increased services to support this vulnerable population until appropriate placement is secured.

Mental Health

The rationale for bed projections for mental health do not address the need for more assessment and treatment. It is important that bridge funding be provided to community-based services prior to the reduction of inpatient beds and that the funding be provided to evaluate the clinical outcomes of alternate service environments.

FINANCIAL IMPLICATIONS

There are no immediate financial implications.

PUBLIC CONSULTATION

The response to the discussion paper reflects the past position of Council. Time constraints did not permit extensive public consultation. The RMOC staff are participating in discussions with our LTC partners in the Ottawa-Carleton District Health Council, the Regional Geriatric Advisory Committee, the Council on Aging, and the Voices for Reinvestment Coalition.

CONCLUSION

The RMOC supports the HSRC's commitment to reinvesting in community-based programs and agrees with the philosophy of caring for people in the least restrictive environment and keeping them at home for as long as possible. More attention must be given to the issue of adequate operational and capital funding if the vision for LTC is to be realized.

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