



# Bed Calls for Interest/Proposal

Presentation to Central East LHIN Board  
May 18, 2010

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Healthy Communities.

# Presentation

- To provide the Board with an **overview** of the processes for both Calls.
- To share the **criteria** that was considered.
- To seek the **Board's endorsement** for recommended next steps.

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# CE LHIN Priorities

## Year 3 AAH

- Spread of Comprehensive Geriatric Assessment
- Senior-Friendly Hospital Initiative/Home First
- Restorative Care Beds (Convalescent Care)

## Northumberland Hospital ALC Strategy

- iLTC Beds

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## Why Convalescent Care?

*“Convalescent Care = Transitional Care = Restorative Care”*

- Lakeridge Health realized over 3700 ALC days saved within a period of seven months through a transitional care program operated by the Village of Taunton Mills retirement home.

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# Process

## **Convalescent Care Beds**

- Call Release Date: March 30, 2010
- Webinar: April 7, 2010
- Call Deadline: April 14, 2010

## **Interim Long-Term Care (Northumberland County)**

- Call Release Date: April 15, 2010
- Call Deadline: April 30, 2010

# CC Submission Review: Considerations

- Readiness of operator – serious enquiries;
- Willingness to work within the Ministry’s “Transitional Care Program” Framework;
- LTC expertise including close proximity to a LTCH;
- No outstanding compliance issues;
- Understanding of restorative nature of beds;
- To work within available resources (20 – 25 beds)

# ILTC - Submission Review: Considerations

- Geographic location;
- Readiness of operator – serious enquiries;
- Willingness to work within the Ministry's Transitional Care Program Framework;
- LTC expertise including close proximity to a LTCH;
- No outstanding compliance issues;
- To work within available resources (11 beds)

# CC Submission Review: Preferences

- To locate beds within area(s) of high percent ALC and where CC Bed capacity can be augmented
- To not convert existing LTC beds into convalescent care.

# CC Bed: Review Process

- Initial staff assessment/compilation;
- Review meetings with staff from Compliance Branch and CE CCAC;
- Initial discussions with some operators to seek clarity on aspects of their proposals;
- Meeting with Senior Team;
- Recommendation to Board.

# Recommended Strategy: CC

## **Strathaven Lifecare** (Bowmanville, Durham Cluster)

- 12 to 14 beds
- Aligned to ALC challenges at Lakeridge Health
- Good compliance record, renewed management and understanding of restorative care, and NP on staff

# Recommended Strategy: Interim LTC Beds

- Despite efforts to date through this Call a preferred, well defined and near-term option for operating the 11 interim LTC beds in either Port Hope or Cobourg did not surface.

## **Solution:**

As part of its ALC Strategy, to work with Northumberland Hills Hospital to:

- Define a satisfactory model and funding formula that would result in the maintenance of the interim LTC beds at Northumberland Hills Hospital;
- Add additional restorative care beds (~8)

# Recommended Strategy: Additional

Through CC/iLTC process, an attractive mid- to long-term option surfaced that should be pursued:

## Community LifeCare Port Hope

- 20 Beds (mix of CC and iLTC) additional capacity
- Strong and engaged leadership with solid understanding of the CE LHIN
- Existing retirement home vacated to be renovated by owner/operator
- Next to LTC, compliance with Ministry requirements

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## Parameters / Assumptions

- Living within AAH resources previously approved by the Board
- Reduce ALC
- Enhance community capacity

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