

Short-Term Transitional Care – A Flawed Model

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The Ontario Ministry of Health and Long-Term Care [the “Ministry”] is rolling out short-term transitional care beds in the fall of 2017 as one part of its strategy to reduce hospital ALC (alternative level of care) rates. ACE takes the position that this model is flawed because it takes hospital patients who need admission to a long-term care home and places them outside of the health-care system in housing that requires private payment, has little or no oversight, and puts them in crisis while they wait for admission to long-term care. A better solution would be to make room within the health-care system to accommodate everyone who requires long-term care.

ALC Pressures within the Hospital Sector

The Ministry has identified ALC pressures within the hospital sector as an area of pressing concern. ALC patients are those who no longer require acute hospital care and are waiting in hospital to move to their most appropriate discharge destinations. While there are many different types of destination, the one that is of the most concern is placement into a long-term care home.

The Ministry estimates that as of January 2017 there were 4,734 ALC patients across Ontario, of which 3,774 were persons aged 65 and over, and 2,051 were waiting for admission to a long-term care home. At these rates, the total “cost” of ALC patients is estimated to be \$3.5 million per day. This includes the cost of those over age 65 waiting for admission to long-term care at \$1.5 million per day. However, since hospitals do not actually receive extra dollars to fund ALC patients, these are merely estimated or notional costs and true cost of caring for ALC patients is unknown.

ALC pressures within the hospital sector have everything to do with money, including the underfunding of the home-care and long-term care sectors. The Government’s solution, as discussed below, is to require older adults to pay privately for care that they should be receiving through publicly funded health care in a less regulated setting. We have three questions: (1) why are older adults who require admission to long-term care not being provided with necessary health care within the health care system; (2) why are older adults required to pay privately for that health care; and (3) why are older adults placed into inappropriate settings to wait for care?

Short-Term Transitional Care Models

In the May 2017 Ontario budget, the Government announced its intention to develop a temporary short-term transitional care model in response to the pressures associated with maintaining ALC patients within the hospital sector. This initiative initially appeared hopeful, as it was suggested that it

would provide subsidies to low-income older adults who were having trouble coping in the community. It would target those who could otherwise manage in a retirement home, but could not afford one. Instead, the actual program shifts the care of older adults waiting for long-term care home beds to the less regulated and unfunded private sector.

The model moving forward is based on the Hamilton Niagara Haldimand Brant Local Health Integration Network (the HNHB LHIN) transitional bed program, which has been operating since 2014. According to statistics provided by the HNHB LHIN, almost 90% of those in their program were admitted directly to a long-term care home from a transitional bed. This model moves patients whose care needs cannot be met in the community and puts them in the private sector, often waiting for an appropriate long-term care home as a crisis admission. The model fails to meet the needs of the patient, or the Government's obligation to Ontario residents.

Ontario Local Health Integration Networks (LHINs), which are responsible for the overall administration and allocation of important health-care resources within their catchment areas, have solicited proposals from service-providers for short-term transitional care models. These proposals were due on June 30, 2017. Under this program, the Ministry expects to have additional short-term transitional care beds in place by the fall of 2017.

Problems with Short-Term Transitional Care Beds

Transitional care beds are not long-term care beds. They are a community-based response that is completely outside the health-care setting. They are often not even located in a retirement home. These beds are not licenced, inspected or overseen by the Ministry of Health and Long-Term Care, and they are not required to meet the same standards as long-term care home beds. Those in retirement homes would have to be licenced and inspected by the Retirement Home Regulatory Authority (RHRA) and meet some minimal standards. Other beds are in accommodation that is not subject to any legislation regulating care standards. In fact, some may be operating illegally contrary to s. 95 of the *Long-Term Care Homes Act* and/or s. 33 of the *Retirement Homes Act*.

Transitional beds were piloted by the HNHB LHIN. Since the program's inception ACE has received constant complaints from older adults, their substitute decision-makers and families over the poor quality of this program.

Initially, callers often question the appropriateness of the program given the requirements of the older adult. In many instances, older adults or their substitute decision-makers are told that they must go to one of these beds and only then can they apply for admission to a long-term care home, which is untrue.

After touring the facility, it is common for callers to complain about poor design, inadequate services and accommodations that do not meet the standards of a long-term care home. These facilities may be a retirement home, or may be private, unregulated accommodations that merely act as a holding area to house discharged hospital patients with ongoing care needs while they wait for admission to a long-term care home.

In some cases, the lack of standards is shocking to our callers, and the risk of harm to vulnerable residents in these facilities is predictable and foreseeable. In the 2009 *Nineteenth Annual Report of the Geriatric and Long-Term Care Review Committee to the Chief Coroner of the Province of Ontario*, the Committee was critical of the use of such facilities where the person required long-term care, and specifically stated at page 41:

Programs in private care or retirement homes in the Province of Ontario providing care to the frail elderly residents awaiting placement in a licensed long-term care home should be held to the same standards for care and services as a licensed long-term care home. Implicit in this recommendation is the need to ensure the same regulations and inspections with regular public reporting of findings that exists for licensed long-term care homes.

We see the use of these transitional beds as a coroner's inquest waiting to happen.

Short-Term Transitional Care is Not Appropriate for Long-Term Care Home Applicants

The total lack of standards and regulation of short-term transitional beds may be surprising to hospital patients who require long-term care, and to their families, loved ones and decision-makers. Persons who apply for long-term care in Ontario are only eligible for admission if they require around-the-clock access to nursing care, or at frequent intervals require assistance with the activities of daily living, on-site supervision or monitoring to ensure safety and well-being that is not available in the community. In short, they must have care needs that cannot be met in the community.

Cost to Participants

The cost of the transitional bed program is borne by the person. While some of the care may be provided through provincially funded home-care, the cost to the person is still high, from \$40 - \$110 per day in the HNHB program. In some programs, the care is provided in subdivided suites, meaning that private operators actually receive more money from transitional bed tenants than they would from regular tenants, but provide little or no personal care for that amount. Had the tenants been living in long-term care in a basic accommodation, the maximum they could be charged is \$58.99 per day, with rate reductions available depending on income.

Crisis Admissions to Long-Term Care

The Ministry envisions transitional care as an option for those who can be transitioned to temporary care and accommodation while they wait for space in their most appropriate discharge destination. The goal is to transition to permanent care within 90 days. To achieve this goal, those waiting for admission to long-term care must be designated as "crisis admissions." Had they been in hospital, they would likely be ineligible for this designation, as hospitals are seen as safe places. This begs the question, why are patients being discharged to a situation which, is by definition, unsafe?

Another implication of the crisis designation is that it clogs the long-term care admission system. Persons who have applied for admission to long-term care from the community, and who have made

the necessary arrangements to wait at home until an appropriate bed offer is made, will have little or no hope of ever being admitted to their home of choice unless they too are designated as a crisis admission. For example, in the HNHB LHIN where this program runs, the publicly available waiting lists indicate that homes are ONLY admitting from the crisis list.

Predictably, this causes some of those waiting at home for admission to reach their own crises that result in a hospital admission, ALC designation, and eventual long-term care admission from a transitional bed. An already clogged long-term care admission system only becomes more clogged, more circuitous and more disempowering and intrusive for older adults wishing to gain admission to long-term care.

Transitional Care vs. Convalescent Care

Short-term transitional beds may be appropriate temporary accommodation for those who will eventually be discharged to the community. However, this appears to be a small group, based upon the present utilisation of these beds. Where patients require a period of up to 90 days to return to the community, use of the convalescent care beds, which are housed in long-term care homes, makes more sense. The added benefit to the older adult is that convalescent care is offered at no cost, removing the monetary barrier of keeping the older adult's original home while working towards a return to the community.

Conclusion

In conclusion, transitional beds are a highly flawed model for older adults who do have care needs that cannot be met in the community and genuinely require admission to a long-term care home. In our view, the correct model would be to expand the capacity of the long-term care sector by adding permanent or interim long-term care beds that meet all applicable standards of the *Long-Term Care Homes Act* and would come under the oversight of the Ministry of Health and Long-Term Care.

In situations where additional time to recover is required, convalescent care, not short-term transitional care, should be used for hospital patients who are returning to the community, either before return to their own homes, or while they wait for an appropriate retirement home or supportive housing placement.