

Overview: Alternate Level of Care (ALC) Days, where patients who could be discharged remain in hospital because they're waiting for care in another setting, are recognized as a growing problem in Ontario's health care system—one that Kipling Acres, a City of Toronto Long-Term Care Home, recognized they could help address. With the support of the IDEAS program, Kipling Acres was able to make improvements to their internal processes, smoothing admissions procedures so that residents were admitted to their convalescent care program and taken out of ALC more quickly. This reduced the average length of stay in convalescent care, reducing costs while improving resident care.

The Problem: It has been estimated that individuals waiting for convalescent care typically spend almost a week in Alternative Level of Care (ALC) prior to admission to long-term care, even though they no longer require the intensity of services provided in the acute care setting. This is a problem because these ALC patients are occupying beds that could otherwise be used to admit patients from a hospital's emergency department—and this means that costly system resources are not being used effectively. In a review of data, Kipling Acres saw that residents in their convalescent care program stayed longer at Kipling Acres than the average length of stay (LOS) in similar programs elsewhere. Recognizing that this might indicate that residents were staying longer than necessary, they set an aim of supporting residents to transition back to the community more quickly while still maintaining quality of care and service to create better availability of to help relieve the pressure on hospital beds. To meet this aim, Kipling Acres decided to address what they saw as the two drivers of their longer than average LOS for their IDEAS project: the application approval process and the approach to discharge planning.

"The City of Toronto Long-Term Care Homes & Services Division has a robust QI Program—what IDEAS provided was an opportunity to be immersed in a quality improvement project with new resources from a wide variety of experts. I was able to bring that new learning back and share it with staff at the home level to create even greater QI capacity."

Gina Filice, Assistant Administrator

Results: For their IDEAS Project, the Kipling Acres team introduced a number of change ideas, including an electronic application approval process, a criteria checklist used during application review to screen out candidates who aren't appropriate for convalescent care, and a more collaborative approach to discharge planning. The improvements made during their IDEAS project have been sustained, with the streamlined application review process leading to smoother admissions to LTC. What's more, the team estimates that their process improvements would **free up approximately 240 staff hours per year**, hours that could then be redirected to resident care and services. The improvements also include initiating discharge planning with residents and their families at the mid-point of their stay to ensure they were prepared for discharge from Kipling Acres. **100% of residents in the program now have an integrated care plan** at time of discharge, helping to ensure appropriate resources for their return home. When Kipling Acres conducted a survey of residents following discharge, they found that none of them had been admitted to an emergency department—a great improvement in patient outcomes.

Achievements

- An economic analysis conducted by ICES estimates that **cost savings from process improvements at \$3,800 per patient**
 - Improvements at Kipling Acres **freed up a potential 240 staff hours per year** that could be redirected to resident care
 - Now, **58% of applications are reviewed and approved within a day**. That's up from 42% before participating in IDEAS
- 100% of residents** in the program have an integrated care plan at discharge, helping ensure appropriate resources are in place for their return home