

OHCA Position Statement

Home Care's Role in Addressing the ALC Challenge

The Alternate Level of Care (ALC) challenge is a serious systemic issue for health care. ALC is defined by the Canadian Institute for Health Information (CIHI) as a level of care for those who have “*finished the acute care phase of treatment but remain in the acute care beds.*” The ALC designation occurs when the physician orders a change in the patient’s level of care from acute care and/or requests a transfer to another facility – typically a chronic care unit, home for the aged, nursing home, rehabilitation facility, other extended care institution; or home care program. In Ontario, 19% of the acute care bed stock is occupied by, typically, elderly patients designated as ALC¹.

The ALC issue requires a health ‘system’ solution that addresses the fundamental causes of acute care congestion. Helping people to transition out of acute care safely and efficiently when they no longer require that level of care ensures availability for those with acute needs. Ensuring efficient flow through the hospital stay helps to reduce overcrowding in the emergency department; and providing the right kind care in the community ensures that people, particularly the elderly, only access the emergency room (ER) when there is an acute need to do so.

The Ontario Home Care Association (OHCA) believes that home care is vital to the response of the system to address the ALC challenge. Currently the home care sector is heavily relied upon to support discharges from the acute care system (over half of all referrals to the Community Care Access Centres in Ontario come from the hospital²) and, to that end, innovative approaches and technology are used to provide complex and increasingly technical care at home. However, the focus on relieving the acute care system detracts from the home and community care system’s ability to address broader health needs of Ontarians to avoid hospitalization in the first place.

Avoiding unnecessary ER presentations and hospitalization is an important systemic component to relieving the ALC issue. If home and community care is used proactively to avoid hospitalization of the elderly then the hospital does not become the ‘catch-all’ for the health care system. Hospital avoidance requires a well resourced proactive primary care system that optimizes the contribution of the entire home and community health care team (family physicians, community pharmacists, nurses, therapists, personal, home and mental health support).

Ontarians want to “age at home” and the demand for a system that supports people to live independently at home for as long as possible (rather than moving to facilities) will increase. The Ontario Home Care Association believes that while institutional care is an important part of the system of care, it too, can become overused if a strong and robust home and community care is

¹ Remarks by Hilary Short, CEO Ontario Hospital Association (OHA) at the OHA ALC Conference, June 22, 2007

² OACCAC submission to the Standing Committee on Finance and Economic Affairs, January 25, 2007

not available to Ontarians. Many jurisdictions in Canada, and indeed around the world, are rethinking their approach to institutional care for the elderly and are exploring models that support care at home. Policymakers must begin to better understand the mix of resources and care required to sustain healthy, safe aging at home. This will enable the application of new models, such as the Balance of Care from the United Kingdom³, which considers innovative solutions for seniors, particularly those “at the margins” of facility placement. Avoiding premature institutionalization of the elderly ensures that the institutional bed is reserved for those with the greatest need and saves precious health system resources. Furthermore, it respects the desire of Ontarians to remain at home for as long as possible.

Addressing the ALC issue of today and tomorrow requires continued active collaboration of all health system partners and a relaxing of outdated attitudes towards the possibilities inherent in the home and community care sector to sustain people in their own homes for as long as possible. Funding options must be available to allow even a frail person the opportunity to live and be supported in the community with a well-defined package of care that supports healthy aging. Research has shown that home care, which includes professional and home support services, can prevent admission to hospitals and long-term care facilities; and can improve clinical outcomes for people. Home and community care is cost-effective both in the short and long term particularly when it is focused locally on specific populations at risk, such as those who may become ALC patients in acute care.

Determining the right time and place for health care requires an integrated approach and willingness to look beyond the status quo. The OHCA urges a multi-factorial approach that addresses process, funding and system wide strategies to resolving the ALC issue of today and adopting an “aging at home” philosophy that will respond to the needs of tomorrow.

The OHCA, *the voice of home care in Ontario*, represents Canadian home care service organizations that deliver quality home care to an estimated 400,000 Ontarians annually. The OHCA advocates for a strong, dependable and accessible home care system for Ontarians. OHCA members are accredited through the Canadian Council on Health Services Accreditation (CCHSA) or the International Standards Association (ISO).

For more information, contact:

Susan D. VanderBent, BA, BSW, MSW, MHSc, CHE
Executive Director, Ontario Home Care Association
Phone: 905-543-9474 Fax: 905-545-1568
Email: suevan@homecareontario.ca

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³ Developed by Dr. David Challis and colleagues at the Personal Social Services Research Unit, University of Manchester.