Ontario Home Care Association
Bringing Health Care Home

Finding the "Appropriate" Level of Care – ALC in Ontario

A standardized definition for Alternate Level of Care (ALC) designation was introduced in Ontario on July 1st, 2009. Having a consistent ALC definition will help achieve the goals of the Provincial Emergency Room (ER)/ALC Information Strategy. It is an important step toward capturing high-quality and near real-time data on all patients waiting in acute and post-acute hospitals for alternate levels of care.[i] This data is a critical to informing the performance of Ontario's health system, the goal being to improve patient flow and reduce ER wait times.

Currently on any given day approximately 20 percent of acute care beds are occupied by ALC patients.[ii] Not only is this an untenable systemic problem, but it puts individuals, typically elderly patients, at unnecessary risk of secondary effects associated with prolonged hospitalization.

People want to be at home and it is generally the best place for people of all ages to recuperate from an illness, manage a long term care condition or to live out their final days.

ALC Definition:
When a patient is occupying a bed in a hospital and does not require the intensity of resource/services provided in this care setting (Acute, Complex, Continuing Care, Mental Health or Rehabilitation), the patient must be designated Alternate Level of Care (ALC) at that time by the physician or her/his delegate.

The Ontario Home Care Association (OHCA) commends the government for its initiatives – Aging at Home; funding for more home care; investment in community projects - to enable access to quality and safe care in the appropriate setting. These important investments should enable the transfer of patients out of hospital and improve the ALC measures in each community; and in fact are meeting with some success across the province. However, the sheer numbers of elderly people in the population requiring care coupled with family caregiver fatigue may challenge the acute care system in terms of growing ER presentations for care potentially requiring admission.

OHCA believes that in addition to working to relieve the acute care system and intervening within the ER to return individuals to home, greater effort and resource needs to be focused on the avoidance of hospital utilization for non-acute issues. Currently investment in home care represents approximately five (5) percent of total health expenditures (2006-07)[iii] and as such, cannot likely have the impact necessary to bend the ALC curve. Home care programs need to provide proactive interventions which have been proven to circumvent the need for hospitalization and more importantly forestall a health related crisis. Hospital avoidance requires a well resourced proactive primary care system that allows for timely intervention in the community and optimizes the contribution of the entire home and community health care team (family physicians, community pharmacists, nurses, therapists, personal, home and mental health support). It also requires significant investment in technology so that individuals and their families feel confident that they are supported and can access the health system through means other than the emergency department.

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. A randomized controlled trial of intensive home rehabilitation with occupational therapy in Montreal allowed for earlier hospital discharge by three (3) days, and higher levels of overall physical health, home management skills, and social reintegration, at one and three months post hospital discharge for persons with a stroke.[iv] A 2004 meta-analysis of research on the effectiveness of community based rehabilitation showed that post-discharge support for older people with chronic heart failure significantly reduced readmission rates.[v] A 2008 study by Professor Markle-Reid and colleagues from McMaster University demonstrated the pivotal role of home support services in preventing, delaying, or substituting for admission

to institutional care, at a lower cost. Markle-Reid's work shows that for a sizeable proportion of older people 75 years of age or more, minimal levels of home support services are associated with improvements in health and related quality of life.[vi] Dr. Markle-Reid and colleagues have also demonstrated the effectiveness of providing proactive nursing to provide health promotion and preventive care to a general population of elderly home care client and their caregivers.[vii] These are but a few examples of the growing body of evidence that presents innovative solutions for maintaining those individuals who are "at the margin" of requiring institutional care in their own homes.

OHCA recommends that successes in reducing ALC be studied and supported to sustain the gains. Key elements of that support should include:

1) providing the Community Care Access Centres (CCAC) with greater latitude to determine the amount and timing of services
2) expanding the CCAC mandate to include the provision of proactive home care services in partnership with primary care
3) authorizing the implementation of technology solutions specifically designed to keep people safe at home.

ALC is fundamentally about achieving the "appropriate" level of care – from the perspective of broader health system planning and more importantly from those in need – the most vulnerable in Ontario. Clearly a well resourced, flexible and anticipatory home care system is required to sustain individuals within the community for as long as possible. There is no doubt that a system of health care that values keeping people at home as a priority is foundational to achieving that outcome.

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The Ontario Home Care Association (OHCA), *the voice of home care in Ontario®*, is an organization of home health and social care service providers. Association members deliver nursing care, home support services, personal care, physiotherapy, occupational therapy, social work, dietetics, speech language therapy and medical equipment and supplies in the home. Ontario Home Care Association members are contracted by all three levels of government, Community Care Access Centres, insurance companies, institutions, corporations and private individuals. OHCA members are accredited by Accreditation Canada and/or the International Standards Association (ISO).

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i CCO, retrieved July 2009 -- http://www.cancercare.on.ca/cms/One.aspx?portalId=1377&pageId=43214#def
ii Deane, J. Kenneth, Alternate Level of Care (ALC): Moving Beyond Acute Care - Provincial Access to Care and Wait Time Strategy, Video of presentation on June 15, 2009, retrieved from http://www.oha.com/CURRENTISSUES/ISSUES/ALC/Pages/Default.aspx
iii Canadian Home Care Association, Portraits of Home Care in Ontario 2008, p.88
iv Mayo, N.E., Wood-Dauphinee, S., Côté, R., Gayton, D., Carlton, J., Buttery, J. et al. (2000). There's no place like home. An evaluation of early supported discharge for stroke. *Stroke, 31*, 1016-1023
v Phillips, C. O., S. M. Wright, et al. (2004). "Comprehensive discharge planning with post discharge support for older patients with congestive heart failure: a meta-analysis." JAMA 291(11): 1358-67
vi Markle-Reid, M., Browne, G., Weir, R., Gafni, A., Roberts, J., Henderson, S. (2008). Seniors at Risk: The Association between the Six-Month Use of Publicly Funded Home Support Services and Quality of Life and Use of Health Services for Older People Canadian Journal of Aging 27 (2): 207-224
vii Markle-Reid, M., Weir, R., Browne, G., Henderson, S., Roberts, J., Gafni, A. (2004) - Frail Elderly Homecare Clients: The Costs and Effects of Adding Nursing Health Promotion and Preventive Care to Personal Support Services System-Linked Research Unit Working Paper S04-01