SOONER SAFER SMARTER

Emergency Department Waits and Patient Flow Initiative
putting the Patient First

Alternate Level of Care

Data Collection Communiqué

"Ready for Care Elsewhere: Identifying Alternate Level of Care Patients in Saskatchewan"

What is changing?

The Provincial Emergency Department Waits and Patient Flow Initiative has identified that understanding and managing Alternate Level of Care (ALC) patients is a priority across the health system. Although we know ALC patients in acute care beds is one of the factors contributing to long waits in Emergency Departments, we don't have a complete understanding of the size of the ALC population, their demographic or clinical characteristics, or what their unmet needs are.

Over the past year, representatives from across the health system have developed a standard definition of ALC and a standard document on which to capture information about these patients. This new ALC form will be rolled out in 2016.

Why are we doing this?

Saskatchewan hospitals are very busy; they frequently operate in a state of overcapacity (not enough beds or staff for the number of patients). This is stressful for both patients and care providers, it poses a number of potential safety risks, and impacts the overall quality of care. Individual regions and the province as a whole are looking at a variety of strategies to fix this problem, including new models of care delivery, finding the right staff mix, and improving discharge processes.

Overcapacity situations often occur because patients ready for care in another sub-acute setting cannot access them in a timely way or the services the patient needs are not available. As a result, many patients spend many extra days waiting for services to be coordinated or created. These patients are considered to be "alternate level of care" or "ALC" patients. The definition of an ALC patient is: *Someone who is occupying a bed in an acute care facility and does not require the intensity of resources/service provided in that acute care setting.*

We know we have many of these patients in our system. Unfortunately, we don't know who these patients are, what services they are waiting for, and what is causing the delay in their transition process. We need this information so that we can improve coordination of services to get people discharged earlier into a more comfortable setting, or develop new services that would provide the care people need in the community. This information will help deal with the overcapacity issues and current strain on our health system and ensure patients receive the right care, at the right time, in the right place.

Note: Here is an example of how Regina Qu'Appelle Health Region is using new information about patients who accessed health services frequently to create new and improved services.

http://leaderpost.com/news/local-news/hotspotting-program-provides-care-where-care-didnt-exist

What will it look like?

A new tool has been created to help identify patients who are ready to be designated Alternate Level of Care, or more simply, identified as ***Ready for Care Elsewhere (Alternate Level of Care).*** The goal is to have all medical/surgical wards in 5 regions (Prince Albert Parkland, Saskatoon, Prairie North, Regina Qu'Appelle, and Sunrise) using this form by March 31, 2016 so that we can start to get a better understanding of patient delay/flow issues.

What do you want me to do?

We need point of care staff to help us identify those patients who are ***Ready for Care Elsewhere (Alternate Level of Care).*** When a patient is first identified as being ***Ready for Care Elsewhere (Alternate Level of Care),*** the care team needs to fill out the new form and add it to the patient's chart. Detailed instructions on how to do this are available HERE.

What will it mean to me?

Care teams are having conversations daily about care planning; however, these conversations are not always documented well. This form provides a mechanism for the care team to capture discussions about the patient's care plan: what they need, why they can't get it, what the delay is, etc.

As a direct care provider, would you like more timely care coordination for your patients so they are cared for in a more appropriate and comfortable environment? If so, this document provides a way to capture critical information that will help us begin addressing this problem in our health system.

Providers don't like working in an unsafe environment of overcapacity and patients don't want to be in the hospital longer than they need to. Let's make our hospitals safer and help our patients get back to their homes, family, and friends sooner.

(Note: If you are a physician wondering about how to properly bill for this new process, please see pages 3-4 of the ALC toolkit for more information.)

What will you do to support me?

Each region has been assigned a coach from the Health Quality Council (HQC) to support you in using the new form. They will provide support in a number of ways:

1) Assist with getting the form incorporated into a robust process on the unit to ensure it's used by the care team when applicable.
2) Help the care teams understand that ALC designation is not just for patients awaiting long-term care placement but for any patient who has been determined to be ***Ready for Care Elsewhere.***
3) Ensure any challenges or barriers in effectively implementing the form are acknowledged and addressed.

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