



JILL WETSTEIN: The Richmond Hill woman is disgusted by the lack of choice and wait times for seniors care.

homes over the next 24 months.

For hard-to-place seniors with a need for a higher level of care, waits can be two or more times the average.

In rural areas and Northern Ontario, families may be separated by hundreds of kilometres, if there are beds at all.

On average, less than 40 per cent of applicants get their first-choice home.

Ms Matthews said she is aware "we do have work to do in the access to long-term care homes".

"We know that people are waiting a long time to get into a long-term care home. But we also know that with the right investments, we can actually keep people at home longer."

Ms Matthews says the ultimate solution is to rely more on care at home and to make more use of shorter-term "restorative" beds.

By February, Ontario had 813 of the interim beds to which Ms Matthews referred, in nursing homes, hospitals or hospital-managed sites, and more are planned, the ministry said.

In such placements, the elderly are "building their strength up, they're getting healthier and are actually, many of them, going home, those who would have otherwise thought they were going into long-term care", Ms Matthews said.

The Metroland investigation also found bureaucracy is such an obstacle that consultants to the industry and U.S. military are being retained to help improve the process of moving people into nursing homes. Some efficiency methods being tried in Ontario are adapted from the assembly lines of the Toyota car company.

160 STEPS

One study counted 160 distinct steps, including access to nine separate databases, just to move a senior from hospital into a long-term care bed.

Done by Orillia consultant Jeff Doleweerd from observations at Quinte Health Care's Trenton Memorial, that 2008 study — sponsored by the Toronto-based Change Foundation — identified wasteful steps that occur in the hospital before patients leave for nursing homes.

Efficiency consultant Ron Bercaw has adapted a Toyota assembly line technique to help streamline the



Jill Wetstein of Richmond Hill holds a photograph of her mom, Joyce Hollowell, who died at age 88 in February 2009.

STAFF PHOTO/SJOERD WITTEVEEN

process of getting Ontario's elderly out of hospitals and into nursing-home beds.

Mr. Bercaw first adapted the "Lean" technique to save a failing auto-parts plant he managed in Ohio and then taught it to 30 Ontario hospitals and CCACs in the last 2-1/2 years.

His tools include streamlining procedures he executed for the defence industry and at the Pentagon.

Mr. Bercaw's "kaizen" (change for the better) events help health administrators see unnecessary steps that prevent the free flow of the elderly into nursing homes.

Susan Bisailon, executive director of clinical operations of Trillium Health Centre in Mississauga, said the Lean exercise helped identify waste. In 2009, Trillium had as many as 131 seniors earmarked for nursing-home care in its wards and "consistently gridlocked" emergency room, recalled Ms Bisailon.

Mr. Bercaw had staff place coloured sticky notes on a wall to recreate every step in a patient's journey to either a long-term care bed or home. There were 82 and only 16 added real value

for the patient.

'AH-HA MOMENT'

It was an "ah-ha moment", proving Trillium's processes needed a major overhaul. "We realized that it was just totally flawed," Ms Bisailon said.

Metroland also found those fortunate enough to secure a placement are cared for predominantly by overwhelmed personal support workers for whom a lack of provincial regulation means inconsistent training, lack of accountability and a backbreaking work pace that often removes the opportunity for meaningful personal contact.

Nursing home staff in general are stretched to the limit, the result of years of understaffing and a steady influx of older and sicker residents.

That trend will continue.

In a decade, the first of the baby boom generation will hit 75. By 2036, the number of Ontarians 75 and over will rise to 2.2 million, from 850,000 today.

New regulations come into force next month in a modernized piece of long-term-care legislation in the works since 2003.

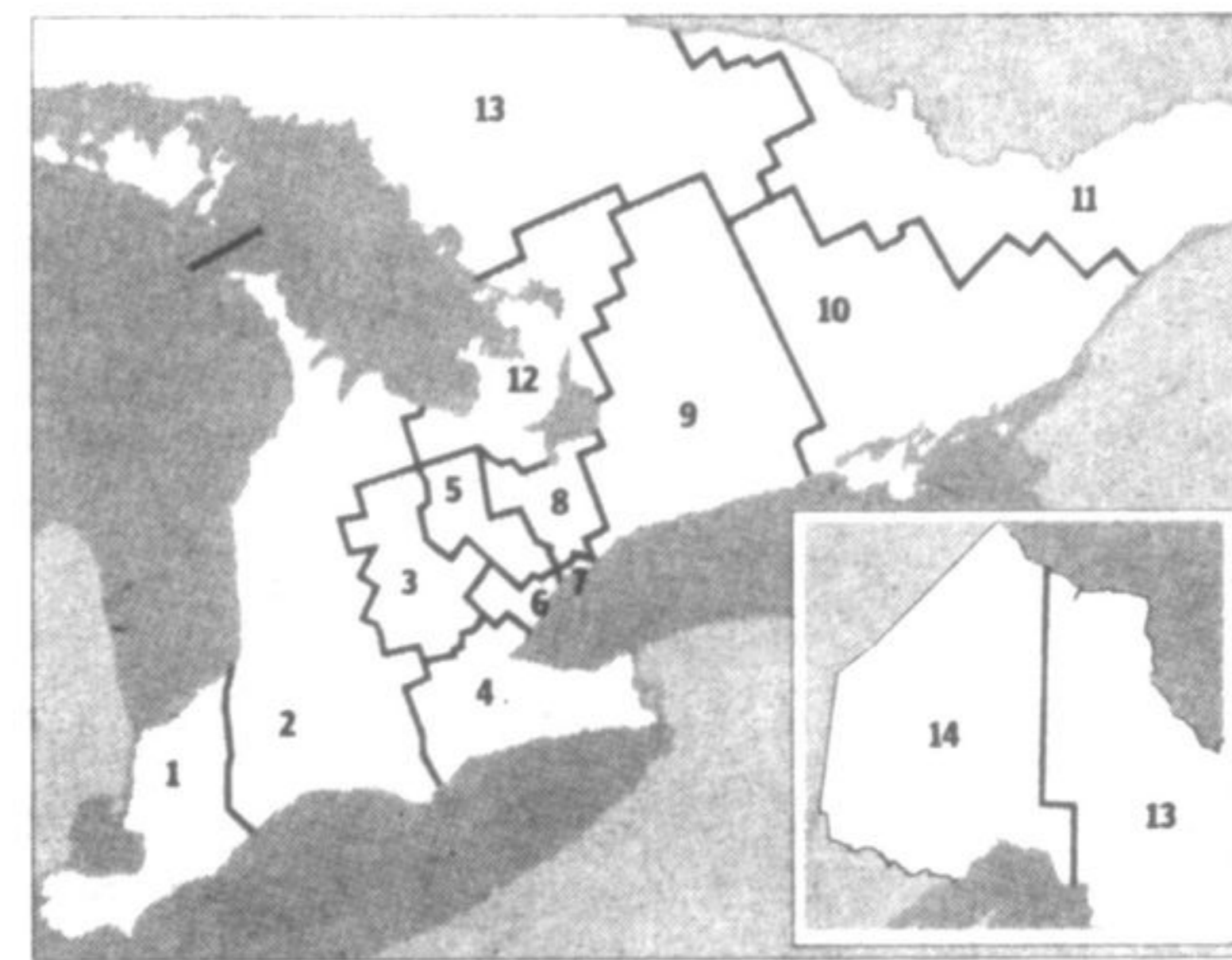
LONG-TERM CARE

Across the province, long-term care homes are full to capacity, wait lists for a bed are static and patients who no longer need hospital care are stuck in acute care beds. This chart breaks down the numbers for each of Ontario's 14 Local Health Integration Networks.

LHIN	Total long-stay nursing home beds	Persons on long-stay waiting list	Persons waiting in hospital	Average wait time (days)*	% who get 1st choice of long-term care home
1 Erie St. Clair	4,221	1,111	105	91	35.2
2 South West	6,750	2,004	163	35	38.3
3 Waterloo Wellington	3,646	1,522	136	204	33.9
4 Hamilton Niagara Haldimand Brant	10,342	2,884	353	130	46.5
5 Central West	3,398	322	59	49	31.1
6 Mississauga Halton	4,051	1,268	87	114	29.3
7 Toronto Central	5,855	1,550	195	111	51
8 Central	7,156	2,466	201	116	35
9 Central East	9,561	4,346	452	111	37.7
10 South East	3,953	1,196	93	90	50.4
11 Champlain	7,549	3,239	282	161	35
12 North Simcoe Muskoka	2,840	1,413	129	130	35.1
13 North East	4,767	1,379	347	148	52
14 North West	1,740	506	99	107	40.9
ONTARIO TOTALS	75,829	25,206	2,701	109**	39.5

*Supplied by individual LHINs. All other data from Ministry of Health Long-Term Care Home System Report for January 2010

**Province-wide average provided by Ministry of Health



Local Health Integration Networks

- 1 Erie St. Clair
- 2 South West
- 3 Waterloo Wellington
- 4 Hamilton Niagara Haldimand Brant
- 5 Central West
- 6 Mississauga Halton
- 7 Toronto Central
- 8 Central
- 9 Central East
- 10 South East
- 11 Champlain
- 12 North Simcoe Muskoka
- 13 North East
- 14 North West

Note: York Region is located in LHIN 8 Central

HOW FEES WORK

What alternate level of care (ALC) patients pay depends on the situation:

▶ Hospitals have authority to charge ALC patients \$53 a day — the minimum rate patients would pay if in a nursing-home bed.

▶ ALC fees can also be calculated on ability to pay, so some low-income patients aren't charged at all.

▶ If a nursing home bed becomes available and a patient refuses to leave the hospital, officials can charge a much larger fee, a per diem or "full daily rate".

▶ The Ontario Hospital Association says provincial law allows a per-diem to be charged if a patient can be safely discharged from an acute-care bed but refuses to leave.

▶ The Ministry of Health says per diems are not regulated. The Public Hospitals Act gives hospitals the authority to levy fees, but does not specify how much can be charged.

▶ Toronto-based Advocacy Centre for the Elderly surveyed 220 Ontario hospitals in 2007 on discharge policies and 38 responded.

BY THE NUMBERS

Long-term care homes

- ▶ 625 homes
- ▶ 75,829 long-stay residents

Number waiting for a bed

- ▶ 25,206

Average Ontario wait time

- ▶ 109 days

Per cent who get 1st choice home

- ▶ 39.5

Licensed homes in Ontario

Private, for-profit:

- ▶ 355 homes with 40,599 beds

Non-profit:

- ▶ 153 homes with 19,230 beds

Municipal homes for the aged

- ▶ 103 homes with 16,473 beds

EldCap

In or near hospitals, largely in Northern Ontario

- ▶ 15 homes with 264 beds