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LONG TERM CARE FUNDING
CONVALESCENT CARE PROGRAM

The Health and Emergency Medical Services Committee recommends the adoption of the recommendations contained in the following report, September 13, 2005, from the Commissioner of Health Services:

1. RECOMMENDATIONS

It is recommended that:

1. Council approve the receipt and expenditure of $61,821 in additional base funding for 2005 ($247,283 annualized) from the Ministry of Health and Long-Term Care (MOHLTC) to designate and convert 11 beds for the new Convalescent Care Program at the Newmarket Health Centre.

2. Council authorize a 2.29 FTE increase in the approved Long Term Care and Seniors Branch (LTCSB) 2005 permanent staffing complement to accommodate implementation and delivery of the program.

2. PURPOSE

The purpose of this report is to secure approval from Council for the receipt and expenditure of additional subsidy from the MOHLTC for program costs related to the Convalescent Care Program.

3. BACKGROUND

In early 2005, the MOHLTC announced a program to further expand the utilization of short stay beds in designated long term care facilities. This new initiative is called the Convalescent Care Program (previously called the Supportive Care Initiative). The program is a form of sub-acute care that allows for the earlier discharge from hospital of individuals that require ongoing convalescent and rehabilitative care before being suitable for discharge to community or long term care facilities. In February 2005, Committee and Council approved the submission of a proposal to the MOHLTC for the designation and funding of convalescent care beds at the Newmarket and Maple Health Centres.

On August 23, 2005, the Region received correspondence from the Province advising that the LTCSB proposal had been successful and that eleven beds for the new Convalescent Care Program were awarded to the Newmarket Health Centre (*see Attachment 1*). This additional funding will allow eleven existing beds at the Centre to be converted to convalescent care beds.

4. ANALYSIS AND OPTIONS

The funding provided under this initiative will permit the continued focus of the LTCSB's long term care facilities on difficult to serve or hard to place clients with higher care requirements, enhance the level of service provided and increase the subsidy from the MOHLTC for the delivery of these services.

4.1 Overview of Program

The new Convalescent Care Program will help to free up acute care beds in hospitals and deliver services to these clients in a more cost effective manner. Clients in this program require intensive rehabilitation and therapy for a period of up to 90 days to maximize their functional abilities and level of independence.

4.2 Program Implementation

Since the new Convalescent Care beds are existing beds that have been re-designated, as opposed to additional new beds, there is a need to phase in the implementation of the program as vacancies occur at the Centre. The program will be implemented over the fall and should be fully operational in early 2006. This program will require additional permanent and contract personnel in the areas of medical, nursing and personal care as well as program therapy and support.

4.3 New Base Funding

The additional provincial subsidy of $61.59 per bed/per day will begin to flow in October 2005 to enable implementation of the program. The total annualized program costs of $732,456 for the eleven convalescent care beds is comprised of the $247,283 in new funding plus the existing base funding of $485,173. Although we will not be at full occupancy until later in the year, it is anticipated that full funding will be received throughout the ramp-up period as we will continue to accrue fixed program costs regardless of occupancy and service levels.

4.4 Relationship to Vision 2026

The conversion of these beds for convalescent care will contribute to the attainment of the Vision 2026 goals of developing Quality Communities for a Diverse Population and Responding to the Needs of our Residents. The LTCSB offers a continuum of community-based, outreach, day and institutional services that support clients with a diverse range of care and support needs.

5. FINANCIAL IMPLICATIONS

The following table provides a summary of the allocation of the additional base funding provided by the MOHLTC for 2005 together with the annualized impact. It also

identifies the need for 2.29 additional permanent staff. This funding will cover the increased cost of providing convalescent care services.

It is anticipated that the base equity portion of the new funding will not have an impact on the net tax levy component of the approved 2005 LTCSB budget. While the municipal contribution for these beds will not change, the Region's share as a percentage of total cost will decrease due to the additional provincial funding.

Table 1
Overview of Additional Base Funding

Program Envelope	2005 Budget Increase	Annualized Budget	FTE Increase	Contract Hours Increase
Medical, Nursing and Personal Care	$ 40,572	$162,286	1.40 RN 0.47 HCA 0.27 NC	273 – MD
Program, Therapy and Support	$ 19,091	$ 76,365	0.15 SW	565 – PT 1,033 - PTA 410 - OT 137 – DT
Administration and Facility	$ 2,158	$ 8,632	n/a	
Total Additional Base Funding	$ 61,821	$247,283	2.29	2,418*

RN = Registered Nurse
HCA = Health Care Aide
NC = Nursing Clerk
SW = Social Worker
MD = Medical Doctor
PT = Physiotherapist
PTA = Physiotherapy Assistant
OT = Occupational Therapist
DT = Dietician
* Total Hours equivalent to 1.24 FTE.

6. LOCAL MUNICIPAL IMPACT

The implementation of the new Convalescent Care Program at Newmarket Health Centre will improve specialized supportive care health services for citizens across York Region.

7. CONCLUSION

Participation in this program will facilitate the early discharge from hospital of individuals that require ongoing rehabilitation and therapeutic support before discharge to a community setting and will help to free up beds in the acute care sector.

Delivery of this service is consistent with the LTCSB Business Plan objective of meeting the demand for the provision of programs and services for clients with heavy, complex physical, cognitive and/or behavioural care requirements.

The Senior Management Group has reviewed this report.

(The attachment referred to in this clause was included in the agenda for the October 6, 2005 Committee meeting.)