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LTC ADMISSIONS – JANUARY TO JUNE 2004

The Health and Emergency Medical Services Committee recommends the adoption of the recommendation contained in the following report, September 14, 2004, from the Commissioner of Health Services:

1. RECOMMENDATION

It is recommended that:

1. Health and Emergency Medical Services Committee receive and approve the following report regarding resident admissions to the Regional Long Term Care (LTC) Facility Program for the period January to June 2004.

2. PURPOSE

This report is provided to the Health and Emergency Medical Services Committee and Regional Council, as the governing body of the Regional LTC Facility Program, in accordance with applicable legislation.

3. BACKGROUND

One hundred and six applicants to the Regional LTC Facility Program have been assessed and properly documented by the LTC Admissions and Discharge Committee. They have been found to be eligible for admission under the terms of the *Long-Term Care Act* and meet the admission policies of The Region. Of the 106 approved applicants, 27 were approved for Cognitive Care, 70 were approved for Heavy Complex Care and nine were approved for Psychogeriatric Care.

4. ANALYSIS AND OPTIONS

This report includes all applicants assessed and approved by the LTC Admissions and Discharge Committee in the reporting period.

4.1 Wait List Administration and Triage

Once applicants are approved by the LTC Admissions and Discharge Committee, they are placed on a waiting list that is administered by the Community Care Access Centre (CCAC). Applicants on the waiting list are categorized and prioritized according to risk level, type of care, level of care and accommodation requested (private/standard) and are admitted according to that criteria. Those individuals that are at greatest risk and/or inappropriately placed in an acute care setting are given the highest priority for placement.

4.2 Reporting Period Admissions

Thirty-five applicants from our approved waiting list were admitted in the reporting period January to June 2004.

4.3 Primary Diagnosis of New Admissions

Admissions to LTC facilities are categorized by 16 primary diagnostic codes. It should be noted that more than one primary diagnosis can exist for each resident. The primary diagnoses of the 35 admissions in the reporting period were as follows:

Table 1
Primary Diagnoses of New Admissions to LTC Facilities for Reporting Period January to June 2004

Primary Diagnosis	Incidence*
Mental Disorders	16
Neurological Motor Dysfunctioning	13
Musculoskeletal Disabilities	8
Circulatory Diseases	7
Endocrine and Metabolic Disorders	3
Genitourinary Disorders	3
Pulmonary Diseases	2
Blood Diseases and Blood Forming Organ Disorders	1
Congenital Anomalies	1
Neoplasms	1
Sensory Disorders	1
Aids and Aids Related	0
Digestive Disorders	0
Infectious Diseases	0
Skin Diseases	0
Other	0

* More than one primary diagnosis can exist for each resident.

4.4 Wait List Summary

There were a total of 106 applicants assessed and approved in the reporting period and 35 applicants from the approved wait lists were admitted. There are a total of 198 individuals/applicants on the LTC facility waiting lists at the end of the reporting period.

5. FINANCIAL IMPLICATIONS

There are no financial implications associated with this report.

6. LOCAL MUNICIPAL IMPACT

There is no local municipal impact associated with this report.

7. CONCLUSION

This report provides detailed and complete information regarding the approval of applications and admissions to The Region's LTC Facilities for the reporting period January to June 2004.

The Senior Management Group has reviewed this report.