

*Process of moving from Trenton **hospital** involved 160 steps*

Nursing home red tape

By Barry Ellsworth

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It is little wonder families get frustrated when attempting to move an elderly relative to a nursing home from a **hospital**.

A new study into the move done with former patients at Trenton **hospital** found the process involved 160 steps, including 69 handling steps, 36 forms to

complete, four family trips to the **hospital** and 15 delays.

As if that wasn't roadblock enough, the study, conducted by Quinte Health Care and the

Community Care Access Centre, found that making an offer of a bed in a nursing home was also complicated, involving a total of 53 steps, five separate staff members, nine different forms and five other unspecified "patient tracking tools."

The processes give new stickiness to the term "red tape" and at least in part



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Date 09.07.2008	Circ. 17000	Page 1	2 / 3

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KATHERINE
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explains why elderly patients are stuck in **hos- pital** beds when they are ready for discharge to nursing homes.

“Yes, (tape) even redder than we thought and even longer,” Katherine Stansfield, vice-president of patient services at QHC, said Tuesday.

She said the approxi- mately three-month study, which concluded in April, showed the process to move the elderly out of **hospital** when they are ready for discharge and into nursing home beds is too complicated.

“It con- firmed what we basically already knew about the process,” Stansfield

said.

“Part of this project is to definitely streamline the process,” Joel Cote, spokesman for the South East Community Care Access Centre, said Tues- day. However, he added that the study would not “solve all of the problems overnight.”

• *See ‘Nursing’ on page 4.*

The south east access centre, headquartered in Kingston and with offices in Belleville, controls admission to nursing homes, including those in Hastings and Prince Edward counties.

The study was conducted and funded by the Change Foundation, a health policy think tank based in Toronto, in conjunction with the Community Care Access Centre and QHC.

It included interviews with 15 recently discharged elderly patients and their caregivers.

Cote said there are two other studies underway — Transitions, which also involves QHC’s Stansfield, and Flo Collaborative, a provincial initiative — also aimed at moving the elderly out of hos-

pitals.

“All of these initiatives are looking at exactly that ... so that we can help people transition to the most appropriate level of care in the easiest way for them,” he said.

Other initiatives have also been introduced at QHC to try to minimize the bed use by the elderly.

Access centre case workers are stationed in the emergency department to assess patients to see if they need to enter **hospital** or could go home with extra in-home supports such as nursing visits.

The plan is called Easier Plus and has been in place since November 2007.

But while that has helped, Stansfield said, it has been “marginal” because many elderly do need to be admitted to **hospital**.

“It isn’t turning away many people,” she said.

When people are discharged from **hospital** but must remain

there because no nursing home bed is available, it causes a bed logjam.

It often results in people admitted to **hospital**, but who must remain in the emergency department until an appropriate bed becomes vacant.

Priority days allow QHC to declare an emergency bed situation and local nursing homes have to stop other admissions so **hospital** discharged patients have first crack at the beds, Stansfield said.

“We use it (priority days) on an ongoing basis,” she said.

But even then, it sometimes takes too long to prepare a patient for a bed when they are available in nursing homes. That’s why the process needs to be streamlined, Stansfield said.

“We have to be ready to move as soon as those beds are available,” she said.

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