Access to Care

Alternate Level of Care (ALC)

Reference Manual

Version 2, January 2017

Ontario
Cancer Care Ontario

Table of Contents

Acronyms 7

1 – Alternate Level of Care (ALC) Overview and Provincial Definition 9

Ontario's Emergency Room/Alternate Level of Care Strategy 10

Background 10

Goals and Objectives 10

Access to Care at CCO 10

ATC's Oversight and Governance 11

Defining Alternate Level of Care 12

The Need for a Standardized Definition 12

Who Contributed to the Definition? 12

Provincial ALC Definition 13

Guiding Principles for Designating a Patient ALC 14

2 – Provincial ALC Information: The Wait Time Information System 15

Ontario's Wait Time Information System (WTIS) 16

What is the WTIS? 16

WTIS ALC Integration 16

ATC Deployments 17

Evolution of the WTIS 17

Additional WTIS Information 17

Evolution of ALC Data Collection 17

Value of ALC Information 18

ALC Information Stakeholders 18

Value of ALC Information 18

Other CCO Data Holdings 19

3 – WTIS-ALC Data Elements 20

WTIS-ALC Data Elements 21

Inpatient Admission Data Elements 21

A – Inpatient Admission Date 21

B – Inpatient Admission Source 21

C – Inpatient Service 22

D – LHIN 23

E – Facility 23

F – Site 23

G – Patient Demographics 23

H – Medical Record Number 24

I – Visit Number 24
J – WTIS Patient Indicator 24
K – Wait Time Patient ID 25
L – Waitlist Entry ID 25
M – Waitlist Entry Status 25
N – Last Update Date 25
ALC Designation Data Elements 25
O – ALC Designation Date 25
Determining Level of Care Required Data Elements 25
P – Most Appropriate Discharge Destination (MADD) 25
Q – MADD Determination Date 26
R – ALC Discharge Destination 26
S – ALC Discharge Destination Determination Date 26
T – Specialized Needs and Supports Indicator & U – Specialized Needs and Supports as a Need or Barrier 30
Change in Status Data Elements 34
V – ALC Discontinuation Date 34
W – ALC Discontinuation Reason 34
X – ALC Re-Designation Date 35
Y – Transfer Date (for Site-to-Site Transfers) 35
Discharge to Appropriate Level of Care Data Elements 36
Z – Actual Discharge Date 36
WTIS-ALC Data Elements Aligned to Clinical Scenarios 37
Case Study Index 37
Case Study 1: Acute Care to Rehabilitation 38
Case Study 2: Acute Care to Long-Term Care 39
Case Study 3: Acute Care to Mental Health 40
Case Study 4: CCC to Supervised or Assisted Living 41
Case Study 5: Behavioural and Mental Health Requirements 42
Case Study 6: Social Requirements 43
Case Study 7: Infection Control and Neurological Requirements 44
Case Study 8: ALC Discharge Destination – Unknown 45
Case Study 9: ALC Discontinuation Reason - Unplanned Repatriation 46
Case Study 10: Site-to-Site Transfer 47
Case Study 11: Bed Transfer to Continue ALC Wait 48
Case Study 12: Patient Directly Discharged to Appropriate Destination 49
4 – Clinical Guidance 50
Designating a Patient as Requiring an Alternate Level of Care 51
Provincial ALC Definition Recap 51

Guidance for Designating a Patient ALC in the WTIS 52
Two Business Day Rule 52
Guidance for Assigning Discharge Destinations 52
Most Appropriate Discharge Destination (MADD) 53
Unknown ALC Discharge Destination 54
Long-Term Care 55
Palliative Care 56
Specialized Needs and Supports Guidance 57
Site-to-Site Transfers Guidance 58
Discontinuing an ALC Designation Guidance 60
Post-Acute Care Bed Types Guidance 63
Mental Health Beds 64
5 – ALC Status Definitions 66
ALC Status Definitions 67
Open ALC Cases 67
Discharged ALC Cases 67
Discontinued ALC Cases 67
Acute Care Episode (ACE) Periods 67
Diagram: ALC Statuses in ALC Reports 67
6 – ALC Performance Indicators 68
Introduction 69
What is an Indicator? 69
ALC Performance Indicators 69
ALC Volumes 69
Occupancy/Flow of ALC Cases 69
Characteristics of ALC Cases 70
ALC Throughput Ratio 71
Definition 71
Methodology 71
Conceptually – Patient Flow 71
Calculation Example: ALC Throughput Ratio 72
ALC Wait Times 72
Definition 72
Methodology 72
ALC Wait Time Indicators 72
ALC Wait Time Metrics 73
Cumulative/Total ALC Days 74

Definition 74
Methodology 74
Conceptually – Patient Experience 74
Calculation Example 74
ALC Rate 75
Definition 75
Methodology 75
Conceptually – Capacity 75
ALC Rate Calculation Example 75
Provincial Target for ALC Rate 76
ALC Rate versus % ALC Days 76
Percent Contribution to Annual ALC Rate by Discharge Destination 76
Summary of ALC Performance Indicators 77
7 – ALC Reporting at Access to Care 78
Introduction to ALC Reporting at Access to Care 79
ALC Information Stakeholders 79
Operational ALC Performance Reports 80
Data Cut & Report Publishing 80
Ad Hoc Requests 81
Refreshed Historical Data 81
Report Designs 81
Report Catalogue 82
Operational ALC Report Index 82
1 – ALC Provincial Performance Summary and 2 – ALC LHIN Performance Summary 83
3 – ALC Trending Report 84
4 – ALC Wait Time Distribution Report 86
5 – ALC Throughput Ratio Report 87
6 – ALC Rate Report 88
7 – ALC Discharge by Disposition Report 90
8 – ALC MADD Report 91
9 – ALC MADD Segment Report 93
10 – ALC SNS Report 94
11 – ALC Patient Journey Report 96
Summary of ALC Performance Indicators & Performance Reports 98
8 – Data Quality Management 101
Overview of Data Quality Management 102
ALC Data Submission Requirements 102
Data Quality Framework 103

Data Quality and Compliance Process 103
Data Quality Process 104
Compliance Process 104
Data Quality & Compliance Reports 105
Compliance Feedback 106
Compliance Designations and Escalations 107
Data Quality & Compliance Indicators 108
ALC Compliance Targets 109
Refreshed Historical Data 109
9 – iPort™ Access 112
What is iPort™ Access? 113
iPort™ Access Features 113
Customizable Reports 113
Performance Summary Report 113
Performance Comparison Report 113
Performance Histogram Report 114
Patient Age Demographics Report 114
Patient Throughput and Queue Analysis Report 114
Discharge Destination Summary Report 114
Designated ALC within X Days of Admission 114
Trending Report 114
Most Appropriate Discharge Destination (MADD) Reports 114
Patient Detail Report (Hospital Users Only) 114
Operational Dashboards 115
More iPort™ Access Information 115
Summary of Changes 116

Acronyms

Acronym	Description
ACE	Acute Care Episode
ALC	Alternate Level of Care
ATC	Access to Care
BCS	Bed Census Summary
BD	Business Day
CCAC	Community Care Access Centre
CCC	Complex Continuing Care
CCO	Cancer Care Ontario
CCRS	Continuing Care Reporting System
CIHI	Canadian Institute for Health Information
DAD	Discharge Abstract Database
DD	Discharge Destination
ER	Emergency Room
FY	Fiscal Year
GUI	Graphical User Interface
HCD	Home Care Database
HL7	Health Level Seven International
interRAI-CA	Contact Assessment
interRAI-HC	Home Care Assessment
interRAI-PC	Palliative Assessment
LHIN	Local Health Integration Network
LOB	Line of Business
MADD	Most Appropriate Discharge Destination
Ministry	Ministry of Health and Long-Term Care
MLAA	Ministry LHIN Accountability Agreement
NACRS	National Ambulatory Care Reporting System
NRS	National Rehabilitation Reporting System
OACCAC	Ontario Association of Community Care Access Centres
ODB	Ontario Drug Benefit

OHA	Ontario Hospital Association
OHIP	Ontario Health Insurance Plan
OHQC	Ontario Health Quality Council
OMHRS	Ontario Mental Health Reporting System
ORB	Ontario Review Board
P	Percentile
PHI	Personal Health Information
SNS	Specialized Needs and Supports
WTIS	Wait Time Information System
MFM	Message Failure Management
WT	Wait Time

1 – Alternate Level of Care (ALC) Overview and Provincial Definition

This section provides an overview of the ER/ALC Strategy, Access to Care at CCO, as well as insight into the governance structure of the ALC program. This section ends with the provincial ALC definition and provides some guiding principles for designating a patient as requiring an alternate level of care.

Ontario's Emergency Room/Alternate Level of Care Strategy

Background

In 2004[1], the Ministry of Health and Long-Term Care (Ministry) announced **Ontario's Wait Time Strategy**, designed to reduce wait times by improving access to healthcare services in Ontario. To support this commitment, Cancer Care Ontario (CCO) was appointed to lead the development and deployment of **Ontario's Wait Time Information System (WTIS).** The WTIS is a web-based information system for collecting wait time information from across the Province. It is a tool that is able to support standardized wait time tracking and provide data vital to the reporting of wait time information (for more information, see Section 2 - Provincial ALC Information - the WTIS, pg. 16).

In 2008, the **Emergency Room Information Strategy**[2] (later renamed to the Emergency Room/Alternate Level of Care Strategy) was approved by the Ministry to address the length of time patients spent in the ER. One potential factor thought to contribute to long ER wait times was the high number of patients designated ALC occupying acute care beds and thus, preventing patients in the ER from being admitted to the hospital. Patients designated ALC are often not discharged because the appropriate level of care they require is not available when and where they need it.

Goals and Objectives

The overall goal of the ER/ALC Strategy was to reduce time spent in the ER and improve patient satisfaction by:

Reducing ER demand by providing people with appropriate community-based care

Increasing ER capacity, performance, and process so patients can access timely, quality care during emergencies

Improving bed utilization by enhancing timely discharge for patients requiring alternate levels of care and accessing the right resources in more appropriate settings

Access to Care at CCO

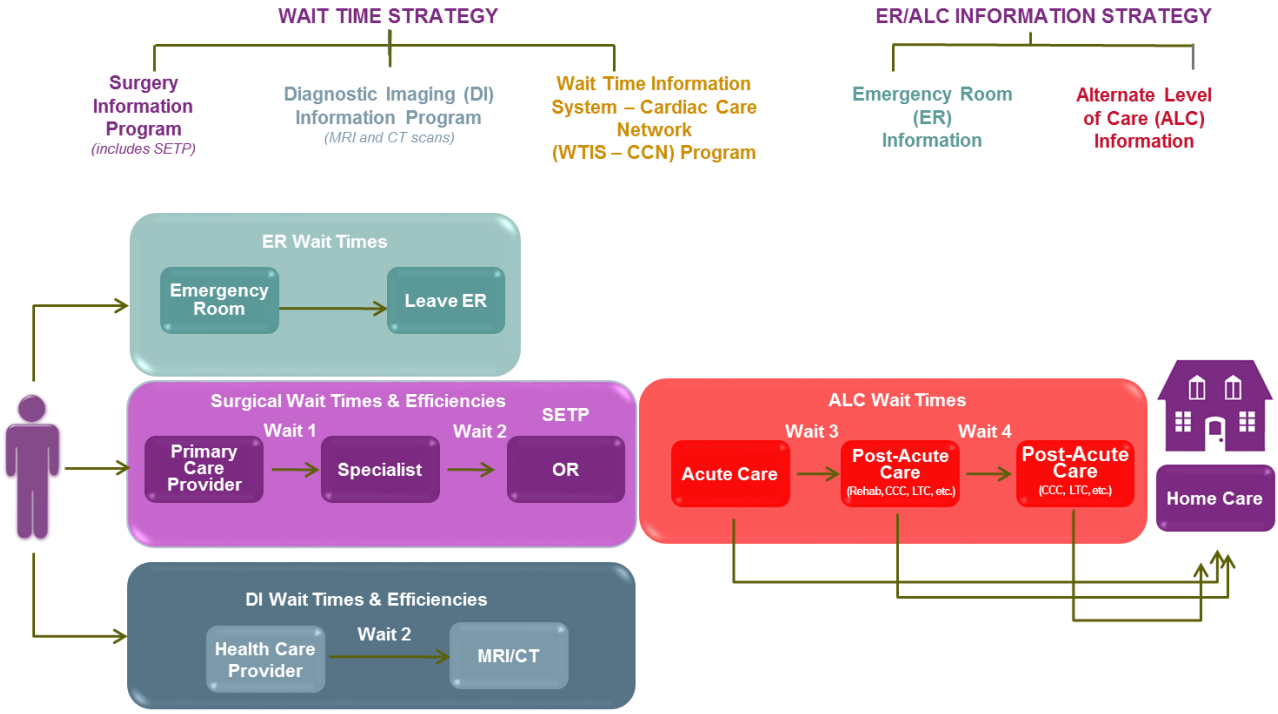
Access to Care (ATC) within CCO is the service delivery agent for Ontario's Wait Time and ER/ALC strategies on behalf of the Ministry. ATC is focused on improving the access, quality,

[1] https://news.ontario.ca/archive/en/2004/12/20/McGuinty-Government-launches-new-website-on-the-province039s-wait-time-strategy.html (Accessed Oct 2016)
[2] http://www.health.gov.on.ca/en/pro/programs/waittimes/edrs/strategy.aspx (Accessed Oct 2016)

and efficiency of healthcare services for Ontarians. ATC provides leadership, technology development, information system deployment, and informatics services to create information and knowledge that informs Ontario health system policy makers, administrators, and providers across four priority areas:

1. ER
2. ALC
3. Surgery (Wait Times and Efficiency)
4. Diagnostic Imaging – MRI/CT Scan (Wait Times and Efficiency)

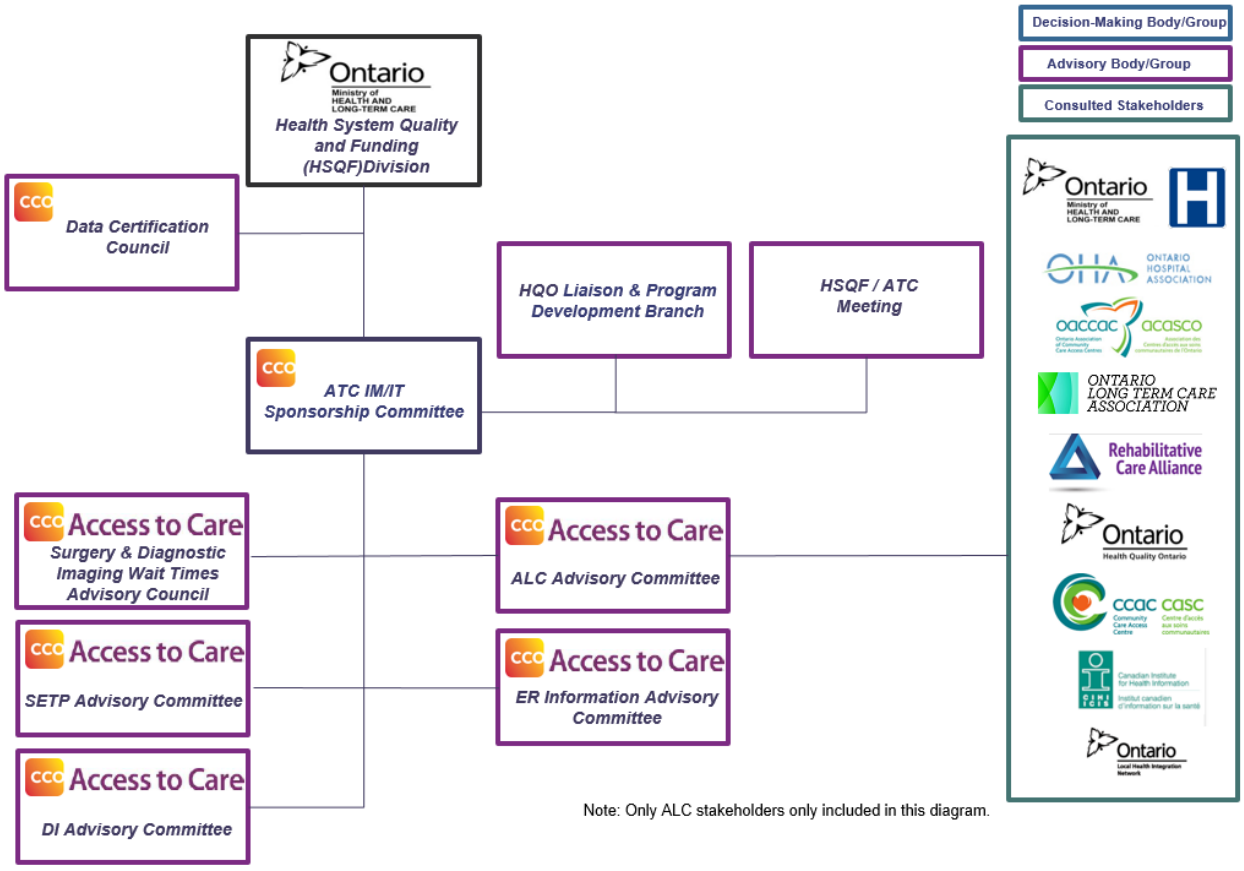
The diagram below provides an overview of the patient journey through ATC's four areas of focus:



ATC's Oversight and Governance

CCO is a crown agency governed under the Ministry. The ALC information program falls under the scope of Access to Care, one of seven programs which comprise the Analytics and Informatics division at CCO.

ATC Governance



Note: Only ALC stakeholders only included in this diagram.

Defining Alternate Level of Care

In 2009, the majority of hospitals in Ontario began using a standardized Provincial Alternate Level of Care (ALC) Definition to designate patients, where clinically appropriate, as requiring an alternate level of care.

The Need for a Standardized Definition

A standardized ALC definition is an important step in capturing high-quality, near real-time data on all patients waiting in acute and post-acute hospitals for alternate levels of care. A standardized provincial definition allows for consistency and accuracy of ALC data captured across Ontario.

Who Contributed to the Definition?

The provincial definition was developed in consultation with stakeholders from across the continuum of care, including, but not limited to:

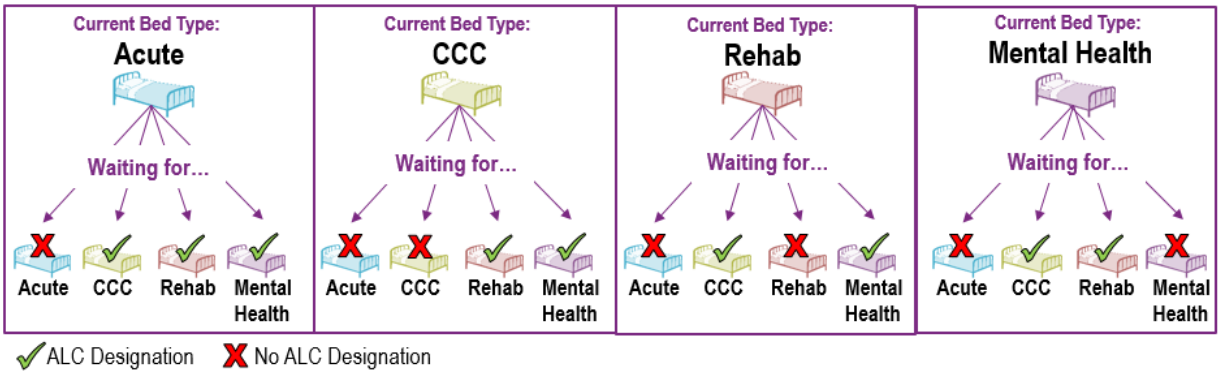
- Acute and Post-Acute Hospitals
- Community Care Access Centres (CCACs)
- The Ministry of Health and Long-Term Care
- Local Health Integration Networks (LHINs)
- Canadian Institute for Health Information (CIHI)
- Ontario Hospital Association (OHA)
- Ontario Health Quality Council (OHQC)

Provincial ALC Definition

Provincial ALC Definition	
When a patient is occupying a bed in a hospital and **does not require the intensity of resources/services provided in this care setting** (Acute, Complex Continuing Care [CCC], Mental Health or Rehabilitation), the patient must be designated ALC[1] at that time by the physician or her/his delegate. The ALC wait period starts at the time of designation and ends at the time of discharge/transfer to a discharge destination[2] (or when the patient's needs or condition changes and the designation of ALC no longer applies).	
Note 1	**Note 2**
The patient's care goals have been met or: • Progress has reached a plateau or • The patient has reached her/his potential in that program/level of care or • An admission occurs for supportive care because the services are not accessible in the community (e.g. "social admission"). This will be determined by a physician/ delegate, in collaboration with an interprofessional team, when available.	Discharge/transfer destinations may include, but are not limited to: • Home (with/without services/programs), • Rehabilitation (facility/bed, internal or external), • CCC (facility/bed, internal or external), • Transitional Care Bed (internal or external), • Long-Term Care Home, • Group Home, • Convalescent Care Beds, • Palliative Care Beds, • Retirement Home, • Shelter, • Supportive Housing This will be determined by a physician/delegate, in collaboration with an interprofessional team, when available.
Final Note	
The definition does not apply to patients: • Waiting at home, • Waiting in an acute care bed/service for another acute care bed/service (e.g., surgical bed to a medical bed), • Waiting in a tertiary acute care hospital bed for transfer to a non-tertiary acute care hospital bed (e.g., repatriation to community hospital).	

Guiding Principles for Designating a Patient ALC

- Designating patients ALC is independent of:
  - The final destination being determined or available
  - The patient meeting the eligibility criteria for the desired/recommended discharge destination
- The Provincial ALC Definition does not apply to patients who are moving from one bed to another within the same level of care (e.g., Acute to Acute, CCC to CCC) or to a higher level of care (e.g., Rehab to Acute)



2 – Provincial ALC Information: The Wait Time Information System

This section describes how ALC information is currently collected in Ontario including a description of Ontario's Wait Time Information System, the evolution of ALC data collection, and the value of ALC information.

Ontario's Wait Time Information System (WTIS)

What is the WTIS?

Since 2006, the WTIS has been leveraged as the technology system for Ontario to collect accurate and timely wait time data as a key component of Ontario's Wait Time Strategy. The WTIS is a web-based application that collects surgery, diagnostic imaging (CT/MRI), ALC, and Cardiac Care Network wait time data to inform our understanding of the patient journey. The system provides clinicians and other healthcare professionals with the tools they need to effectively assess patient waits in a standardized manner. The WTIS is built on the foundation that timely, good quality information drives health system change.

In **near real-time**, personal health information (PHI) is submitted on approximately 2.5 million surgical procedures, diagnostic imaging scans and ALC waits per year, and recently expanded to include MRI Efficiency data. To date (Fall 2016), the WTIS database has captured a total of 10.2 million MRI/CT scans, 4.2 million surgical patient waits, and 440,000 waits of patients designated ALC. Customized PHI data elements align with the patient experience and help identify access issues throughout the health system. With an extensive suite of products and services, the WTIS has a robust source of information that provides the public (through the ministry's public website), ministry, LHINs, hospitals, clinicians and health system stakeholders with wait time data information in Ontario. As of 2016, more than 180 hospital sites across Ontario report ALC information using the WTIS. This is reflective of approximately over 97% of available hospital beds in the Province.

The WTIS:	The WTIS Does Not:
✓ Captures data electronically through a single provincial system; ✓ Captures ALC wait time information in near real-time (i.e., within two business days); ✓ Is used as a waitlist management tool as part of the discharge planning process; and ✓ Provides ALC wait time data by discharge destination and specialized care needs to better inform resource allocation and decision-making.	× Replace the independent clinical assessment × Replace the need for discharge planning × Automatically manage waitlist entries for ALC patients to support bed-level matching

WTIS ALC Integration

WTIS integration involves the submission of wait time data through an exchange of Health Level Seven International (HL7) messages between a facility's technical systems and the WTIS. The data included in the messages is dependent on the level of integration at the facility.

There are two integration levels facilities can use to submit required ALC data to the WTIS:

- **Basic Level:** Waitlist entries are opened, modified, and closed manually via the WTIS web-based, user interface (GUI = Graphical User Interface). There are no HL7 messages involved in Basic Integration. This level of integration is available to all users.
- **Complex Level:** All waitlist entry data is submitted electronically via HL7 interface messaging. This level of integration is only available to users who have an appropriate technical

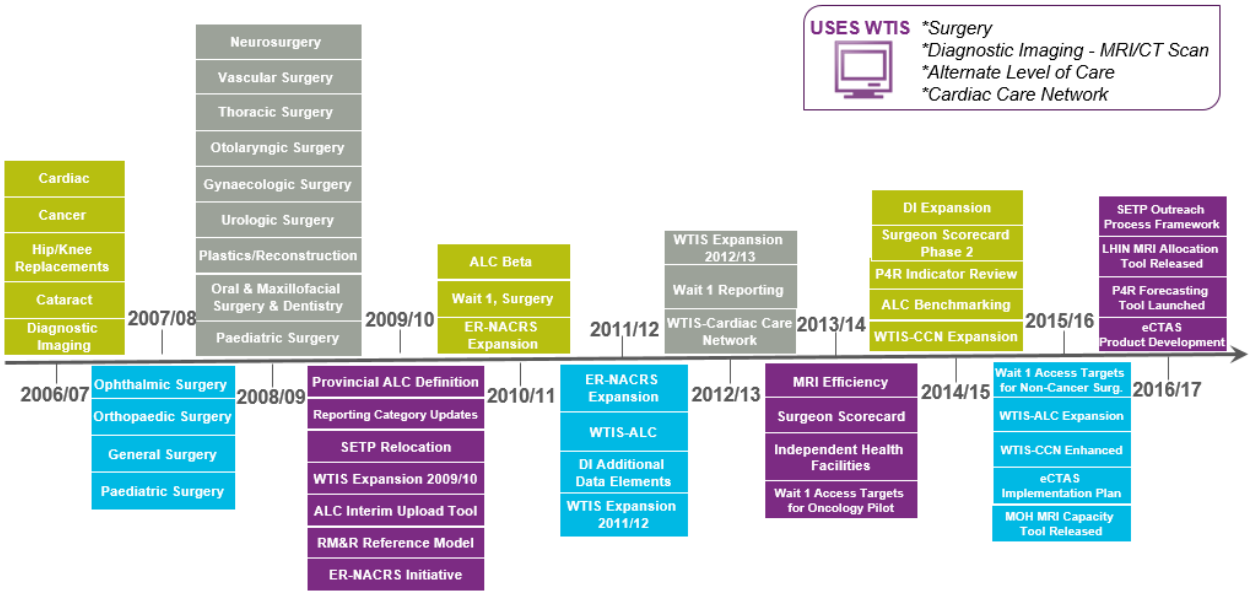
system that will facilitate HL7 messages.

ATC Deployments

When Access to Care (ATC) is mandated to expand the WTIS data set, or when an opportunity is offered to facilities to migrate their integration to the WTIS to another level (e.g.. from basic to complex) a standard deployment framework is employed to ensure key activities are completed in a consistent manner. This framework also helps to ensure that a consistent level of quality and support is achieved across projects.

Evolution of the WTIS

Over the last decade the WTIS has evolved alongside Ontario's healthcare system to provide clinicians and healthcare leaders with relevant and timely information.

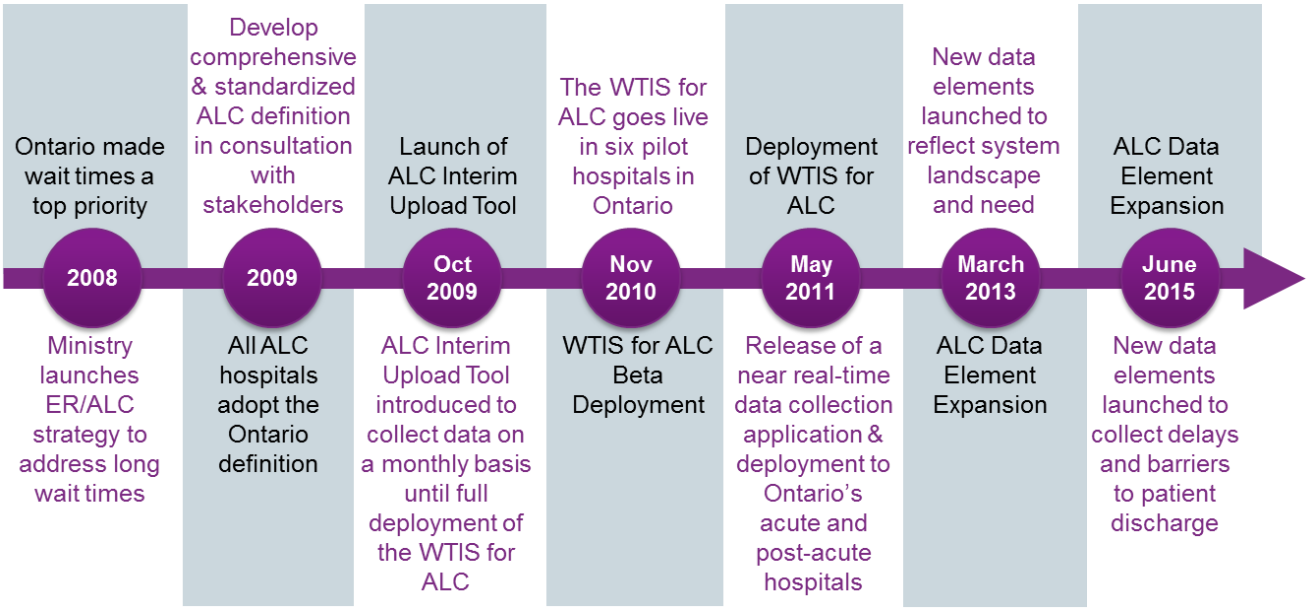


Additional WTIS Information

- WTIS End User Guide
- ALC Working with Waitlist Entries Tip Sheet
- ALC WTIS End User Training Presentation

Evolution of ALC Data Collection

Since the launch of the ER/ALC strategy and the development of a standardized ALC definition, the number of facilities in Ontario submitting ALC information into the WTIS has grown, new ALC data elements have been created and, existing ALC data elements have expanded.



Value of ALC Information

ALC Information Stakeholders

- Information collected in the WTIS is interpreted and translated into more than 1,000 performance reports per year. Some reports are publicly reported to all Ontarians, while others are limited to clinical, LHINs and ministry stakeholders to help provide a comprehensive picture of provincial, regional and hospital-level performance (for more information, see Section 7 - ALC Reporting at Access to Care, pg. 78). In addition to regular reporting, WTIS information is also available on demand to stakeholders through iPort™ Access, ATC's Business Intelligence Tool. iPort™ Access provides secure, web-based strategic reporting and analysis capabilities to support operations and planning throughout the province (for more information, see Section 9 - iPort™ Access, pg. 112).

Value of ALC Information

Access to timely and high quality ALC data provides the type of information necessary to help drive transformational change. High-quality ALC data enables organizations to strategically plan and improve critical areas in the healthcare system and enhance patient care and outcomes.

- Supports monitoring of ALC volumes and patient flow across sectors and the province
- Highlights obstacles impacting patient discharge and opportunities for improving patient flow
- Assists healthcare planners and decision-makers to monitor and manage performance
- Enables stakeholders across the healthcare system to identify gaps in services
- Provides data critical to establish and monitor strategies to reduce wait times

Other CCO Data Holdings

To further understand the ALC population in Ontario, information from the WTIS is supplemented by many additional data holdings used to analyze the patient journey and health system factors. Additional data holdings available for analysis may include:

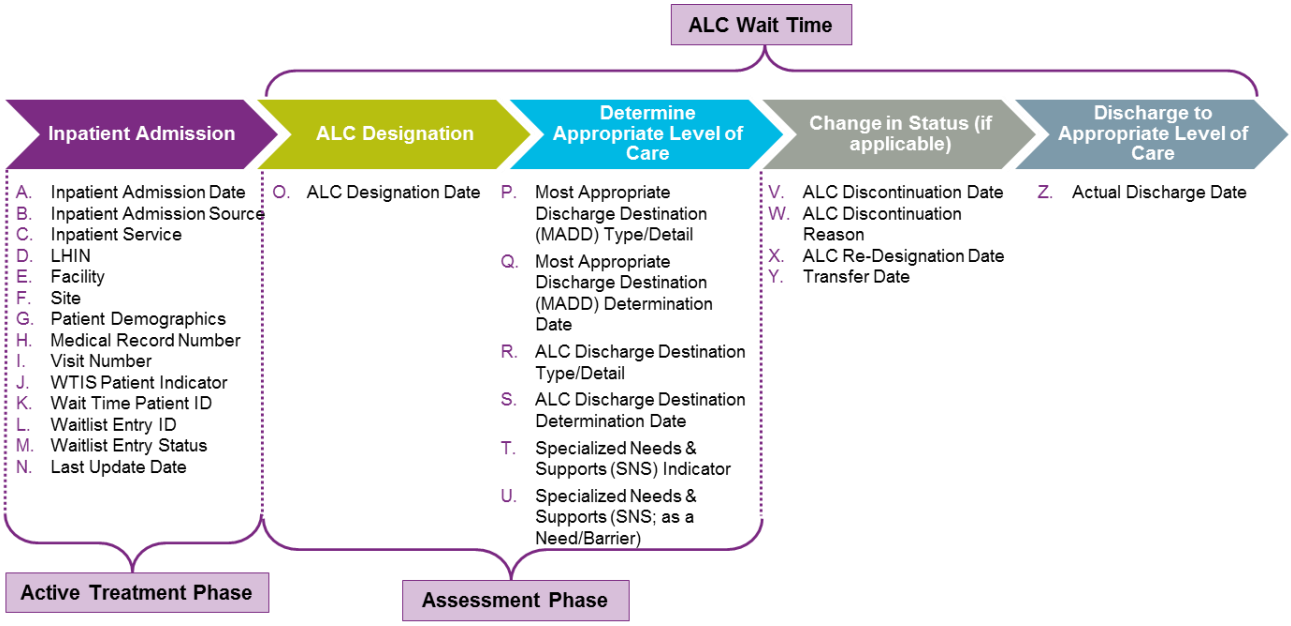
- Home Care Database (HCD)
- Home Care Assessment (interRAI-HC)
- Contact Assessment (interRAI-CA)
- Palliative Assessment (interRAI-PC)
- Bed Census Summary (BCS)
- Ontario Health Insurance Plan (OHIP)
- Vital Statistics-Death Database
- Ontario Drug Benefit (ODB)
- ArcGIS (Geospatial)
- Ontario Renal Reporting System (ORRS)
- Discharge Abstract Database (DAD)
- National Ambulatory Care Reporting System (NACRS)
- Continuing Care Reporting System (CCRS)
- National Rehabilitation Reporting System (NRS)
- Ontario Mental Health Reporting System (OMHRS)

3 – WTIS-ALC Data Elements

The following section describes and defines all ALC data elements that are a part of a patient's waitlist entry in the WTIS. The section ends with a package of detailed clinical scenarios to show how each defined ALC data element in the WTIS aligns to the clinical context.

WTIS-ALC Data Elements

When a patient is designated as requiring an alternate level of care in hospital, a **waitlist entry** for that patient is opened in the WTIS. The following diagram provides a summary of each WTIS-ALC data element and illustrates where each data element aligns to the patient journey, through inpatient admission, ALC designation, determining the appropriate level of care, change in status (if applicable), and discharge to appropriate level of care:



Inpatient Admission Data Elements

A – Inpatient Admission Date

Definition: The date when the patient is admitted to the bed type in which they are designated ALC.

Value of Collecting Data Element

This data element allows us to understand when a patient began their stay in hospital and allows us to determine how soon after admission a patient was designated ALC. This information is important because it could assist in informing where patients may be admitted to hospital and did not require hospitalization or were admitted for social reasons.

B – Inpatient Admission Source

Definition: The location from which a patient is admitted to the hospital. There are four types of inpatient admission sources.

The following table outlines and defines each type of inpatient admission source:

Inpatient Admission Source	Definition
Direct Admission	An admission directly to a hospital by a clinician that is unplanned, without requiring an emergency room visit.
Emergency Room	An admission to hospital through the emergency department.
Planned Admission	An admission to hospital for a planned surgery, procedure or treatment (e.g., ECT, chemotherapy, elective procedures).
Transfer from Another Facility	An admission to hospital through a direct transfer from another facility.

Value of Collecting Data Element

This data element allows us to understand where the patient originates from to be able to focus potential solutions based on various inpatient services and beds. (e.g., ER admission avoidance).

C – Inpatient Service

Definition: The designated bed where the patient designated ALC is currently waiting. There are four types of inpatient services where a patient can be designated ALC:

The following table outlines and defines each inpatient service type:

Inpatient Service	Definition
Acute Care – Non-Surgical	A designated bed providing care to patients who are receiving acute medical care but who are not waiting for or have not had surgical procedures.
Acute Care – Surgical	A designated bed providing care to patients who are waiting for or have already undergone surgical procedures.
Acute Care – Intensive/Critical Care	A designated bed providing care to patients with acute or potentially life-threatening conditions requiring advanced medical care and support.
Complex Continuing Care (CCC)	A designated bed providing specialized care to patients who are medically complex, require hospital stays, regular onsite physician care and assessment, and active management over extended periods of time.

Mental Health	A designated bed providing therapeutic services to patients with addictions, psychological, behavioural or emotional illnesses.
Rehabilitation	A designated bed providing care aimed at maximizing patients' overall physical, sensory, intellectual, psychological & social functions.

Value of Collecting Data Element

This data element allows us to understand what bed types patients are occupying while waiting for another level of care; in other words, where patients are currently receiving inappropriate levels of care. With this information we are able to examine how beds are being used that result in a lack of accessing the right care for patients.

Moving Between Inpatient Bed Types

A patient designated ALC in Acute Care can move between Acute Care bed types while keeping their ALC designation open (e.g., Acute Non-Surgical to Acute Surgical). In this case, the Inpatient Service needs to be updated in the ALC waitlist entry.

In contrast, if a patient moves from one of the four Inpatient Service levels to another Inpatient Service level (e.g., Acute Care to Mental Health, CCC to Rehabilitation, etc.), then the ALC waitlist entry should be closed on discharge as per the Provincial ALC Definition.

D – LHIN

Definition: The Local Health Integration Network (LHIN) associated with the facility the patient is registered. LHINs are local not for profit organizations responsible for planning, integrating, and funding local health services in 14 different geographic areas of the province.

E – Facility

Definition: The healthcare facility associated with the site where the patient is registered.

F – Site

Definition: The healthcare site where the patient receives care.

Value of Collecting Data Elements D – F

Collecting LHIN, Facility, and Site information allows for the examining of regional variation in ALC performance and enables ALC reporting at the regional, hospital, and site-level to guide performance management at these levels. This information allows for the linking of WTIS-ALC data to other CCO data holdings (e.g., ALC Patient Journey Analysis Report).

G – Patient Demographics

Patient Demographics elements provide information that identifies an individual patient. There are 16 patient demographic data elements, each defined in the following table:

Patient Demographic	Definition
First Name	The patient's given name.
Middle Name	The patient's middle name or further given names.
Last Name	The patient's surname.
Date of Birth	The year, month, and day the patient was born.
Health Card Number	The health number (numeric portion) from the identification card issues to a healthcare recipient by a health card assigning authority.
Health Card Number Version	A 2-character alphanumeric code which uniquely identifies a health card version.
Authority Issuing	The name of the province that creates/issues the patient's health card.
Sex	The reported sex/gender of a patient at a given point in time used for administrative purposes.
Address	The street or mailing address of the patient.
Address Type	The type of address of the patient.
City	The city of the patient's address.
Province/State	The province or state of the patient's address.
Country	The country of the patient's address.
Postal/Zip Code	The postal or zip code of the patient's address.
Phone Number	The telephone number provided by the patient.
Phone Number Type	The type of phone number of the patient.

Value of Collecting Data Elements

Patient demographic information allows us to link WTIS-ALC data to other CCO data holdings and provides the ability to do specific analysis on different cohorts of patients (e.g., specific age cohort, such as seniors 65+).

H – Medical Record Number

Definition: A unique facility-specific identifier used to identify an individual and his or her medical record/information.

I – Visit Number

Definition: A unique number generated by the facility for each individual waitlist entry.

J – WTIS Patient Indicator

Definition: An indicator used to identify if the patient has already been registered as a patient in the WTIS.

K – Wait Time Patient ID

Definition: The unique identifier assigned to a patient when registered in the WTIS.

L – Waitlist Entry ID

Definition: The unique identifier assigned to the waitlist entry by the WTIS.

M – Waitlist Entry Status

Definition: A status for the waitlist entry indicating whether the waitlist entry has been completed or if it is still open and can be modified.

N – Last Update Date

Definition: The date portion of the WTIS-generated timestamp of the last update made to a waitlist entry.

ALC Designation Data Elements

O – ALC Designation Date

Definition: The date when a physician or delegate determines that a patient is occupying a bed in a hospital and does not require the intensity of resources/services provided in this care setting. This is the date when the patient meets the criteria of the Provincial ALC definition.

Value of Collecting Data Element

This data element is critical for the calculation of ALC wait times as it defines the beginning of the ALC wait.

Determining Level of Care Required Data Elements

P – Most Appropriate Discharge Destination (MADD)

Definition: The location determined by the physician or delegate, in collaboration with an interprofessional team (when available), as to where a patient should be discharged or transferred based on the care needs of the patient. This decision is irrespective of whether or not the discharge destination is available, accessible and/or exists within the community.

In the WTIS, the MADD data element is composed of two elements:

1. **MADD Type:** The most appropriate facility type or service required based on the care needs of the patient, irrespective of availability, accessibility, and/or existence.

2. **MADD Detail:** The most appropriate program specific detail associated with the facility type or service based on the care needs of the patient, irrespective of availability, accessibility, and/or existence.

Q – MADD Determination Date

Definition: The date when the decision is made by the physician or delegate in collaboration with an interprofessional team (when available), as to where a patient should be discharged or transferred based on the care needs of the patient, irrespective of whether or not the most appropriate discharge destination is available, accessible and/or exists within the community. In other words, it is the date the MADD was determined for the patient.

Important: Within an ALC waitlist entry, there should not be a period of time where a MADD is not identified for the patient. Thus, the first/earliest MADD Determination Date in a waitlist entry should align with the ALC Designation Date. If there is a period of time where MADD is not known, please reflect this by identifying Unknown as the MADD with the appropriate Determination Dates.

Value of Collecting MADD Data Elements

MADD information is used to identify system and capacity gaps with respect to what is best for a patient clinically versus what is actually available in the system. This information allows us to determine the number of patients designated ALC waiting to be discharged to their most appropriate level of care versus the number waiting to be discharged to a location that is not most appropriate for them.

In addition, MADD Determination Date is used in segmented ALC Wait Time Calculations (for more information about these calculations, see Section 6 - ALC Performance Indicators - ALC Wait Times, pg. 72.

R – ALC Discharge Destination

Definition: The location determined by the physician or delegate in collaboration with an interprofessional team (when available), as to where a patient is to be discharged or transferred.

In the WTIS, the ALC Discharge Destination data element is composed of two elements:

1. **ALC Discharge Destination Type:** The facility type or service required by the patient at the point of discharge or transfer.

2. **ALC Discharge Destination Detail:** Program specific detail associated with the facility type or service required by the patient at the point of discharge or transfer.

S – ALC Discharge Destination Determination Date

Definition: The date when the decision is made by the physician or delegate in collaboration with an interprofessional team (when available), as to where a patient is to be discharged or transferred.

Important: Within an ALC waitlist entry, there should not be a period of time where a Discharge Destination is not identified for the patient. Thus, the first/earliest Discharge Destination Determination Date in a waitlist entry should align with the ALC Designation Date. If there is a period of time where Discharge Destination is not known, please reflect this by identifying Unknown as the Discharge Destination with the appropriate Determination Dates. For an example, please see Case Study 8 - ALC Discharge Destination = Unknown, pg. 45.

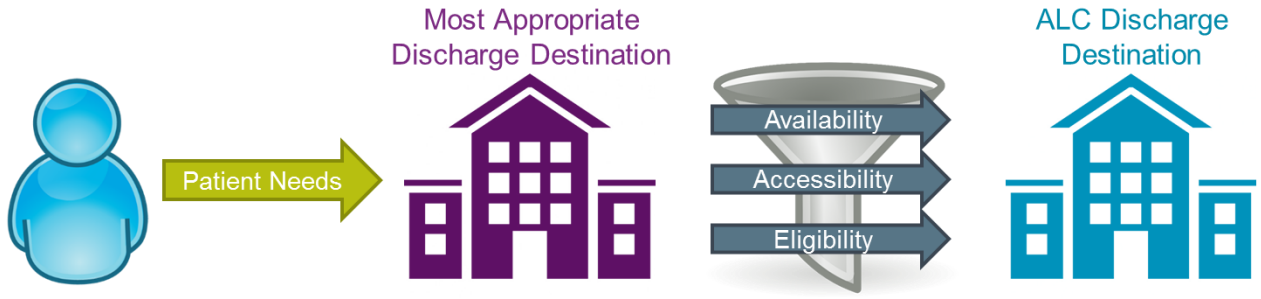
Value of Collecting ALC Discharge Destination Data Elements

This information allows us to know exactly which discharge destinations patients designated ALC are waiting to access from hospital. It provides the ability to know how many patients are waiting for each discharge destination and for how long patients typically wait. This information allows us to identify which discharge destinations are contributing the most with respect to ALC volumes and days.

ALC Discharge Destination Determination Date is used in segmented ALC Wait Time Calculations (for more information about these calculations, see Section 6 - ALC Performance Indicators - ALC Wait Times, pg. 72.

Most Appropriate Discharge Destination versus ALC Discharge Destination

A patient's MADD reflects where the patient **should be** discharged to based on their clinical needs; whereas a patients' ALC Discharge Destination reflects where the patient **will be** discharged to. Thus, a patient's MADD may or may not be the same as the ALC Discharge Destination, because the latter is dependent on whether the location is currently available, accessible, or exists.



Discharge Destination Types and Details (for MADD and ALC Discharge Destination)

The Discharge Destination Types and Details are the same for MADD and ALC Discharge Destination (with the exception of the ALC Discharge Destination = Unknown which is not applicable to MADD).

The following table provides the definitions for Discharge Destination Type and Detail:

Discharge Destination Type	Discharge Destination Detail	Definition
Complex Continuing Care (CCC) Bed		A designated bed providing specialized care to patients who are medically complex, require hospital stays, regular onsite physician care and assessment, and active management over extended periods of time.
	CCC – Low Tolerance Long Duration (LTD)	Specialized inpatient rehabilitation suitable for individuals in need of a slower-paced program over a longer period of time than is offered in other programs. LTLD is used interchangeably with “slow stream rehab.”
	CCC – Non Low Tolerance Long Duration	This category would include all patients in complex continuing care beds who are not in an LTLD bed.
Convalescent Care Bed		Provision of care to support the gradual recovery of health and strength after illness or surgery. Convalescent Care programs provide 24-hour care to people who require specific medical and therapeutic services in supportive environments for defined periods of time.
Home		Private residence where a patient will live in the community upon discharge from hospital. Provision of an array of services that enables clients to live at home, often with the effect of preventing, delaying, or substituting for long-term care or acute care alternatives.
	Home with CCAC Services	Patient is discharged home with services provided by a Community Care Access Centre (CCAC), which acts as a local point of contact to co-ordinate community-based nursing and rehabilitation services. CCACs also determine eligibility for government-funded home and community support services and admission to a long-term care home.
	Home with Community Services	Patient is discharged home with community-based services not offered through a CCAC to support the patient’s ability to live in the community. This may include, but is not limited to, day hospital, outpatient programs or clinics, and eldercare day programs.
	Home without Services	Patient is discharged home with no services required.
Long-Term Care Bed		A designated bed providing care to meet both the medical and non-medical needs of people with chronic illnesses or disabilities who require care that is not available in the community.
Mental Health Bed		A designated bed providing therapeutic services to patients with addictions, psychological, behavioural or emotional illnesses.
	Inpatient Dependency Treatment Services	Services designed specifically to care for and treat chemical dependency, under a prescribed treatment program.

Discharge Destination Type	Discharge Destination Detail	Definition
	Inpatient Detoxification Services	Services designed to facilitate the process whereby an alcohol/drug intoxicated or alcohol/drug dependent person is assisted through the period necessary to eliminate the intoxicating substance, and/or the dependent factors, while keeping the physiological risk to the patient to a minimum.
	Inpatient Psychiatric Services	Services provided to patients with psychological, behavioural or emotional illnesses requiring voluntary or involuntary inpatient psychiatric care. This category would include all patients in mental health beds who are not in either detoxification or dependency beds.
Palliative Care Bed		Provision of medical or comfort care to support end-of-life planning to reduce the severity of a disease or slow its progress. The focus is on quality of life measures rather than providing a cure.
	Palliative Hospital Placement	Palliative care delivered within a hospital environment.
	Residential Hospice Care	Specialized residential care to palliative patients.
Rehabilitation Bed		A designated bed providing care aimed at maximizing patients' overall physical, sensory, intellectual, psychological and social functions. This may include the acquisition of special equipment or other resources.
	Cardiac	Specialized inpatient rehabilitation program for patients with cardiac issues designed to maximize their overall function through interprofessional clinical expertise.
	Geriatric	Specialized inpatient rehabilitation program for geriatric patients (age as defined by the specific program) designed to maximize their overall function through interprofessional clinical expertise.
	Low Tolerance Long Duration Rehabilitation (LTLD)	Specialized inpatient rehabilitation suitable for individuals in need of slower-paced programs over longer periods of time than are offered in other programs. LTLD is often used interchangeably with "slow stream rehab."
	Musculoskeletal (MSK)	Specialized inpatient rehabilitation program for patients with musculoskeletal issues, designed to maximize their overall function through interprofessional clinical expertise. This may include, but is not limited to, arthritis, osteoporosis, and bone cancer.
	Neurological	Specialized inpatient rehabilitation program for patients with neurologically related impairments, designed to maximize their overall function through interprofessional clinical expertise. This may include, but is not limited to, acquired brain injury (ABI), stroke, spinal cord injury and generalized neurological rehabilitation (e.g., degenerative neurological conditions such as Parkinson's and Multiple Sclerosis).

Discharge Destination Type	Discharge Destination Detail	Definition
	Other Rehabilitation	Non-specialized inpatient rehabilitation program for patients not captured in the above categories, designed to maximize their overall function through interprofessional clinical expertise.
Supervised or Assisted Living		Provision of care for patients (e.g., the elderly or people with physical disabilities) who are able to mobilize independently but who may require assistance with activities of daily living.
	Retirement Home	A multi-unit residential facility providing optional services such as meals, housekeeping, recreational activities and personal support.
	Shelters	Temporary emergency housing for individuals in crisis or without other accommodations. This includes, but is not limited to, homeless patients and victims of domestic violence.
	Subsidized Housing	Government-supported accommodation for people with low to moderate incomes.
	Supportive Housing/ Group Homes/Assisted Living	Accommodation with services provided to an individual with chronic or complex needs as a means of maintaining them in the community. These services may include, but are not limited to, supervision, personal support, and counseling.
Unknown (applicable to ALC Discharge Destination only)		Assigned when a patient's ALC Discharge Destination is not known, not established, or does not exist.

T – Specialized Needs and Supports Indicator & U – Specialized Needs and Supports as a Need or Barrier

Definition: Specialized Needs and Supports (SNS) are the specialized care needs/supports of the patient required at their ALC Discharge Destination.

SNS are identified as either a *Need* or a *Barrier*:

- **Need:** The specialized care needs/supports of the patient required at their ALC Discharge Destination that are not preventing or are not known to be preventing discharge.
- **Barrier:** The specialized care needs/supports of the patient required at their ALC Discharge Destination that are preventing or delaying discharge.

In the WTIS, the SNS data element is composed of two components:

1. **SNS Indicator:** Identifies whether or not the patient has any specialized care needs or supports (Yes or No).
2. **SNS as a Need or Barrier:** Identifies each of the individual SNSs of the patient and specifies whether each of them is a Need or a Barrier.

SNS Types and Details

The following table outlines each SNS Type and Detail:

SNS Type	SNS Detail	Definition
Bariatric Requirement		Services designed to provide care for patients diagnosed with obesity. This may include, but is not limited to, oversized beds, larger doorways, and access to specialized equipment.
Behavioural Requirements	**1:1 Support**	Services designed to provide care to patients identified by the physician and/or delegate to be requiring an elevated level of support, whereby one (or more) staff person(s) is assigned to be within close physical proximity to the patient for a period of time while maintaining constant visual observation. This may include one-to-one support for the entire duration of the patient stay, or for a limited time.
	Aggressive Behaviours	Services designed to provide care for patients who exhibit aggressive behaviours including but not limited to; pushing, spitting, hitting, property destruction, etc.
	Sexualized Behaviours	Services designed to provide care for patients who exhibit sexualized behaviours including but not limited to; inappropriate touching or grabbing, exposure of private parts, sexualized conversation, etc.
	Unspecified	Services designed to provide care for patients who have behavioural requirements that do not fall under the category of 1:1 support, aggressive or sexualized behaviours. This may include, but is not limited to; impulsivity, hyperactivity, self-injury, etc. Services may also be outpatient or community-based.
Developmental Requirements		Services designed to provide care for patients who have developmental requirements including but not limited to autism spectrum disorder (ASD), fetal alcohol spectrum disorder (FASD), attention deficit hyperactivity disorder (ADHD), learning disabilities, etc. This may include outpatient or community-based services.
Dialysis Requirements		Services designed to provide care for patients with renal impairment necessitating hemodialysis or peritoneal dialysis.
Equipment/Structural Requirements		Modifications to the discharge destination required prior to the patients' discharge. This may include equipment installation (e.g., lifts, grab bars), or structural changes (e.g., widening of doors, building ramps). This category excludes bariatric requirements.
Feeding Requirements		Services designed to provide patients with a non-oral form of nutrition. Routes may include enteral (e.g., gastric tube or nasogastric tube), or total parenteral nutrition (TPN).
Infection Control/Isolation Requirements	**Isolation**	Services designed to provide care for patients requiring isolation or negative ventilation accommodations due to an infectious or immune-compromised condition.

SNS Type	SNS Detail	Definition
	Outbreak at Discharge Destination	When the discharge of a patient designated ALC is prevented or delayed due to an outbreak occurring at the facility in which the patient is expected to be discharged to. Note: Barrier Only
	Outbreak at Facility	When the discharge of a patient designated ALC is prevented or delayed due to an outbreak occurring at the facility in which the patient currently resides. Note: Barrier Only
Mechanical Ventilation Requirements		Services designed to provide care for patients who are mechanically ventilated.
Medications/Labs/Therapy Requirements		Services may include, but are not limited to, chemotherapy, radiation therapy, pain control, intravenous medication administration, high-cost / difficult-access medications, ongoing lab work, and monitoring of medication levels.
Mental Health Requirements	**Addictions**	Services designed to provide care for patients who have an addiction including but not limited to; drugs (street, prescription), alcohol, tobacco, etc.
	Concurrent Disorders	Services designed to provide care for patients who have a 'concurrent disorders' meaning that a patient has both a psychiatric diagnosis and a substance abuse diagnosis (which may include both drugs and alcohol).
	Unspecified	Services designed to provide care for patients who have mental health requirements that do not fall under the category of concurrent disorders or addictions. This may include, but is not limited to; eating disorders, mood disorders, personality disorders, bipolar disorder, schizophrenia, etc.
Neurological Requirements	**Acquired Brain Injury**	Services designed to provide care for patients who have an Acquired Brain Injury including but not limited to; traumatic and non-traumatic brain injury. ***Traumatic Brain Injury**:* A traumatic brain injury can be classed as an open or closed injury. A closed injury is caused when the brain is bounced around in the skull due to a blow to the head or severe shaking such as in a road traffic accident. A closed motion can cause tearing, shearing or stretching of the brain tissue. An open injury occurs when an object such as a bullet, fractures the skull and enters the brain. ***Non-Traumatic Brain Injury**:* A non-traumatic injury is an injury that does not occur as a result of trauma. This includes stroke, tumours, infectious diseases, lack of oxygen or toxicity.
	Unspecified	Services designed to provide care for patients who have neurological impairments that do not fall under the category acquired brain injury including but not limited to; impairments of cognition, function and development. This may include outpatient or community-based services.
Respiratory Requirements (excludes ventilation)		Services designed to provide care for patients with respiratory impairments necessitating care. This may include, but is not limited to, tracheostomy, oxygen therapy, BIPAP/CPAP, and suctioning. This category excludes mechanical ventilation requirements.

SNS Type	SNS Detail	Definition
Social Requirements	**Financial Constraints**	Services designed to support patients who experience financial constraints including but not limited to; unemployment, job insecurity, fixed incomes, or who are receiving social assistance, etc.
	Housing/Homelessness	Services designed for patients who experience housing limitations or have homelessness issues. This may include but is not limited to patients who are; inadequately or insecurely housed, utilizing shelter services or subsidized housing, or have no fixed address, etc. ***Rooflessness***: Living without a shelter of any kind, (e.g., sleeping outdoors) often called absolute homelessness. ***Houselessness****:* Living in temporary facilities, (e.g., institutional shelters or healthcare facilities) often called sheltered or transitional homelessness. ***Insecurely Housed****:* Living precariously, (e.g. in insecure tenancies, close to eviction, in an unsafe situation, or subject to domestic violence) includes those who are among the hidden homeless or sometimes termed relative homeless. ***Inadequately Housed****:* Living in a home that does not meet basic standards (e.g., in substandard housing, suffering mold infestation, overcrowding, inaccessible for the person or family) includes people who are in core housing need.
	Lack of Social Support	Services designed to assist patients who experience a lack of social support including but not limited to; social exclusion, lack of emotional support or companionship, etc.
	Legal Concerns	Services designed for patients who experience legal issues including but not limited to; guardianship, refugee and immigration status, divorce and separation, Ontario Review Board (ORB), power of attorney, Children's Aid Society (CAS), etc.
	Unspecified	Services designed for patients who have social requirements that do not fall under the category of housing/homelessness, financial constraints, lack of social support or legal concerns. This may include, but is not limited to patients requiring; Ontario Disability Support Program (ODSP), domestic violence services, culturally-specific services, gender/sexuality-specific services, etc.
Wound Care Requirements		Services designed to provide care for patients with compromised skin or tissue integrity. This may include, but is not limited to, care of amputations or prosthetics, ostomy sites, VAC therapy, surgical wounds and pressure ulcer dressings.

Value of Collecting SNS Data Elements

SNS information allows us to understand which patient care needs are preventing or delaying discharge (i.e., a barrier) and will highlight specific barriers that exist within the healthcare system that are delaying/preventing patients from transitioning to appropriate levels of care.

Change in Status Data Elements

V – ALC Discontinuation Date

Definition: The date when a patient's needs or condition changes and the designation of ALC no longer applies, resulting in closure of the waitlist entry.

W – ALC Discontinuation Reason

Definition: The specific reason the ALC designation is discontinued.

There are seven types of ALC Discontinuation Reasons, each defined in the following table:

ALC Discontinuation Reason	Definition
Change in Destination Invalidates ALC Designation	Closure of a waitlist entry when a change in the discharge destination negates the ALC designation (e.g., ALC Discharge Destination has changed to another bed of the same Inpatient Service bed type the patient is waiting in).
Change in Medical Status	Closure of a waitlist entry when a patient experiences a significant change in medical condition and ALC designation no longer applies. Patient remains in current bed type. Note: When a waitlist entry is discontinued due to this reason, it is possible to re-open the waitlist entry if the patient is re-designated ALC within 40 business days of the discontinuation date. The time between the Discontinuation Date and the Re-Designation Date is referred to as the Acute Care Episode (ACE) period.
Data Entry Error	Closure of a waitlist entry due to a user data entry error.
Death	Closure of a waitlist entry when a patient is deceased.
Discharge Against Medical Advice	Closure of a waitlist entry when a patient, family member, or a third party other than the interprofessional team, decides that the patient should be removed from hospital, contrary to the established care plan and against the recommendations of the physician or delegate.
Transfer to Acute Care	Closure of a waitlist entry when an ALC patient becomes acutely ill and the patient requires discharge to acute care to receive treatment that cannot be provided in the current bed type; The important qualifier is that the patient was ALC waiting for another bed type and not waiting for transfer to another acute care bed.
Unplanned Repatriation	Closure of a waitlist entry when an ALC patient is waiting for another bed type and is unexpectedly transferred back to his/her community hospital to continue the wait, resulting in the discontinuation of the ALC wait. The important qualifier is that the patient was ALC waiting for another bed type and not waiting for transfer to another acute care bed.

Value of Collecting Data Element

These data elements provide information related to a patient's ALC status and reasons for why an ALC designation may no longer be appropriate for a patient. ALC Discontinuation data elements also allows us to correctly calculate ALC wait times by removing any ACE periods associated with a waitlist entry. Also, ALC Discontinuation Date is critical for the calculation of ALC wait time calculations as it can define the end of the ALC wait time.

X – ALC Re-Designation Date

Definition: The date when a physician or delegate determines that a patient is again occupying a bed in a hospital and does not require the intensity of resources/services provided in this care setting, following a period of time in which a patient's ALC status had been discontinued due to a 'change in medical status' (i.e., an ACE period).

An **ACE period** represents the period of time when the patient's condition has deteriorated and the designation of ALC is no longer appropriate. A waitlist entry may have more than one ACE periods. The start date of an ACE period is the Discontinuation Date where the reason for discontinuation is a Change in Medical Status. The end date of an ACE period is the Re-Designation date.

Value of Collecting Data Element

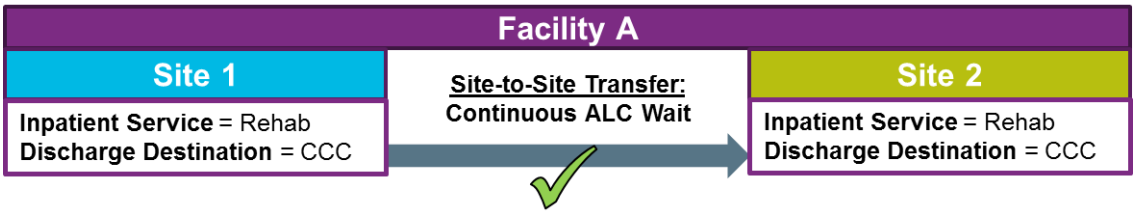
This data element allows us to correctly calculate ALC wait times by removing any ACE periods associated with a waitlist entry (ALC Re-Designation Date specifies the end of an ACE period).

Y – Transfer Date (for Site-to-Site Transfers)

Definition: The date when a patient is moved from the same inpatient bed type at one site to the same inpatient bed type at another site within the same multisite facility. In this case, the patient's waitlist entry is kept open.

This process is called a **Site-to-Site Transfer.** In addition to a Transfer Date being entered, the Site must be updated in the patient's waitlist entry to signal that a Site-to-Site Transfer has occurred.

Note: Site-to-Site Transfer is a process and not a stand-alone data element.



When a Site-to-Site transfer occurs, the patient's ALC wait time continues and wait segments are attributed to each site. This will allow for continuous wait times to be associated with one waitlist entry for a patient.

To understand how WTIS-ALC data elements align to a site-to-site transfer scenario, see Case Study 10 - Site-to-Site Transfer, pg. 47. For clinical guidance, see Section 4 - Clinical Guidance - Site-to-Site Transfer, pg. 58.

Value of Collecting Data Element

This allows a continuous ALC wait time for a single patient regardless of the patient's movement within a facility (as long as the patient remains in the same inpatient bed type).

Discharge to Appropriate Level of Care Data Elements

Z – Actual Discharge Date

Definition: The calendar date when the patient is formally discharged from the facility or bed type in which they were designated ALC.

Value of Collecting Data Element

This data element is critical for the calculation of ALC wait times as it defines the end of the wait.

WTIS-ALC Data Elements Aligned to Clinical Scenarios

Even with a standardized Provincial ALC Definition, ALC clinical scenarios are varied and complex. This section describes 12 ALC case studies and, for each case, identifies key WTIS-ALC data elements to illustrate how they align to each scenario.

Notes

- If a data element has more than one entry in the table, this means that at some point during the patient's wait time journey, that data element was updated to reflect the most accurate and up-to-date information.
- Not all WTIS-ALC data elements are shown in each case study.

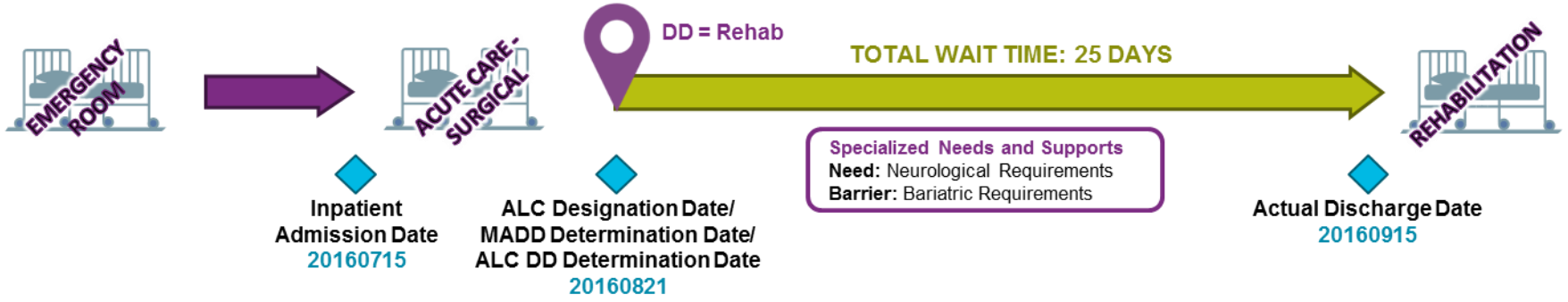
Case Study Index

1. Acute Care to Rehabilitation
2. Acute Care to Long-Term Care
3. Acute Care to Mental Health
4. Complex Continuing Care to Supervised or Assisted Living
5. Behavioural & Mental Health Requirements
6. Social Requirements
7. Infection Control and Neurological Requirements
8. Discharge Destination - Unknown
9. ALC Discontinuation Reason - Unplanned Repatriation
10. Site-to-Site Transfer
11. Bed Transfer to Continue ALC Wait
12. Patient Directly Discharged to Appropriate Destination

Case Study 1: Acute Care to Rehabilitation

CONNIE

- Connie is a 28-year-old female brought to the Emergency Room on July 15, 2016 with left leg cellulitis. On the same day, Connie is admitted to an Acute Care-Surgical unit for treatment.
- On August 21, 2016 Connie is designated ALC as she no longer requires the intensity of resources/services provided in Acute Care.
- The interprofessional team determines the Most Appropriate Discharge Destination (MADD) (Type/Detail) for Connie is Rehabilitation (Rehab) Bed - Neurological. On the same day, the interprofessional team, in consultation with Connie, recommend an ALC Discharge Destination (DD) (Type/Detail) consistent with the MADD of Rehab Bed - Neurological.
- Connie has Specialized Needs and Supports of Neurological Requirements and Bariatric Requirements. Neurological Requirements are not preventing discharge, however the Bariatric Requirements are preventing discharge because bariatric equipment is not available at the ALC DD.
- On September 15, 2016 bariatric equipment is installed at the ALC DD and Connie is discharged to Rehab Bed - Neurological.

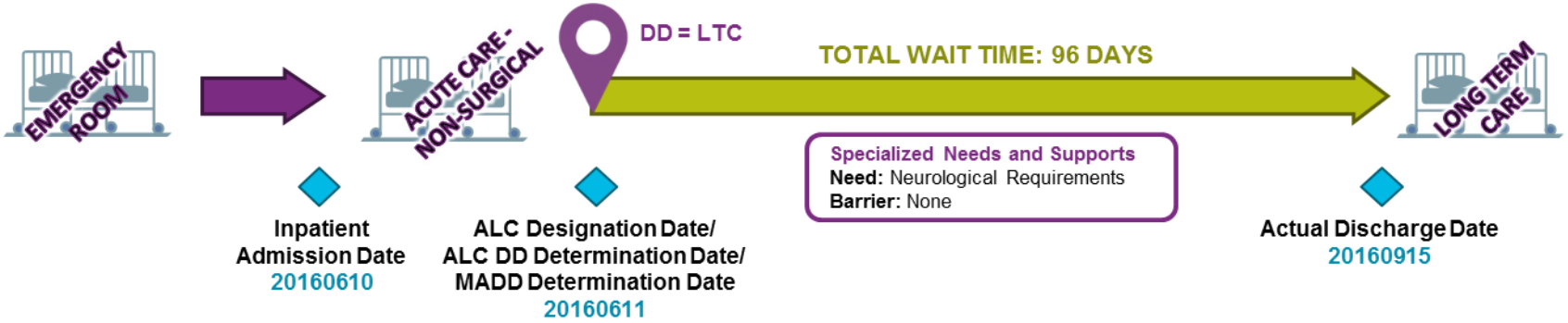


Inpatient Admission Date	Inpatient Admission Source	Inpatient Service	ALC Designation Date	MADD Type and Detail	MADD Determination Date	ALC DD Type and Detail	ALC DD Determination Date	Specialized Needs and Supports (Indicator)	Specialized Needs and Supports (SNS-Need or Barrier)	ALC Discontinuation Date	ALC Discontinuation Reason	ALC Re-designation Date	Transfer Date	Actual Discharge Date
20160715	Emergency Room	Acute Care Surgical	20160821	Rehab Bed - Neurological	20160821	Rehab Bed - Neurological	20160821	Yes	Neurological Requirements - Need Bariatric Requirements - Barrier	N/A	N/A	N/A	N/A	20160915

Case Study 2: Acute Care to Long-Term Care

FRANK

- Frank, an 82-year-old male with a known diagnosis of dementia is brought into the Emergency Room on June 10, 2016 after a fall; however he did not sustain any injuries. On the same day, Frank is admitted to an Acute Care-Non-Surgical unit.
- On June 11, 2016 Frank is designated ALC as he does not require the intensity of resources/services provided in Acute Care. On the same day, the interprofessional team determines that the MADD (Type/Detail) for Frank is Home - Home with CCAC Services but, in consultation with Frank, recommend an ALC DD (Type/Detail) of Long Term Care (LTC) Bed because he is not able to return home.
- Frank has Specialized Needs and Supports of Behavioural Requirements that are not preventing his discharge.
- On September 15, 2016 Frank is discharged to LTC.

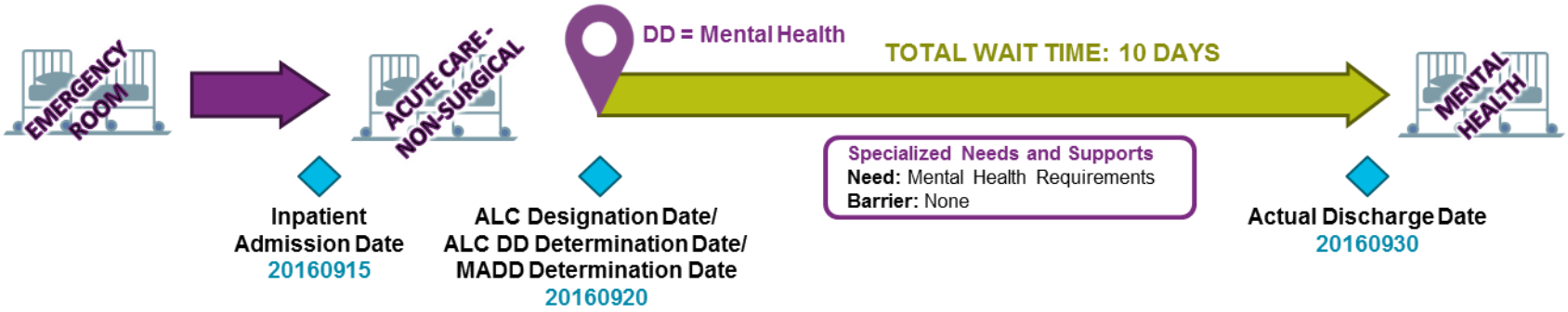


Inpatient Admission Date	Inpatient Admission Source	Inpatient Service	ALC Designation Date	MADD Type and Detail	MADD Determination Date	ALC DD Type and Detail	ALC DD Determination Date	Specialized Needs and Supports (Indicator)	Specialized Needs and Supports (SNS-Need or Barrier)	ALC Discontinuation Date	ALC Discontinuation Reason	ALC Re-designation Date	Transfer Date	Actual Discharge Date
20160610	Emergency Room	Acute Care Non-Surgical	20160611	Home – Home with CCAC Services	20160611	LTC Bed	20160611	Yes	Behavioural Requirements - Need	N/A	N/A	N/A	N/A	20160915

Case Study 3: Acute Care to Mental Health

JULIO

- Julio is a 35-year-old male brought to the Emergency Room on September 15, 2016 as a result of a drug overdose. On the same day, he is admitted to an Acute Care-Non-Surgical unit for treatment.
- On September 20, 2016 Julio is designated ALC as he no longer requires the intensity of resources/services in Acute Care. On the same day, the interprofessional team determines that the MADD (Type/Detail) for Julio is Mental Health Bed - Inpatient Psychiatric Services, and then, in consultation with Julio, recommends an ALC DD (Type/Detail) consistent with the MADD.
- Julio has Specialized Needs and Supports of Mental Health Requirements that are not preventing his discharge.
- Julio is discharged on September 30, 2016 to Mental Health Bed - Inpatient Psychiatric Services.

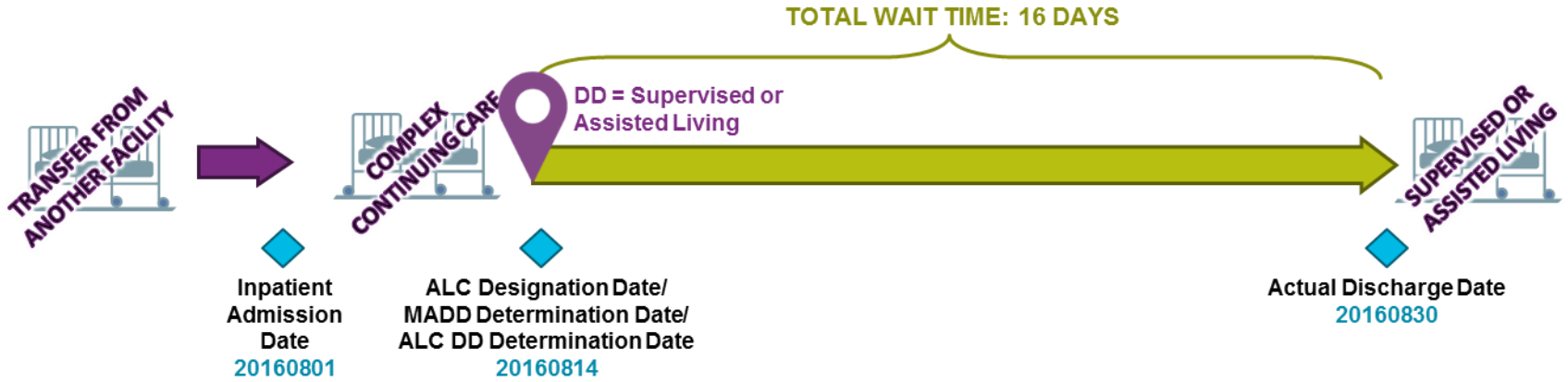


Inpatient Admission Date	Inpatient Admission Source	Inpatient Service	ALC Designation Date	MADD Type and Detail	MADD Determination Date	ALC DD Type and Detail	ALC DD Determination Date	Specialized Needs and Supports (Indicator)	Specialized Needs and Supports (SNS-Need or Barrier)	ALC Discontinuation Date	ALC Discontinuation Reason	ALC Re-designation Date	Transfer Date	Actual Discharge Date
20160915	Emergency Room	Acute Care Non-Surgical	20160920	Mental Health Bed - Inpatient Psychiatric Services	20160920	Mental Health Bed - Inpatient Psychiatric Services	20120920	Yes	Mental Health Requirements - Need	N/A	N/A	N/A	N/A	20160930

Case Study 4: CCC to Supervised or Assisted Living

BASHA

- Basha is an 88-year-old female transferred from Facility A to a Complex Continuing Care bed in Facility B on August 1, 2016.
- On August 14, 2016 Basha is designated ALC as she no longer requires the intensity of resources/services provided in Complex Continuing Care. On the same day, the interprofessional team determines that the MADD (Type/Detail) for Basha is Supervised or Assisted Living - Supportive Housing/Group Home/Assisted Living, and then on the same day recommends an ALC DD (Type/Detail) of Supervised or Assisted Living-Shelter, consistent with the MADD.
- Basha has no Specialized Needs and Supports.
- On August 30, 2016 Basha is discharged to Supervised or Assisted Living - Supportive Housing/Group Homes/Assisted Living.



Inpatient Admission Date	Inpatient Admission Source	Inpatient Service	ALC Designation Date	MADD Type and Detail	MADD Determination Date	ALC DD Type and Detail	ALC DD Determination Date	Specialized Needs and Supports (Indicator)	Specialized Needs and Supports (SNS-Need or Barrier)	ALC Discontinuation Date	ALC Discontinuation Reason	ALC Re-designation Date	Transfer Date	Actual Discharge Date
20160801	Transfer From Another Facility	Complex Continuing Care	20160814	Supervised or Assisted Living - Supportive Housing/ Group Home/ Assisted Living	20160814	Supervised or Assisted Living - Supportive Housing/ Group Home/ Assisted Living	20160814	No	N/A	N/A	N/A	N/A	N/A	20160830

Case Study 5: Behavioural and Mental Health Requirements

DAVID

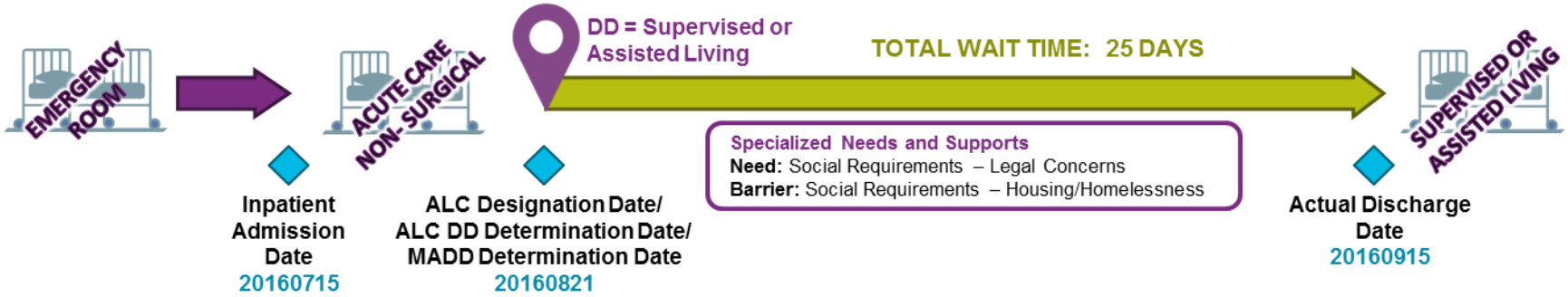
- David is a 67-year-old male brought into the Emergency Room with suicidal ideation on September 3, 2016. The next day on September 4, 2016, David is admitted to a Mental Health unit for treatment
- On October 1, 2016 David is designated ALC as he no longer requires the intensity of resources/services of Mental Health. At the same time, the interprofessional team determines that the MADD (Type/Detail) for David is Supervised or Assisted Living - Supportive Housing/Group Homes/Assisted Living. Later in the day, the interprofessional team, in consultation with David, recommends an ALC DD (Type/Detail) of Supervised or Assisted Living - Supportive Housing/Group Homes/Assisted Living, consistent with the MADD.
- David has Specialized Needs and Supports of Mental Health Requirements - Concurrent Disorders as a Need (not preventing discharge), and Behavioural Requirements - Aggressive Behaviours as a Barrier (preventing/delaying discharge).
- On November 11, 2016 David is discharged to Supervised or Assisted Living - Supportive Housing/Group Homes/Assisted Living

Inpatient Admission Date	Inpatient Admission Source	Inpatient Service	ALC Designation Date	MADD Type and Detail	MADD Determination Date	ALC DD Type and Detail	ALC DD Determination Date	Specialized Needs and Supports (Indicator)	Specialized Needs and Supports (SNS-Need or Barrier)	ALC Discontinuation Date	ALC Discontinuation Reason	ALC Re-designation Date	Transfer Date	Actual Discharge Date
20160915	Emergency Room	Acute Care Non-Surgical	20160920	Supervised or Assisted Living - Supportive Housing/Group Homes/ Assisted Living	20161001	Supervised or Assisted Living - Supportive Housing/ Group Homes/ Assisted Living	20161001	Yes	Mental Health Requirements - Need	N/A	N/A	N/A	N/A	20160930

Case Study 6: Social Requirements

JULIE

- Julie is a 28-year-old female brought to the Emergency Room on July 15, 2016 with left leg cellulitis and a fractured arm and then subsequently admitted to an Acute Care- Non-Surgical unit for treatment on the same day.
- On August 21, 2016 Julie is designated ALC as she no longer requires the intensity of resources/services provided in Acute Care. On the same day, the interprofessional team determines that the MADD (Type/Detail) for Julie is Supervised or Assisted Living – Shelter, and then, in consultation with Julie, recommends an ALC DD (Type/Detail) of Supervised or Assisted Living-Shelter, consistent with the MADD.
- Julie has Specialized Needs and Supports of Social Requirements - Legal Concerns that is not preventing discharge (Need). Julie also has Social Requirements - Housing/Homelessness that are preventing/delaying her discharge (Barrier) because Julie is currently insecurely housed having experienced domestic violence and is unable to return home.
- On September 15, 2016, Julie is able to find a placement in a local women's shelter and is discharged to Supervised or Assisted Living-Shelter.

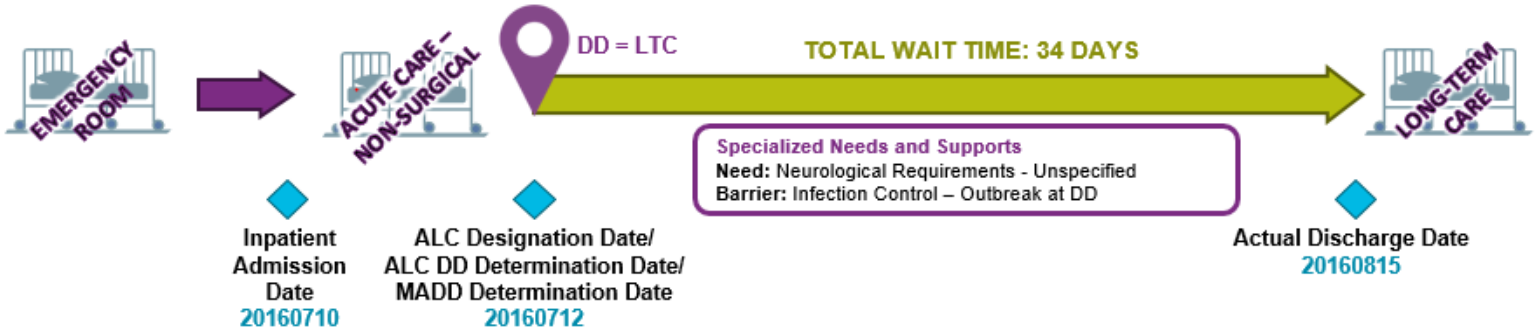


Inpatient Admission Date	Inpatient Admission Source	Inpatient Service	ALC Designation Date	MADD Type and Detail	MADD Determination Date	ALC DD Type and Detail	ALC DD Determination Date	Specialized Needs and Supports (Indicator)	Specialized Needs and Supports (SNS-Need or Barrier)	ALC Discontinuation Date	ALC Discontinuation Reason	ALC Re-designation Date	Transfer Date	Actual Discharge Date
20160715	Emergency Room	Acute Care - Non-Surgical	20160821	Supervised or Assisted Living - Shelter	20160821	Supervised or Assisted Living - Shelter	20160821	Yes	Social Requirements – Legal Concerns: Need Social Requirements – Housing/ Homelessness: Barrier	N/A	N/A	N/A	N/A	20160915

Case Study 7: Infection Control and Neurological Requirements

BERT

- Bert, an 82-year-old male with a known diagnosis of dementia, is brought into the Emergency Room on July 10, 2016 after a fall where injuries were sustained. On the same day, Bert is admitted to an Acute Care-Non-Surgical unit.
- On July 12, 2016 Bert is designated ALC as he does not require the intensity of resources/services provided in Acute Care. On the same day, the interprofessional team determines that the MADD (Type/Detail) for Bert is LTC Bed, and then in consultation with Bert, recommends an ALC DD (Type/Detail) of LTC which is consistent with the MADD.
- Bert has a Specialized Needs and Supports of Neurological Requirements - Unspecified that is not preventing his discharge (Need). Additionally, Bert has a Specialized Needs and Supports of 'Infection Control - Outbreak at the DD' which is delaying his discharge (Barrier) since there is an outbreak at the LTC home he is expected to be discharged to.
- On August 15, 2016 Bert is discharged to a LTC Bed.



Inpatient Admission Date	Inpatient Admission Source	Inpatient Service	ALC Designation Date	MADD Type and Detail	MADD Determination Date	ALC DD Type and Detail	ALC DD Determination Date	Specialized Needs and Supports (Indicator)	Specialized Needs and Supports (SNS-Need or Barrier)	ALC Discontinuation Date	ALC Discontinuation Reason	ALC Re-designation Date	Transfer Date	Actual Discharge Date
20160710	Emergency Room	Acute Care – Non-Surgical	20160712	LTC Bed	20160712	LTC Bed	20160712	Yes	Neurological Requirements – Unspecified: Need Infection Control – Outbreak at DD: Barrier	N/A	N/A	N/A	N/A	20160815

Case Study 8: ALC Discharge Destination – Unknown

LORNE

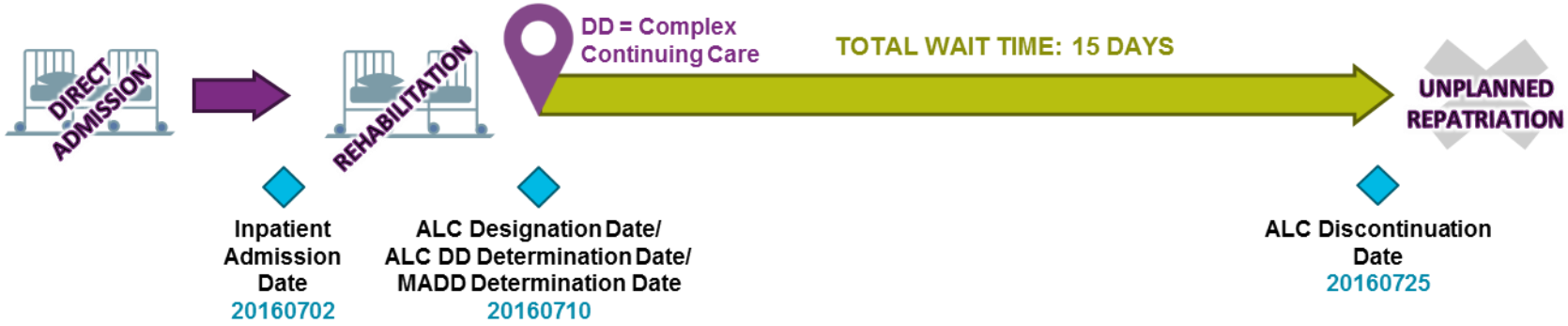
- Lorne is a 60-year-old male who was transferred from Facility A to a rehab unit at Facility B on July 1, 2016.
- On August 1, 2016 Lorne is designated ALC as he no longer requires the intensity of resources/services provided in Rehab.
- On the same date, the interprofessional team determines that the MADD (Type/Detail) for Lorne is 'Supervised or Assisted Living - Retirement Home'. As Lorne does not have the financial means for a retirement home, there is no known ALC DD (Type/Detail) at the time of ALC designation, so the team selects the DD of 'Unknown'.
- On August 10, 2016 the interprofessional team, in consultation with Lorne, recommends an ALC DD (Type/Detail) of 'LTC'.
- Lorne has no Specialized Needs and Supports.
- On September 25, 2016 Lorne is discharged to LTC.

Inpatient Admission Date	Inpatient Admission Source	Inpatient Service	ALC Designation Date	MADD Type and Detail	MADD Determination Date	ALC DD Type and Detail	ALC DD Determination Date	Specialized Needs and Supports (Indicator)	Specialized Needs and Supports (SNS-Need or Barrier)	ALC Discontinuation Date	ALC Discontinuation Reason	ALC Re-designation Date	Transfer Date	Actual Discharge Date
20160701	Transfer From Another Facility	Rehab	20160801	Supervised or Assisted Living - Retirement Home	20160801	Unknown	20160801	Yes	Financial Requirements-Barrier	N/A	N/A	N/A	N/A	20160925
						LTC Bed	20160810	No	N/A					

Case Study 9: ALC Discontinuation Reason - Unplanned Repatriation

RICHARD

- Richard is a 94-year-old male who is directly admitted to a Rehab unit on July 2, 2016.
- On July 10, 2016 Richard is designated ALC as he no longer requires the intensity of resources/services provided in Rehab. On the same day, the interprofessional team determines that the MADD (Type/Detail) for Richard is 'Complex Continuing Care Bed', and then, in consultation with Richard, recommends an ALC Discharge Destination (Type/Detail) consistent with the MADD.
- Richard has no Specialized Needs and Supports
- On July 25, 2016 Richard is unexpectedly transferred back to his community hospital to be closer to his family which is a separate facility from where he is currently receiving care to continue his wait for Complex Continuing Care in a Rehab Bed. Thus, his ALC Designation is Discontinued.
- The ALC Discontinuation Date is documented with the ALC Discontinuation Reason of 'Unplanned Repatriation'.

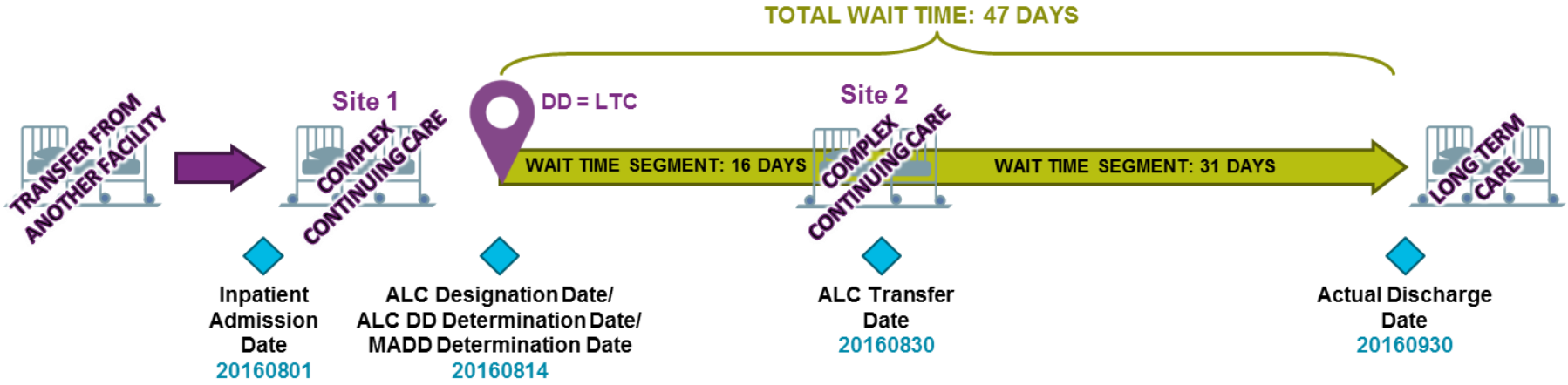


Inpatient Admission Date	Inpatient Admission Source	Inpatient Service	ALC Designation Date	MADD Type and Detail	MADD Determination Date	ALC DD Type and Detail	ALC DD Determination Date	Specialized Needs and Supports (Indicator)	Specialized Needs and Supports (SNS-Need or Barrier)	ALC Discontinuation Date	ALC Discontinuation Reason	ALC Re-designation Date	Transfer Date	Actual Discharge Date
20160702	Direct Admission	Rehab	20160710	Complex Continuing Care Bed	20160710	Complex Continuing Care Bed	20160710	No	N/A	20160725	Unplanned Repatriation	N/A	N/A	N/A

Case Study 10: Site-to-Site Transfer

VINCENT

- Vincent is an 88-year-old male transferred from Facility A to a Complex Continuing Care bed at Facility B on August 1, 2016.
- On August 14, 2016 Vincent is designated ALC as he no longer requires the intensity of resources/services provided in Complex Continuing Care. On August 14, 2016 the interprofessional team determines that the MADD (Type/Detail) for Vincent is 'LTC Bed', and then, in consultation with Vincent, recommends an ALC DD (Type/Detail) of 'LTC Bed', consistent with the MADD.
- Vincent has no Specialized Needs and Supports
- On August 30, 2016 Vincent is moved from the Complex Continuing Care bed in Facility A/Site 1 to the same bed type (i.e. Complex Continuing Care) in Facility A/Site 2 to continue his wait for a LTC Bed closer to his home. The Transfer Date and change in site is captured in the WTIS (i.e. a Site to Site Transfer has occurred).
- On September 30, 2016 Vincent is discharged to LTC Bed.

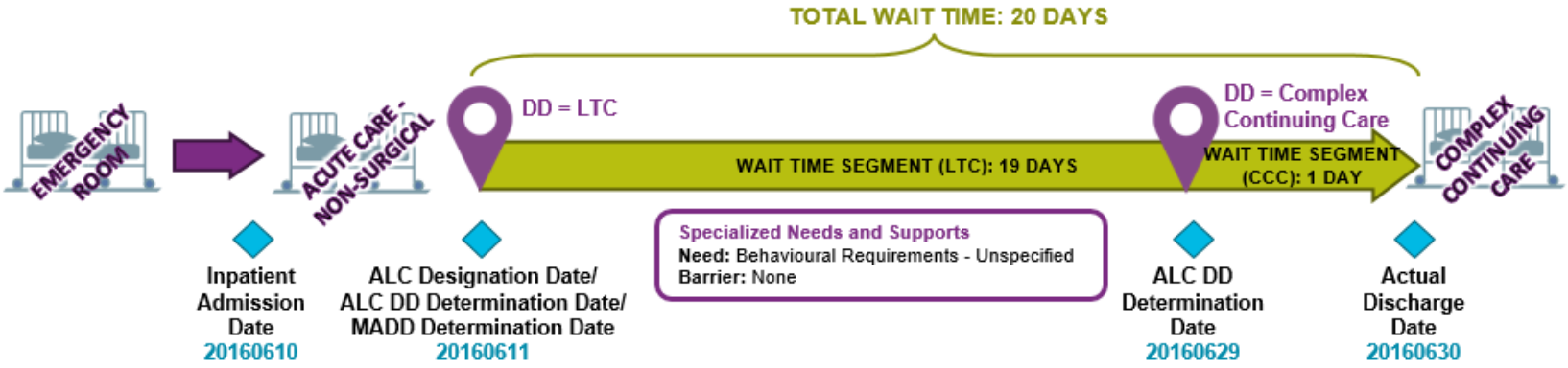


Inpatient Admission Date	Inpatient Admission Source	Inpatient Service	ALC Designation Date	MADD Type and Detail	MADD Determination Date	ALC DD Type and Detail	ALC DD Determination Date	Specialized Needs and Supports (Indicator)	Specialized Needs and Supports (SNS-Need or Barrier)	ALC Discontinuation Date	ALC Discontinuation Reason	ALC Re-designation Date	Transfer Date	Actual Discharge Date
20160801	Transfer from Another Facility	Complex Continuing Care	20160814	LTC Bed	20160814	LTC Bed	20160814	No	N/A	N/A	N/A	N/A	20160830	20160930

Case Study 11: Bed Transfer to Continue ALC Wait

FRANK

- Frank, an 82-year-old male with a known diagnosis of dementia, is brought into the Emergency Room on June 10, 2012 after a fall; however, he did not sustain any injuries
- On June 10, 2016 Frank is admitted to an Acute Care-Non-Surgical unit
- On June 11, 2016 Frank is designated ALC as he does not require the intensity of resources/services provided in Acute Care
- The interprofessional team determines that the MADD (Type/Detail) is LTC Bed
- On June 11, 2016 the interprofessional team, in consultation with Frank, recommend an ALC DD (Type/Detail) of LTC Bed consistent with the MADD
- Frank has Specialized Needs and Supports of Behavioural Requirements - Unspecified as a Need as they are not preventing his discharge
- On June 29, 2016, due to bed flow management reasons, it was decided to move Frank to a Complex Continuing Care bed within the same facility to continue his wait for LTC, and Frank's ALC DD was changed to Complex Continuing Care bed to reflect this.
- On June 30, 2016, Frank was discharged to the Complex Continuing Care bed.
- On the same day, Frank was designated ALC and a new waitlist entry was created for him to continue his wait for LTC (not shown below).

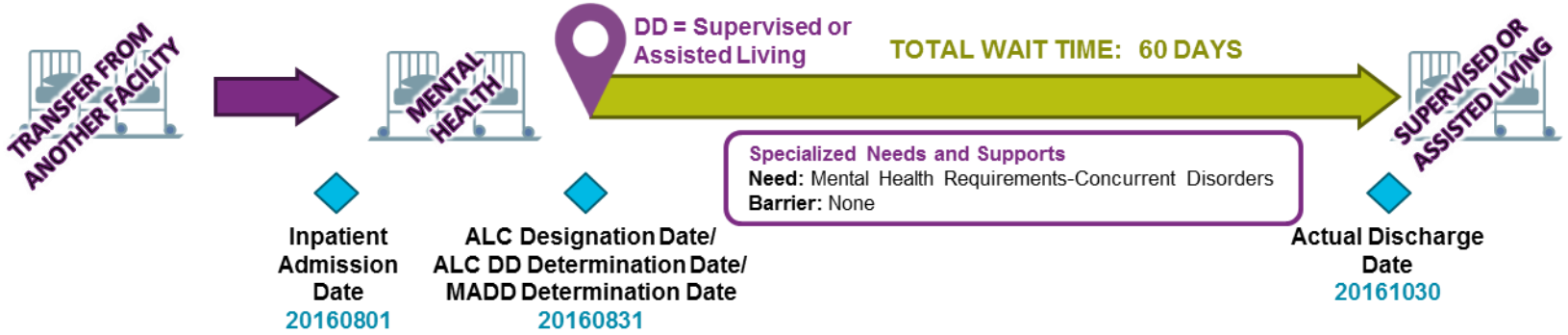


Inpatient Admission Date	Inpatient Admission Source	Inpatient Service	ALC Designation Date	MADD Type and Detail	MADD Determination Date	ALC DD Type and Detail	ALC DD Determination Date	Specialized Needs and Supports (Indicator)	Specialized Needs and Supports (SNS-Need or Barrier)	ALC Discontinuation Date	ALC Discontinuation Reason	ALC Re-designation Date	Transfer Date	Actual Discharge Date
20160610	Emergency Room	Acute Care Non-Surgical	20160611	LTC Bed	20160611	LTC Bed	20160611	Yes	Behavioural Requirements - Unspecified: Need	N/A	N/A	N/A	N/A	20160930
						Complex Continuing Care Bed	20160629							

Case Study 12: Patient Directly Discharged to Appropriate Destination

SHEILA

- Sheila is an 26-year-old female transferred from another facility to a Mental Health facility, into a Mental Health bed on August 1, 2016
- On August 31, 2016 Sheila is designated ALC as she no longer requires the intensity of resources/services provided in Mental Health
- The interprofessional team determines that the MADD (Type/Detail) is Supervised or Assisted Living-Supportive Housing/Group Home/Assisted Living
- On August 31, 2016 the interprofessional team, in consultation with Sheila, recommend an ALC DD (Type/Detail) consistent with the MADD of Supervised or Assisted Living-Supportive Housing/Group Home/Assisted Living
- Sheila has Specialized Needs and Supports of Mental Health Requirements-Concurrent Disorders as a Need since it is not preventing her discharge
- On October 30, 2016 Sheila is discharged to Supervised or Assisted Living-Supportive Housing/Group Homes/Assisted Living



Inpatient Admission Date	Inpatient Admission Source	Inpatient Service	ALC Designation Date	MADD Type and Detail	MADD Determination Date	ALC DD Type and Detail	ALC DD Determination Date	Specialized Needs and Supports (Indicator)	Specialized Needs and Supports (SNS-Need or Barrier)	ALC Discontinuation Date	ALC Discontinuation Reason	ALC Re-designation Date	Transfer Date	Actual Discharge Date
20160801	Transfer From Another Facility	Mental Health	20160831	Supervised or Assisted Living - Supportive Housing/ Group Home/ Assisted Living	20160831	Supervised or Assisted Living - Supportive Housing/ Group Home/ Assisted Living	20160831	Yes	Mental Health Requirements-Concurrent Disorders: Need	N/A	N/A	N/A	N/A	20161030

4 – Clinical Guidance

Through definitions, guiding principles, flow diagrams, clinical scenarios and case studies, this section provides clinical guidance to aid in your understanding of the nuances of ALC such as; when a patient does or does not meet the Provincial ALC Definition and how a patient's ALC information should be captured in the WTIS to align with clinical best practices.

Designating a Patient as Requiring an Alternate Level of Care

Not all patients who occupy a hospital bed will become designated ALC. This designation is given to a unique subset of patients who fit within the parameters of the ALC definition (provided in full below). This definition applies strictly to situations where a patient is both an inpatient in a hospital bed and does not require the level of care (resources or services) currently being provided. Patients who are able to be successfully discharged when their care is determined to be over may never be designated ALC.

Provincial ALC Definition Recap

Provincial ALC Definition: When a patient is occupying a bed in a hospital and does not require the intensity of resources/services provided in this care setting (Acute, Complex Continuing Care [CCC], Mental Health or Rehabilitation [Rehab]), the patient must be designated ALC[1] at that time by the physician or her/his delegate. The ALC wait period starts at the time of designation and ends at the time of discharge/transfer to a discharge destination[2] (or when the patient's needs or condition changes and the designation of ALC no longer applies).

Note 1: The patient's care goals have been met; or progress has reached a plateau; or the patient has reached her/his potential in that program/level of care; or an admission occurs for supportive care because the services are not accessible in the community (e.g., "social admission"). This will be determined by a physician/ delegate, in collaboration with an interprofessional team, when available.

Note 2: Discharge/transfer destinations may include, but are not limited to: home (with/without services/programs); rehabilitation (facility/bed, internal or external); complex continuing care (facility/bed, internal or external); transitional care bed (internal or external); Long-Term Care home; group home; convalescent care beds; palliative care beds; retirement home; shelter; and supportive housing. This will be determined by a physician/delegate, in collaboration with an interprofessional team, when available.

Final Note: The definition does not apply to patients waiting at home; or waiting in an acute care bed/service for another acute care bed/service (e.g. surgical bed to a medical bed); or waiting in a tertiary acute care hospital bed for transfer to a non-tertiary acute care hospital bed (e.g. repatriation to community hospital).

The Provincial ALC Definition **does not apply to** patients:

- Waiting for another bed within the same level of care (i.e., Acute to Acute, CCC to CCC, Mental Health to Mental Health, and Rehab to Rehab)
- Waiting for Acute Care
- Waiting at home; or waiting in a tertiary acute care hospital bed for transfer to a non-tertiary acute care hospital bed (e.g., repatriation to a community hospital).

Designating a patient as ALC **is independent of**:

- The patient's final Discharge Destination or Most Appropriate Discharge Destination being determined or available at the time.
- The patient meeting the eligibility criteria for the desired/recommended Discharge Destination
- Agreement from the patient/family on the ALC designation.

It is important to designate a patient as ALC when they no longer require the level of resources/services provided in their current care setting. This will allow for the capture of data to further understand the care needs of patients and the resource required in the community. This in turn, will allow for informed funding decisions to improve patient flow and support patients in receiving care in the appropriate setting.

Guidance for Designating a Patient ALC in the WTIS

Two Business Day Rule

To ensure accurate and timely ALC data in the WTIS, information must be entered/updated in the system **within two business days** of the event happening/the information becoming available. This applies to:

- Opening a new ALC waitlist entry when a patient meets the definition of ALC
- Entering new information into a patient's existing ALC waitlist entry (e.g., a Most Appropriate Discharge Destination (MADD))
- Updating existing information in a patient's waitlist entry (e.g., updating ALC Discharge Destination).

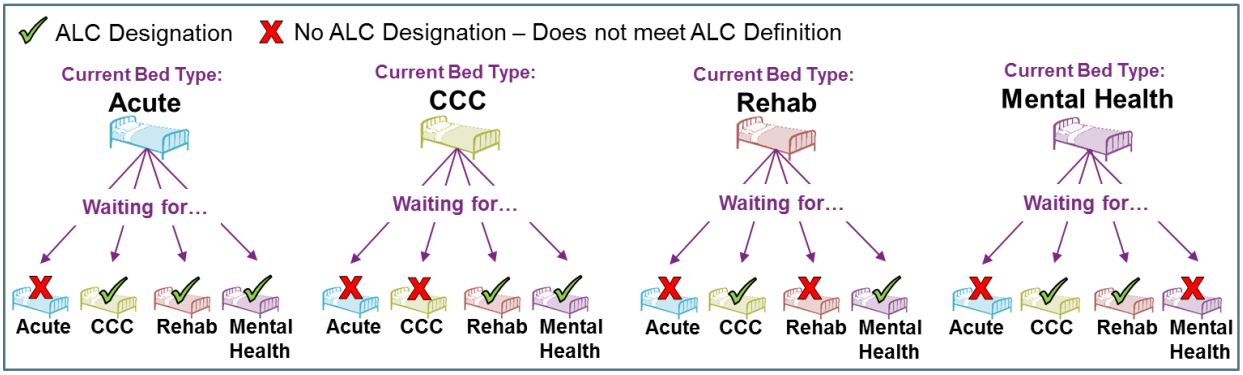
It is a requirement to keep ALC waitlist entries up-to-date and accurate at all times because the information is used to calculate 'near-real time' reporting and waitlist management. It is essential a facility's ALC waitlist truly reflects who is currently waiting for discharge, how long they have been waiting, and for which ALC Discharge Destination.

Guidance for Assigning Discharge Destinations

A patient's **Most Appropriate Discharge Destination (MADD)** refers to the location determined by the physician or delegate, in collaboration with an interprofessional team (when available), as to **where a patient should be discharged or transferred to** based on the care needs of the patient, irrespective of whether or not the discharge destination is available, accessible and/or exists within the community.

A patient's **ALC Discharge Destination** refers to the location determined by the physician or delegate in collaboration with an interprofessional team (when available), as to **where a patient is to be discharged or transferred to.**

The Provincial ALC Definition **does not apply to** patients who are waiting for a Discharge Destination within the same level of care or waiting for transfer to Acute Care. The following diagram illustrates this:



A Discharge Destination and MADD is **mandatory.** Within an ALC waitlist entry, there should not be a period of time where a MADD or a Discharge Destination are not identified for the patient. Thus, the first/earliest MADD and Discharge Destination Determination Dates in a waitlist entry should align with the ALC Designation Date. If there is a period of time where MADD or Discharge Destination are not known, please reflect this by identifying Unknown as the MADD or Discharge Destination with the appropriate Determination Dates.

Most Appropriate Discharge Destination (MADD)

- A patient's MADD is based on the care needs of the patient and **does not depend on** availability, eligibility, or approval of a discharge destination. Therefore, the destination of Unknown is not applicable for a patient's MADD.
- A patient's MADD may or may not be the same as their ALC Discharge Destination. A patient's MADD is based on the patient's clinical needs; the availability, accessibility, and eligibility of the patient in relation to their MADD results in the determination of their actual Discharge Destination. For more information about these data elements, see Section 3 - WTIS-ALC Data Elements, Determining Appropriate Level of Care, pg. 25.

Clinical Scenarios: When a patient's MADD is not the same as their Discharge Destination

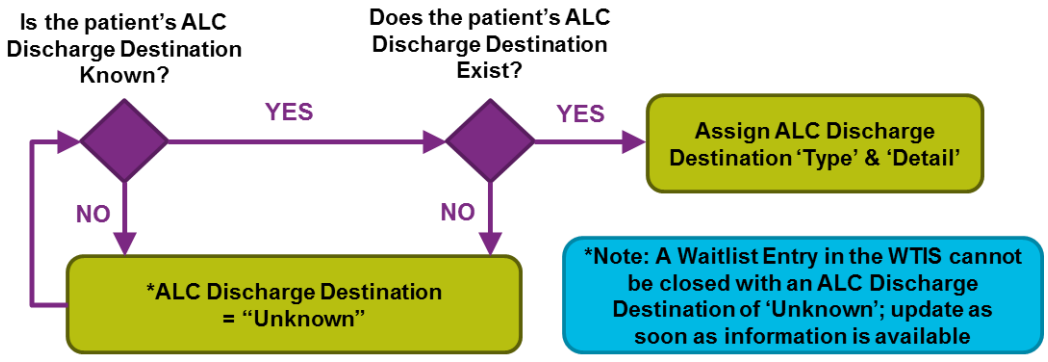
Limited financial resources	The decision is made by the physician or delegate in collaboration with an interprofessional team to designate the patient ALC as the patient no longer requires the intensity of resources/services provided in the current care setting. The patient is designated ALC with a MADD of Supervised or Assisted Living - Retirement Home. However, the patient does not have the financial resources to reside in a Retirement Home. As a result, the ALC DD is Home - Home with CCAC Services. **Reported in the WTIS:** ✓ ALC Designation: YES ✓ MADD: Supervised or Assisted Living - Retirement Home ✓ ALC Discharge Destination: Home - Home with CCAC Services

Service not available in community	The decision is made by the physician or delegate in collaboration with an interprofessional team to designate the patient ALC as the patient no longer requires the intensity of resources/services provided in the current care setting – Intensive/Critical Care. The patient is designated ALC with a MADD of Palliative Care Bed - Residential Hospice Care. However, there are no residential hospices available in the patient's community. As a result, the patient is waiting for a Palliative Care Bed within a hospital and the ALC DD is Palliative Care Bed - Palliative Hospital Placement. **Reported in the WTIS:** ✓ ALC Designation: YES ✓ MADD: Palliative Care Bed - Residential Hospice Care ✓ ALC Discharge Destination: Palliative Care Bed - Palliative Hospital Placement

Unknown ALC Discharge Destination

- If the ALC Discharge Destination is **not known or does not exist** at the time of ALC Designation, a waitlist entry should still be opened in the WTIS with the ALC Discharge Destination Type selected as Unknown.
- ALC Discharge Destination = Unknown is intended to be temporary for circumstances in which the ALC Discharge Destination is not immediately known.
    - Once the interprofessional team and the patient have agreed to an ALC Discharge Destination, the waitlist entry should be updated in the WTIS to reflect the ALC Discharge Destination Type and Detail.
    - The patient does not have to be accepted to the destination or approved by the receiving organization in order to update the ALC Discharge Destination. In the event the patient's application is declined or the discharge plan changes, the waitlist entry should be updated to reflect the new Discharge Destination Type and Detail.
- ALC Discharge Destination = Unknown can be used at any point during a patient's ALC designation as required (i.e., selecting Unknown is ***not*** limited to being used only upon opening a waitlist entry)
- ALC Discharge Destination = Unknown is **not applicable** for the MADD of a patient

Flow Diagram for ALC Discharge Destination = Unknown



WTIS Data Collection Rules

- When Unknown is selected as an ALC Discharge Destination, the corresponding date field must be provided.
- An ALC waitlist entry cannot be closed until the ALC Discharge Destination has been updated to a destination other than Unknown, except in situations where the ALC waitlist entry has been discontinued.
- ALC Discharge Destination can be updated at any point during a patient's wait (as determined by the physician or delegate and interprofessional team).

Clinical Scenario: Use of Unknown for ALC Discharge Destination

Service does not exist in the community	The decision is made by the physician or delegate in collaboration with an interprofessional team to designate the patient ALC as the patient no longer requires the intensity of resources/services provided in the current care setting – Acute Care bed. The patient is designated ALC awaiting an ALC Discharge Destination of Palliative Care Bed - Residential Hospice Care. Hospice Care currently does not exist in the patient's community. **Reported in the WTIS:** ✓ ALC Designation: YES ✓ MADD: Palliative Care Bed - Residential Hospice Care ✓ ALC Discharge Destination: Unknown

Long-Term Care

Long-Term Care is a designated bed-type providing care to meet both the medical and non-medical needs of people with chronic illnesses or disabilities who require care that is not available in the community.

- A patient **does not have to be eligible** for Long-Term Care to be assigned the MADD or ALC Discharge Destination of Long-Term Care. As soon as a patient's MADD or ALC Discharge Destination are known, the destination in the waitlist entry must be updated to that destination, regardless of the likelihood of final discharge to that destination.
- In the event that the patient is not eligible for Long-Term Care or the discharge plan changes, the ALC waitlist entry should be updated to reflect the new Discharge Destination.

Clinical Scenario: Long-Term Care Bed

Waiting for Long-Term Care with No CCAC Referral	The decision is made by the physician or delegate in collaboration with an interprofessional team to designate the patient ALC as the patient no longer requires the intensity of resources/services provided in the current care setting - Acute Care. The patient is designated ALC awaiting for an ALC Discharge Destination of Long-Term Care Bed. A referral has not yet

	been submitted to the local Community Care Access Centre (CCAC) for eligibility determination. **Reported in the WTIS:** ✓ ALC Designation: YES ✓ MADD: Long-Term Care Bed ✓ ALC Discharge Destination: Long-Term Care Bed

Palliative Care

Palliative Care is the provision of medical or comfort care to support end-of-life planning to reduce the severity of a disease or slow its progress. The focus is on quality of life measures rather than providing a cure.

- **Palliative Hospital Placement:** Palliative care delivered within a hospital environment
- **Residential Hospice Care:** Specialized residential care for patients who are palliative.

- Hospitals across Ontario offer palliative care services/programs in a variety of different care settings such as Acute Care and CCC. There are also residential hospices and community services.

Clinical Scenarios: Palliative Care

Acute → Palliative Hospital Placement on CCC Unit	The decision is made by the physician or delegate in collaboration with an interprofessional team to designate the patient ALC as the patient no longer requires the intensity of resources/services provided in the current care setting – Acute Care. The patient is designated ALC awaiting an ALC Discharge Destination of Palliative Care Bed - Palliative Hospital Placement. A referral is made to a neighbouring hospital's palliative care unit, which is located in Complex Continuing Care. **Reported in the WTIS:** ✓ ALC Designation: YES ✓ MADD: Palliative Care Bed-Palliative Hospital Placement ✓ ALC Discharge Destination: Palliative Care Bed - Palliative Hospital Placement
No palliative services available in the community	A patient in a rural community is in an acute care bed in the local hospital has a palliative diagnosis. The decision is made by the physician or delegate in collaboration with an interprofessional team to designate the patient ALC as the patient no longer requires the intensity of resources/services provided in the current care setting, as the patient's pain and comfort measures could be managed in Residential Hospice Care. Unfortunately, palliative care services are not available in the community or at another local facility and the patient is remaining in an acute care bed. The patient is designated ALC awaiting an ALC Discharge Destination of Unknown. **Reported in the WTIS:** ✓ ALC Designation: YES ✓ MADD: Palliative Care Bed-Residential Hospice Care ✓ ALC Discharge Destination: Unknown

Home with CCAC Services	A patient has been a long-term resident of a CCC unit. The patient and family have decided to discontinue all other medical treatments except for comfort measures and pain management. The decision is made by the physician or delegate in collaboration with an interprofessional team to designate the patient ALC as the patient no longer requires the intensity of resources/services provided in the current care setting. The patient is designated ALC awaiting an ALC Discharge Destination of Home - Home with CCAC Services and an application is made to the CCAC for services to be put in place. **Reported in the WTIS:** ✓ ALC Designation: YES ✓ MADD: Home – Home with CCAC Services ✓ ALC Discharge Destination: Home – Home with CCAC Services
CCC → Palliative Care Bed on CCC Unit	A patient has been a long-term resident of a CCC unit. The patient's condition has been declining. The decision is made by the patient and interprofessional team to transfer her to one of the dedicated palliative care beds in the CCC unit once it becomes available. **Reported in the WTIS:** × ALC Designation: NO. The ALC definition does not apply to a transfer from one CCC bed to another CCC bed. Therefore, the patient is not designated ALC.

Specialized Needs and Supports Guidance

Specialized Needs and Supports (SNS) are the specialized care needs/supports of the patient required at the ALC Discharge Destination. In the WTIS, SNS are identified as either a Need or a Barrier, depending on whether or not the SNS is delaying or preventing discharge to the ALC Discharge Destination.

SNS as a Need: When the specialized needs and supports of the patient are not preventing or are not known to be delaying discharge to the ALC Discharge Destination.

SNS as a Barrier: When the specialized care needs and/or supports of the patient are delaying discharge to the ALC Discharge Destination.

- A patient can have more than one SNS reported in the WTIS. It is important all SNSs required by the patient are identified to highlight specific barriers that exist within the healthcare system that delay or prevent patients from transitioning to appropriate levels of care.

WTIS Data Collection Rules

- SNS must be entered into the WTIS **within 2 business days** from the time they are identified by the interprofessional team.
- In the WTIS, SNS information is reported via two data elements:
  - **SNS Indicator:** Identifies if the patient has any specialized care needs or supports (yes or no).
  - **SNS (as a Need and/or Barrier):** Identifies the individual specialized needs and

supports as a Need or Barrier.

- The WTIS supports the capture of **multiple SNS**. It is **mandatory** that all applicable SNS of the patient are reported in the WTIS.
- SNS should be reviewed and updated in the WTIS based on the changing care needs/supports of the patient.

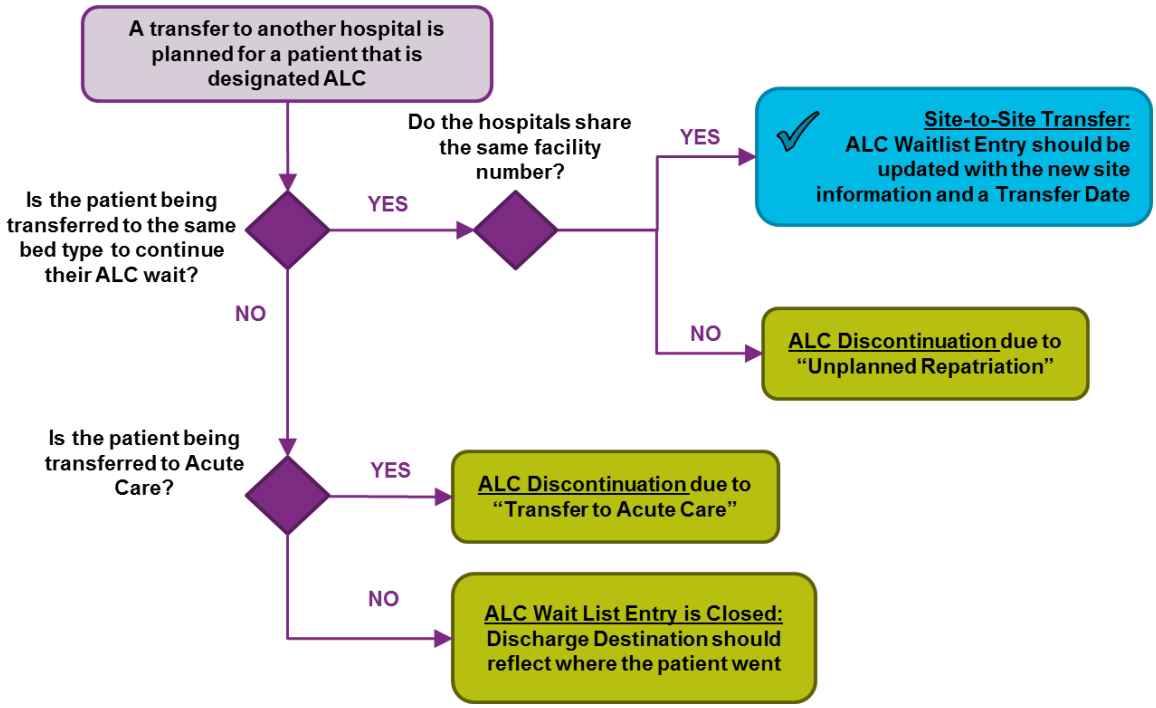
Site-to-Site Transfers Guidance

A **Site-to-Site Transfer** occurs when a patient from the same inpatient bed type at one site is moved to the same inpatient bed type at another site **within a multisite facility**. A Site-to-Site Transfer takes place in the WTIS when the data element 'Site' is updated to a new site within a multi-site facility and a corresponding Transfer Date is selected.

Transfer Date: The calendar date when a patient is moved from the same inpatient bed type at one site to the same inpatient bed type at another site within the same multisite facility (i.e., the date the Site-to-Site transfer took place).

- Multi-site facilities may transfer a patient between sites within the same facility while keeping their ALC designation open **only if transferring between the same inpatient bed types**.
- When a Site-to-Site Transfer occurs for a patient designated ALC, the **patient's ALC wait time continues** and wait segments are attributed to each specific site. This will allow for continuous wait times to be associated with one waitlist entry for a patient designated ALC moving from one bed to another of the same inpatient bed type between sites within the same multi-site facility.
- Site-to-Site Transfers can replace ALC Discontinuation Reason = Unplanned Repatriation for multi-site facilities when patients are moved between sites.
- When a patient is moved between hospitals/facilities, the ALC designation is Discontinued Due to Unplanned Repatriation

Flow Diagram for Site-to-Site Transfers



WTIS Data Collection Rules

- Site-to-Site Transfers are not identified by a stand-alone data element, but instead are reflected through two data elements: Site and Transfer Date.

Clinical Scenarios: Site-to-Site Transfers

Transfer to the same bed type within the same multi-site facility	A patient designated as requiring an alternate level of care is in a Mental Health bed at one site of a multi-site facility. The patient is scheduled to be moved to a Mental Health bed at another site within the same multi-site facility for bed flow management reasons. **Reported in the WTIS:** ✓ Site-to-Site Transfer occurs ✓ Change in Site corresponds to a multi-site facility ✓ Transfer Date entered
Transfer from one facility to another	A patient designated as requiring an alternate level of care is in a Rehab bed at a single-site facility and has requested to be transferred to a hospital closer to their home where the patient will continue to wait in a Rehab bed. **Reported in the WTIS:** × No. Site-to-Site Transfer did not occur ✓ ALC Discontinuation due to "Unplanned Repatriation"

Transfer to a different bed type within the same facility	A patient designated as requiring an alternate level of care is in a CCC bed at a multi-site facility and will be transferred to a Rehab bed at another site within the same multi-site facility for bed flow management reasons. **Reported in the WTIS:** ✗ No. Site-to-Site Transfer did not occur ✗ No. ALC Discontinuation Reason of Unplanned Repatriation ✓ Patient 'ALC Discharge Destination' changed to 'Rehab' and Patient's waitlist entry is closed.

Discontinuing an ALC Designation Guidance

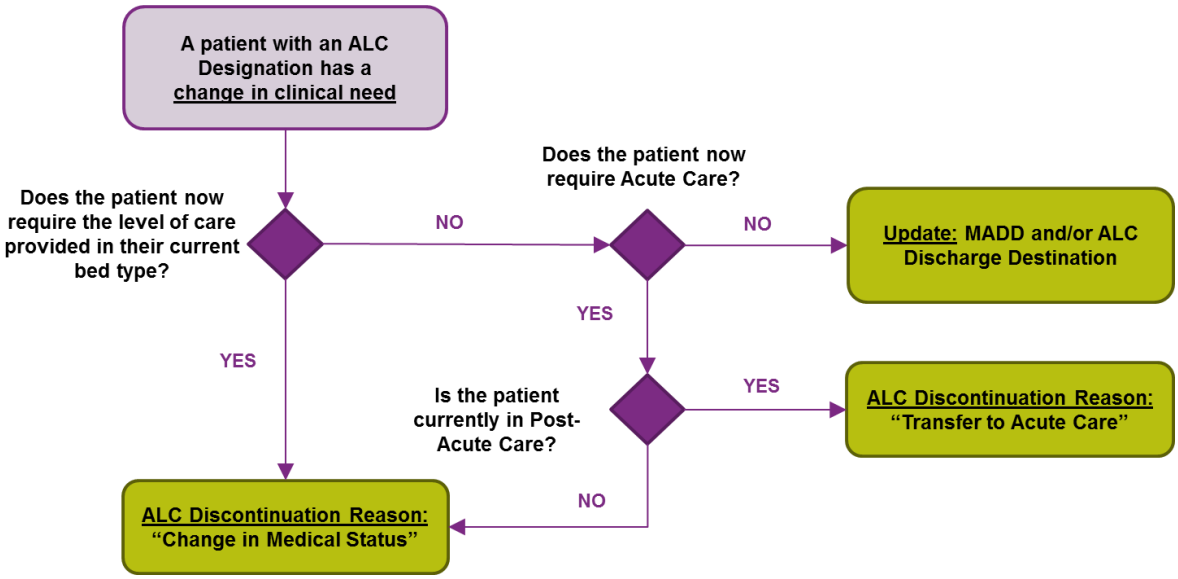
A patient's **ALC Designation is Discontinued** when the patient's needs or condition changes and the designation of ALC no longer applies. This results in the closure (i.e., discontinuation) of the patient's ALC waitlist entry. The associated **ALC Discontinuation Reason** is the specific reason the ALC designation is discontinued. There are seven ALC Discontinuation Reasons:

1. Change in Destination Invalidates ALC Designation.
2. Change in Medical Status.
3. Data Entry Error.
4. Death.
5. Discharge Against Medical Advice.
6. Transfer to Acute Care.
7. Unplanned Repatriation

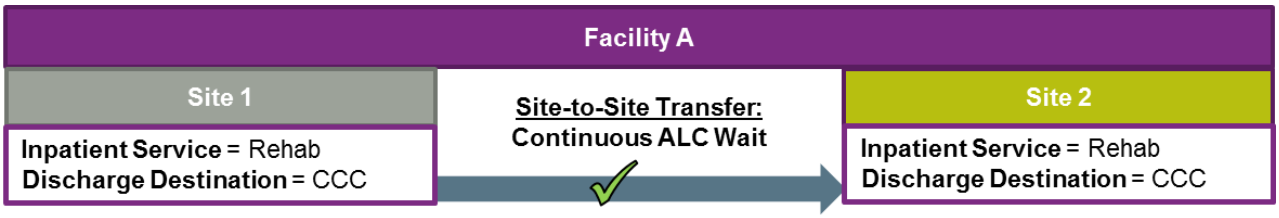
- A patient's ALC waitlist entry is discontinued when the Provincial ALC Definition no longer applies to the patient.
- When a waitlist entry is discontinued due to a "**Change in Medical Status"**, it is possible to re-open the waitlist entry if the patient is re-designated ALC within 40 business days of the Discontinuation Date.

Note: "Change in Medical Status" is the only ALC Discontinuation Reason that allows a waitlist entry to be re-opened. The remaining six reasons permanently close a waitlist entry.

Flow Diagram: Transfer to Acute Care vs. Change in Medical Status



Unplanned Repatriation vs. Site-to-Site Transfer



Unplanned Repatriation

Clinical Scenarios: ALC Discontinuation Reasons

Change in Destination Invalidates ALC Designation	A patient in a Mental Health bed no longer requires the intensity of services/care provided in their current care setting. The decision is made by the physician or delegate in collaboration with an interprofessional team to designate the patient ALC awaiting an ALC Discharge Destination of Home with CCAC Services. One month later, the patient's condition changes and it is determined the patient now needs a different type of Mental Health Bed - Inpatient Detoxification Services. The patient's ALC designation is discontinued as she is ALC waiting in a Mental Health bed for a Mental Health bed, which contradicts the Provincial ALC Definition. **Reported in the WTIS:** ✓ ALC Discontinuation Reason: Change in Destination Invalidates ALC Designation
Change in Medical Status	A patient is in an Acute Care bed and the decision is made by the physician or delegate in collaboration with an interprofessional team to designate the patient ALC as the patient no longer requires the intensity of resources/services provided in the current care setting. The patient is designated ALC awaiting an ALC Discharge Destination of Home - Home with CCAC. A week later, while waiting for CCAC services, the patient develops serious pneumonia requiring IV antibiotics and oxygen therapy. The patient's ALC designation is discontinued because he now requires the intensity of resources/services provided in the Acute Care setting. The patient is treated in the same Acute Care setting and a week later he has stabilized, and is re-designated ALC. **Reported in the WTIS:** ✓ ALC Discontinuation Reason: Change in Medical Status
Data Entry Error	A patient is in a Rehab bed and the decision is made by the physician or delegate in collaboration with an interprofessional team to designate the patient ALC as the patient no longer requires the intensity of resources/services provided in the current care setting. The patient is designated ALC awaiting an ALC Discharge Destination of Supervised or Assisted Living - Retirement Home, and the application is submitted. When the discharge planner went to update his discharge information, it was discovered the was opened for another patient with the same first and last names, however with a different date of birth. **Reported in the WTIS:** ✓ ALC Discontinuation Reason: Data Entry Error
Death	A patient is admitted to an Acute Care bed and the decision is made by the physician or delegate in collaboration with an interprofessional team to designate the patient ALC as the patient no longer requires the intensity of resources/services provided in the current care setting. The patient is designated ALC awaiting an ALC Discharge Destination of Palliative Care Bed - Residential Hospice Care to support her and her family with end of life planning and comfort measures. A week later, the patient dies in Acute Care. **Reported in the WTIS:** ✓ ALC Discontinuation Reason: Death

Discharge Against Medical Advice	Following an admission to an Acute Care bed, the decision is made by the physician or delegate in collaboration with an interprofessional team to designate the patient ALC as the patient no longer requires the intensity of resources/services provided in the current care setting. The patient is designated ALC awaiting an ALC Discharge Destination of Mental Health Bed - Inpatient Detoxification Services. A few days later, the patient wishes to return home. The patient does not have a discharge order and the team indicates the course of care is for the patient to remain in hospital until transfer to a Mental Health bed. The patient signs out of the hospital against medical advice and refuses any additional referrals for alcohol and drug treatment. **Reported in the WTIS:** ✓ ALC Discontinuation Reason: Discharge Against Medical Advice
Unplanned Repatriation	A patient was transferred from his community hospital to a regional cardiac center to undergo urgent surgery. One week post-op, the decision is made by the physician or delegate in collaboration with an interprofessional team to designate the patient ALC as the patient no longer requires the intensity of resources/services provided in the current care setting. The patient is designated ALC awaiting an ALC Discharge Destination of Rehab Bed - Cardiac. After waiting two weeks in an Acute Care - Surgical Bed, it is decided the patient will be sent back to his community hospital to continue his wait for Rehab Bed - Cardiac. **Reported in the WTIS:** ✓ ALC Discontinuation Reason: Unplanned Repatriation

Post-Acute Care Bed Types Guidance

CCC Beds: A designated bed providing specialized care to patients who are medically complex, require hospital stays, regular onsite physician care and assessment, and active management over extended periods of time.

Rehabilitation Beds: A designated bed providing care aimed at maximizing patient's overall physical, sensory, intellectual, psychological and social functions.

Mental Health Beds: A designated bed providing therapeutic services to patients with addictions, psychological, behavioural, or emotional illness.

- Provincially, there is a multitude of services provided in funded Post-Acute Care beds (CCC, Rehab, and Mental Health) and the types of patients that receive care in these settings. To apply the Provincial ALC Definition in these Post-Acute settings, clinicians should work with their interprofessional team, when available, to designate a patient when they no longer require the intensity of services provided in the **specific Post-Acute bed** the patient is occupying.

Clinical Scenarios: CCC and Rehab

Rehab → Long-Term Care	Patient's progress has reached a plateau and the intensity of services in a Rehab bed is no longer required. The interprofessional team determines the patient will be transferred to Long-Term Care. **Reported in the WTIS:** ✓ ALC Designation: YES ✓ MADD: Long-Term Care ✓ ALC Discharge Destination: Long-Term Care
CCC → Long-Term Care	Patient no longer requires the intensity of services in a CCC bed. The interprofessional team determines the patient will be transferred to Long-Term Care. **Reported in WTIS:** ✓ ALC Designation: YES ✓ MADD: Long-Term Care ✓ ALC Discharge Destination: Long-Term Care
Rehab → CCC	Patient's progress has reached a plateau and the intensity of services in a Rehab bed is no longer required. The interprofessional team determines the patient will be transferred to a CCC bed to receive specialized services. **Reported in the WTIS:** ✓ ALC Designation: YES ✓ MADD: CCC ✓ ALC Discharge Destination: CCC
Specialized Rehab → General Rehab	Patient no longer requires the intensity of services provided in a Rehab bed and is awaiting transfer to another Rehab bed (e.g., patient is in a specialized rehab bed awaiting transfer to a general rehab bed). **Reported in WTIS:** × ALC Designation: NO, The Provincial ALC Definition does not apply to patients waiting for transfer within the same bed types.
CCC → Acute	Patient is in a CCC bed awaiting transfer to an Acute Care bed. **Reported in WTIS:** × ALC Designation: NO, The Provincial ALC Definition does not apply to patients waiting for transfer to Acute Care.

Mental Health Beds

- On June 23, 2009, a provincial **Mental Health Expert Panel for ALC** with representation from mental health facilities and acute care hospitals met to determine how the ALC definition should be applied to patients awaiting a mental health bed. It was determined that the Provincial ALC Definition should be applied in the same manner for Mental Health, CCC, and Rehabilitation beds.
- For the purposes of the Provincial ALC Definition, a mental health bed includes the following bed types (note: bed types are defined through MIS functional/accounting centres):

- Acute Care Mental Health bed
- Addiction Inpatient bed
- Child/Adolescent Mental Health bed
- Forensic bed
- Psychiatric Crisis Unit bed
- Longer-Term psychiatry bed

- If a patient is in hospital as a result of a detention order, the patient **should not be designated ALC** as the patient remains under the authority of the Ontario Review Board (ORB). If the patient receives a *Conditional or Absolute Discharge Order* from the ORB, they may be designated ALC if the physician/delegate in collaboration with an interprofessional team, believe they no longer require the intensity of services provided in the current bed.

Clinical Scenarios: Mental Health Bed

Acute → Mental Health	The decision is made by the physician or delegate in collaboration with an interprofessional team to designate the patient ALC as the patient no longer requires the intensity of resources/services provided in the current care setting of Acute Care bed. The patient is designated ALC awaiting an ALC Discharge Destination of Mental Health Bed - Inpatient Psychiatric Services. **Reported in the WTIS:** ✓ ALC Designation: YES ✓ MADD: Mental Health Bed - Inpatient Psychiatric Services ✓ ALC Discharge Destination: Mental Health Bed - Inpatient Psychiatric Services
Mental Health → Supervised or Assisted Living	The physician or delegate in collaboration with an interprofessional team makes the decision to designate the patient ALC as the patient no longer requires the intensity of resources/services provided in the current care setting of Mental Health bed (within an acute care hospital or a mental health facility). The patient is designated ALC awaiting an ALC Discharge Destination of Supervised or Assisted Living - Supportive Housing/Group Homes/Assisted Living. **Reported in WTIS:** ✓ ALC Designation: YES ✓ MADD: Supervised or Assisted Living - Supportive Housing/Group Homes/Assisted Living ✓ ALC Discharge Destination: Supervised or Assisted Living - Supportive Housing/Group Homes/Assisted Living
Mental Health Bed in Acute Hospital → Mental Health Facility	A patient is in a Mental Health bed (within an acute care hospital) and is awaiting transfer to a Mental Health facility. **Reported in the WTIS:** × No. The Provincial ALC Definition does not apply to patients waiting for transfer within the same bed types.
Psychiatric Crisis Unit → Inpatient Dependency Treatment Services	A patient is in a Mental Health bed and is awaiting transfer to another type of Mental Health bed (e.g., patient is in a Psychiatric Crisis Unit bed awaiting transfer to a Mental Health - Inpatient Dependency Treatment Services bed). **Reported in the WTIS:** × No. The Provincial ALC Definition does not apply to patients waiting for transfer within the same bed types.

5 – ALC Status Definitions

This section reviews the four possible ALC Statuses that patient's designated ALC may be assigned.

ALC Status Definitions

Open ALC Cases

Definition: Patients who have been designated/re-designated ALC and are still Open (i.e., still waiting) as of a specified date (e.g., end of a reporting period).

Discharged ALC Cases

Definition: Patients who have been designated/re-designated ALC and were discharged to an ALC Discharge Destination within a specified period of time (e.g., within reporting month).

Discontinued ALC Cases

Definition: Patients who have been designated/re-designated ALC and have had their ALC-designation discontinued within a specified period of time (e.g., within reporting month). ALC cases may be discontinued due to one of the following reasons:

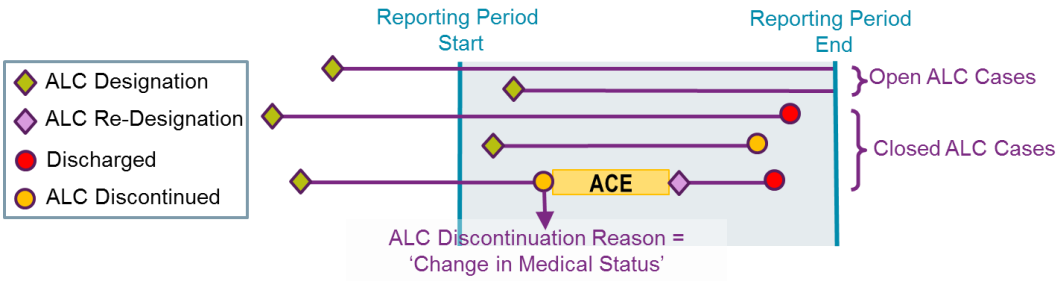
- Change in Destination Invalidates ALC Designation
- Change in Medical Status
- Data Entry Error
- Death
- Discharge Against Medical Advice
- Transfer to Acute Care
- Unplanned Repatriation

Note: Only ALC cases discontinued due to Change in Medical Status may be re-designated ALC.

Acute Care Episode (ACE) Periods

An **Acute Care Episode (ACE) period** represents the period of time when the patient's condition has deteriorated and the designation of ALC is no longer appropriate. A waitlist entry may have more than one ACE periods. The start date of an ACE period is the Discontinuation Date where the reason for discontinuation is a Change in Medical Status. An ACE period may last for up to 40 consecutive days at which point in time the patient's waitlist entry must be closed and a new waitlist entry opened should the patient be designated ALC for another time. The end date of an ACE period 40 days or less is the Re-Designation Date.

Diagram: ALC Statuses in ALC Reports



6 – ALC Performance Indicators

This section provides information about the ALC performance indicators reported by Access to Care on a monthly and quarterly basis, including definitions, calculation notes, and data source information. For the ALC Key Performance Indicators, methodology notes, a calculation example, and a description of what the indicator means conceptually is provided.

Introduction

What is an Indicator?

A health indicator is a single measure that is monitored and reported to provide important actionable information about population health and/or health system performance and characteristics. An indicator can provide comparable information, track progress/performance over time, and can support different stakeholder groups to monitor and track how well their respective health systems are functioning.

ALC Performance Indicators

Since the beginning of ALC data collection, a number of ALC performance indicators have been defined by provincial leaders and stakeholders. Together, these indicators reflect a patient's wait time journey at a patient-level, and ALC performance at a hospital/community/provincial-level. ALC indicators are reported in ATC's Operational ALC Reports (see Section 7 - ALC Reporting at Access to Care, pg. 78) and distributed to a diverse group of stakeholders on a monthly and quarterly basis.

Four ALC indicators are considered **Key Performance Indicators**:

1. Volume of Open Cases
2. ALC Throughput Ratio
3. Cumulative/Total ALC Days
4. ALC Rate

ALC Volumes

Definition

ALC volumes refer to the number of ALC cases (i.e. patients designated ALC) that meet a select criteria. They may be presented/reported as a number or a percentage/proportion of cases.

Data Source	Ontario's Wait Time Information System (WTIS)
Calculation Notes	ALC Volumes can be calculated for a: • Specified point in time (e.g., as of the end of a reporting period) • Specified period of time (e.g., from the start-end of a reporting period)

ALC volumes can be categorized into two major categories based on the type of information they represent: (1) Occupancy/Flow of ALC Cases or (2) Characteristics of ALC Cases.

Occupancy/Flow of ALC Cases

Volume of Open Cases	The number of active ALC waitlist entries at a specified point in time; the number of patients waiting for an alternate level of care at a specified point in time
Volume of Closed Cases	The number of ALC waitlist entries discharged or discontinued within a specified period of time (inclusive of start and end dates)

Volume of Discharged Cases	The number of ALC waitlist entries discharged to an ALC Discharge Destination (i.e., removed from the Wait List) within a specified period of time (inclusive of start and end dates).
Volume of Discontinued Cases	The number of ALC waitlist entries discontinued (with no corresponding re-designation date) within a specified period of time (inclusive of start and end dates).
Volume of Newly Added Cases	The number of ALC waitlist entries designated or re-designated ALC within a specified period of time (inclusive of start and end dates).
Volume of New ALC Designations	The number of patients designated ALC (i.e., new waitlist entry) in a specified period of time (inclusive of start and end dates).
Volume of Re-designations	The number of ALC waitlist entries with a Re-Designation Date in a specified period of time (inclusive of start and end dates). A patient can only be re-designated ALC when their ALC designation was discontinued due to a Change in Medical Status resulting in an Acute Care Episode (ACE) Period for 40 days or less.
Volume of Transfer-In Instances	The number of patients designated ALC transferred to the reporting site from another site within the same facility while (only applies to multi-site facilities)
Volume of Transfer-Out Instances	The number of patients designated ALC transferred out of the reporting site to another site within the same facility (only applies to multi-site facilities).

Characteristics of ALC Cases

Volume of ALC Cases where ALC Discharge Destination ≠ MADD	At a specific point in time, the number of ALC waitlist entries waiting for a Discharge Destination inconsistent with their Most Appropriate Discharge Destination, at a specified point in time.
Volume of ALC Cases where ALC Discharge Destination = MADD	At a specific point in time, the number of ALC waitlist entries waiting for a Discharge Destination consistent with their Most Appropriate Discharge Destination, at a specified point in time.
Volume of Long Waiters	At a specific point in time, the number of ALC waitlist entries with an ALC Wait Time of 30 days or greater, at a specified point in time.
Volume of ALC Cases with at least one Specialized Need and Support (SNS)	At a specific point in time, the number of ALC waitlist entries with at least one identified SNS, regardless of whether the SNS is a Need or a Barrier.
Volume of ALC Cases with SNS as a Need Only	At a specific point in time, the number of ALC waitlist entries that have ≥ 1 SNS that are all identified as a Need only.
Volume of ALC Cases with SNS as a Barrier (at least one)	At a specific point in time, the number of ALC waitlist entries that have ≥ 1 SNS that is identified as a Barrier.

Volume of ALC Cases Designated within 'X' Days of Admission	The number of ALC waitlist entries that have an ALC designation date within 'X' days of being admitted to hospital.

ALC Throughput Ratio

Definition

The ratio of the number of Discharged ALC Cases to Newly Added ALC Cases within a specified period of time.

Methodology

$$ALC\ Throughput\ Ratio = \frac{Volume\ of\ Discharged\ Cases}{Volume\ of\ Newly\ Added\ Cases}$$

Volume of Discharged Cases: The number of ALC-designated patients discharged to an ALC Discharge Destination within a specified period of time (inclusive of start and end dates).

Volume of Newly Added Cases: The number of ALC-designated patients that were designated or re-designated ALC within a specified period of time (inclusive of start and end dates).

Data Source: WTIS

Note: Discontinued ALC Cases are not included in the ALC Throughput Ratio calculation. For additional information on ALC Throughput Ratio, such as inclusion and exclusion criteria, please refer to document: *ALC Throughput Ratio Methodology*.

Conceptually – Patient Flow

The ALC Throughput Ratio reflects the rate at which patients are being discharged versus designated ALC. Conceptually, this indicator represents the flow of patients designated and discharged ALC at a particular hospital during a specified period of time.

An ALC Throughput Ratio:

- **Less than 1** indicates there were more newly added ALC cases than discharged ALC cases at a facility
- **Greater than 1** indicates there were more discharged ALC cases than newly added ALC cases.

Calculation Example: ALC Throughput Ratio

During the month of June 2016 (June 1 – June 30), 37 patients were designated ALC, 3 patients were re-designated ALC, and 45 patients designated ALC were discharged to an ALC Discharge Destination at Hospital A. What is the ALC Throughput Ratio for the month of June at Hospital A?

$$Volume\ of\ New\ ALC\ Designations = 37$$
$$Volume\ of\ Redesignations = 3$$
$$\Big\} Volume\ of\ Newly\ Added\ Cases = 37 + 3 = 40$$
$$Volume\ of\ Discharged\ Cases = 45$$

$$ALC\ Throughput\ Ratio = \frac{45}{40} = 1.125$$

Therefore, during the month of June the number of patients designated ALC that were discharged was *greater* than the number of patients who were designated/re-designated ALC.

ALC Wait Times

Definition

A Wait Time is the number of days between two specified points in time. In the ALC context, an ALC wait time is the number of days from ALC Designation Date to a specified point in time (see specific ALC Wait Time indicator definitions below).

Methodology

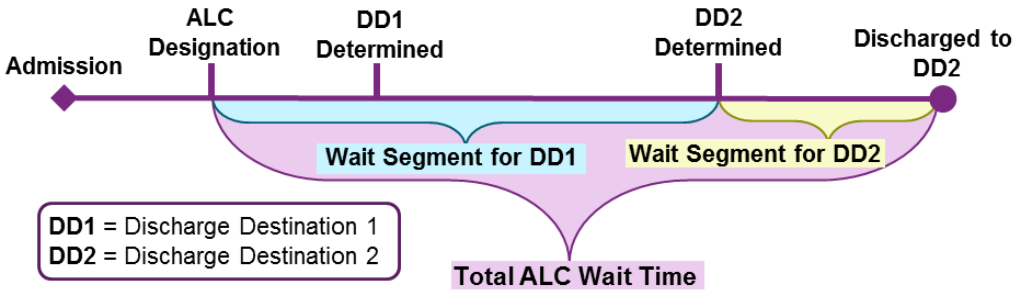
$$ALC\ Wait\ Time = ALC\ Designation\ Date \rightarrow Specified\ Point\ in\ Time$$

- ALC Wait Times are inclusive of start and end dates
- All Acute Care Episode (ACE) periods are excluded from a patient's ALC Wait Time.

Data Source: WTIS

ALC Wait Time Indicators

Wait Time for Open ALC Cases	The number of days from ALC Designation Date to a specified point in time (e.g., last day of a reporting month), inclusive of start/end dates, minus all ACE periods. The ALC waitlist entry must have an Open status at the specified point in time to be included in calculation.

Wait Time for Discharged ALC Cases	The number of days from ALC Designation Date to the date of discharge to an ALC Discharge Destination, inclusive of end date, minus all ACE periods.
Wait Time for Discontinued ALC Cases	The number of days from ALC Designation Date to the date the ALC Designation was discontinued, inclusive of end date, minus any ACE periods.
Wait Time Segmented by Discharge Destination	In the case where a patient's ALC Discharge Destination changes during their wait time journey, the patient's total ALC Wait Time is segmented into the number of days spent waiting for each specific discharge destination. 
Wait Time Segmented by Most Appropriate Discharge Destination	When a patient has multiple MADDs identified over their wait time journey, their total Wait Time is segmented into the number of days each MADD was selected for in their waitlist entry.

ALC Wait Time Metrics

There are **four** different metrics used to present ALC Wait Time indicators:

90th Percentile	The maximum ALC wait time 90% (i.e. 9 out of 10 patients) of patients have been waiting (Open ALC Cases) or have waited for (Closed Cases = Discharged or Discontinued Cases).
Median	The maximum ALC wait time 50% (i.e. 5 out of 10 patients) of cases have been waiting (Open Cases) or have waited for (Closed Cases = Discharged or Discontinued Cases).
Mean/Average	The total ALC wait time for all cases divided by the total number of ALC cases; this represents the average ALC wait time that cases have been waiting (Open Cases) or have waited (Closed Cases).
Cumulative/ Total ALC Days	The sum of all ALC wait times (see following section focused on this metric for more details).

Cumulative/Total ALC Days

Definition

Cumulative ALC Days (also referred to as Total ALC Days) is the sum of all ALC wait times for Open ALC Cases at a specified point in time, starting from ALC designation.

Methodology

$$Cumulative\ ALC\ Days = \sum ALC\ Wait\ Times\ for\ Open\ ALC\ Cases\ *$$

ALC Wait Time for Open ALC Cases: The number of days from ALC designation to a specified point in time, minus any ACE periods.

* Wait Times are calculated for Open ALC Cases as of a specified point in time (e.g., end of reporting period)

Data Source: WTIS

Conceptually – Patient Experience

Conceptually, Cumulative ALC Days/Total ALC Days represents the total time the patient has waited to access care; the impact of ALC days on patients designated ALC. This indicator represents the total number of days patients are actively waiting for an alternate level of care.

Calculation Example

On June 30th, 2016 at Hospital A, there are 3 Open ALC Cases: Jean, Tom, and Catherine. Jean was designated ALC on June 20th, 2016; Tom was designated ALC on May 1st, 2016; and Catherine was designated ALC on June 6th, 2016. What is the number of Cumulative ALC Days at Hospital A as of June 30th?

$$ALC\ Wait\ time\ for\ Patient\ X = June\ 30th - June\ 20th = 11\ days$$
$$ALC\ Wait\ time\ for\ Patient\ Y = June\ 30th - May\ 1st = 61\ days$$
$$ALC\ Wait\ time\ for\ Patient\ Z = June\ 30th - June\ 6th = 25\ days$$

$$Cumulative\ ALC\ Days = 11 + 61 + 25 = 97\ days$$

Therefore, as of June 30th 2016, patients designated ALC at Hospital A have accumulative a total of 97 ALC days.

ALC Rate

Definition

The proportion of inpatient days in Acute and Post-Acute care settings that are spent designated ALC in a specific period of time.

Methodology

$$ALC\ Rate = \frac{Total\ ALC\ Days\ in\ Reporting\ Period\ *}{Total\ Inpatient\ Days\ *} \times 100\%$$

Total ALC Days in Reporting Period: The total number of days that patients spent designated ALC within the specified period of time.

Total Number of Inpatient Days: The total number of inpatient days contributed by patients within the specified period of time.

* Within a specified period of time

Data Sources: WTIS (Total ALC Days in Reporting Period)
Bed Census Summary (Total Number of Inpatient Days)

For additional information on ALC Rate Calculation, such as inclusion and exclusion criteria, please refer to the document: *ALC Rate Report Methodology*.

Conceptually – Capacity

ALC Rate represents the proportion of inpatient bed days that were occupied by patients designated ALC within a specified time period. This indicator provides a key measure of ALC performance that can be trended over time.

ALC Rate Calculation Example

Hospital A has 10 Rehabilitation beds. During the month of November 2016, 10 out of 10 Rehabilitation beds were occupied by patients on every day of the month. During this month, 3 patients in these CCC beds were ALC-designated for 5, 30, and 10 days respectively. What is the ALC Rate at Hospital A for Rehabilitation?

$$Total\ Number\ of\ Inpatient\ Days = 10\ occupied\ beds \times 30\ days = 300\ days$$

$$Total\ Number\ of\ ALC\ Days\ Contributed = 5 + 30 + 10 = 45\ days$$

$$ALC\ Rate(Nov\ 2015) = \frac{45\ days}{300\ days} \times 100\% = 15\%$$

Therefore, 15% of the total inpatient days during the month of November were occupied by patients requiring an alternate level of care.

Provincial Target for ALC Rate

The ALC Rate indicator was integrated into the Ministry LHIN Accountability Agreement (MLAA) as a performance indicator (System Integration and Access) in 2015/2016. An ALC Rate target of 12.7% was decided by the Ministry for all LHINs

ALC Rate versus % ALC Days

The ALC Rate indicator is not the same indicator as the % ALC Days (Discharge Abstract Database) indicator. Both indicators are currently MLAA performance indicators (System Integration and Access).

The following table presents key differences between the two indicators:

	% ALC Days	ALC Rate
In-scope Hospital Sectors	Acute Care	Acute Care and Post-Acute Care
In-scope ALC Cases	Reports on patients designated ALC discharged from an Acute Care hospital during the quarter	Reports on patients designated ALC still waiting (Open) and patients designated ALC discharged/discontinued (Closed) during the month/quarter
Exclusion Criteria	Newborns, stillborn, and records with missing or invalid "Discharge Date"	Acute and Post-Acute hospitals that do not report data to the WTIS and/or BCS; Bed type = Emergency room
ALC Days and Inpatient Days Calculation	Allocates all ALC days and total inpatient days for a patient to the quarter of discharge	Allocates only the ALC days and inpatient days that occurred during the month/quarter
Reporting Time Lag	4-5 month reporting time lag	1-2 month reporting time lag

Percent Contribution to Annual ALC Rate by Discharge Destination

This indicator shows the contribution of each discharge destination to the ALC Rate and is calculated by:

$$\textit{\% Contribution to Annual ALC Rate by Discharge Destination} = \frac{\textit{Total ALC Days by Discharge Destination in Reporting Period}}{\textit{Total Inpatient Days in Reporting Period}}$$

Summary of ALC Performance Indicators

ALC Volumes

Occupancy/Flow

- Open Cases
- Closed Cases
  - Discharged
  - Discontinued
- Newly Added
  - New Designations
  - Re-Designations
- Transfer-Ins
- Transfer-Outs

Characteristics

- DD = MADD
- DD ≠ MADD
- Long Waiters
- At Least 1 SNS
- SNS as a Need Only
- At Least 1 Barrier
- Designated within 'X' Days

ALC Throughput Ratio

$$Throughput\ Ratio = \frac{Volume\ of\ Discharged\ Cases}{Volume\ of\ Newly\ Added\ Cases}$$

ALC Wait Times

$$Wait\ Time = ALC\ Designation\ Date \longrightarrow Specified\ Date$$

Wait Time Indicators

- Open Cases (to specified date)
- Closed Cases (to date Wait List Entry closed)
- Segmented by DD or MADD

Metrics

- 90th Percentile
- Median
- Mean/Average
- Cumulative/Total ALC Days

Cumulative/Total ALC Days

$$\sum ALC\ Wait\ Times\ of\ Open\ ALC\ Cases$$

ALC Rate

$$\frac{Total\ ALC\ Days\ in\ Reporting\ Period}{Total\ Inpatient\ Days\ in\ Reporting\ Period} \times 100\%$$

- %Contribution by Discharge Destination to Annual ALC Rate

Key Performance Indicators

1. Volume of Open Cases
2. ALC Throughput Ratio
3. ALC Rate
4. Cumulative/Total ALC Days

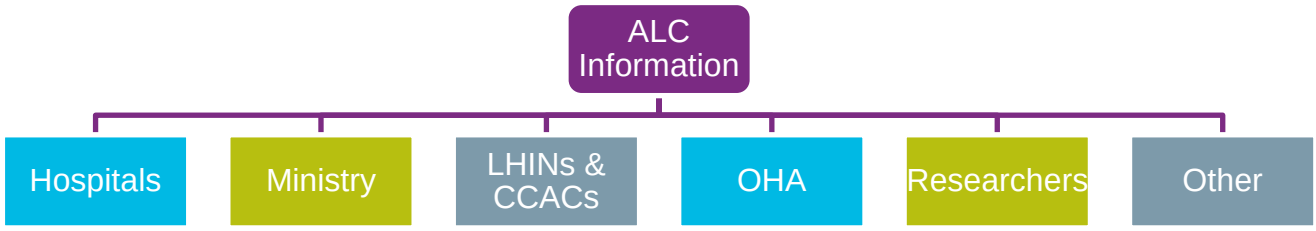
7 – ALC Reporting at Access to Care

This section describes reporting of ALC information by Access to Care. Key topics covered include: an introduction to ALC reporting, a description of ALC data cut, what it means to have refreshed historical data, when/where operational reports are published, and how ALC data is displayed in each type of operational report design. This section also provides a detailed Report Catalogue which describes each operational ALC report, highlighting key characteristics of each report, the type of information each report contains, and how data in the report can be viewed and filtered.

Introduction to ALC Reporting at Access to Care

ATC measures, manages, and reports on 192 Alternate Level of Care (ALC) data elements from more than 180 healthcare sites, including acute care and post-acute care facilities, and are provided to a diverse audience including the Ministry, Community Care Access Centres (CCACs), Local Health Integration Networks (LHINs), Ontario Hospital Association (OHA), and hospitals. The near-real time ALC information captured in Ontario's Wait Time Information System (WTIS) enables the production of standard, consistent, and comparable ALC reports. These reports provide a picture of patient flow, resource allocation, and bed utilization as well as assist health system planners and decision-makers to monitor and manage performance, and identify gaps in services at the hospital, LHIN and provincial level.

ALC Information Stakeholders



There is a diverse group of stakeholders of ALC information with a diverse set of needs. To accommodate the varying information/data needs of our stakeholders, ATC shares ALC information through a number of reporting products, including:

- Operational ALC Performance Reports
- WTIS data extracts
- Ad-hoc data requests
- iPort™ Access, ATC's business intelligence tool
- Quarterly Stocktake Report

		Stakeholder					
		Hospitals	LHINs	CCACs	OHA	Ministry	Frequency
Channels for Performance Reports & Analysis	ALC Operational Reports	✓	✓	✓	✓	✓	Monthly & Quarterly
	Stocktake		✓			✓	Quarterly
	WTIS	✓					N/A
	iPort™ Access	✓	✓	✓	✓	✓	N/A
	Ad-Hoc Data Requests	✓	✓	✓	✓	✓	N/A
ACCESS to Information, Performance Reports, & Analysis		ATC Information Site	Directory of Networks (DoN)	DoN	DoN	DoN	N/A

Operational ALC Performance Reports

ATC produces **11 Operational ALC Performance Reports** which are shared with hospitals, LHINS, CCACs, the OHA, and the Ministry on a monthly and quarterly basis:

- ALC Provincial Performance Summary
- ALC LHIN Performance Summary
- ALC Trending Report
- ALC Wait Times Distribution Report
- ALC Throughput Ratio Report
- ALC Rate Report
- ALC Discharge by Disposition Report
- ALC MADD Report
- ALC MADD Segment Report
- ALC SNS Report
- ALC Patient Journey Report

Data Cut & Report Publishing

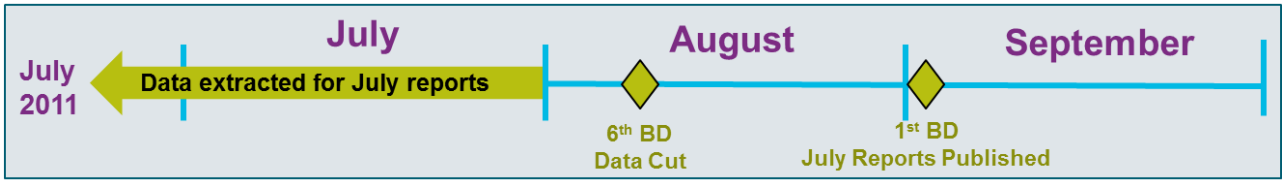
Operational ALC Performance Reports are created and published on a monthly or quarterly basis. ALC data is cut (i.e., extracted from the WTIS) on the **6th business day (BD)** of each month for data up to the last day of the previous month. This 6 business day lag allows for the compliance and data quality process to occur.

Operational ALC Performance Reports are published on the **1st BD** of the month following data cut and are available through:

- Publication on the Directory of Networks (DoN)
- ATC Information Site
- Distribution via email

Example: Data Cut and Report Publishing for July Reports

For July reports, ALC data up to and including July 31 is extracted from the WTIS on the **6th BD** in August. The July Operational reports are then published on the **1st BD** in September.



Ad Hoc Requests

As a customer-focused organization, ATC supports internal and external stakeholders through ad hoc data requests in addition to operational reporting activities. Data requests should be submitted to ATCDataRequest@cancercare.on.ca.

Refreshed Historical Data

Prior to April 2013, all trending information reported in ATC Excel-based reports (see below) included **static historical data** (i.e., when the data is cut for a given month, the performance reported for that month will not change over time unless a resubmission has been approved and processed). In April 2013, ATC began using **refreshed historical data** for all Excel-based reports. This means that, going forward from this date, each historical month will be updated with the most up-to-date data in the WTIS for ALC information. This ensures that reports contain the most up-to-date information available.

Frozen Data: Each fiscal year data is frozen (i.e., no longer refreshed) as of **July 31** the following fiscal year. This means that data for that year will no longer be refreshed.

Example: On July 31, 2017, data for FY16/17 will no longer refreshed.

Report Designs

There are two types of report designs: (1) Static Summaries and (2) Dynamic, Excel-based reports.

1. Static Summaries

These reports contain static, summarized ALC information based on pre-defined reporting criteria.

2. Dynamic, Excel-based Reports

Dynamic, Excel-based reports are interactive and as a result, more complex than static summaries. These reports contain multiple Excel "tabs" with the functionality to allow users to view and filter ALC data in different ways to suit their needs. Each dynamic, Excel-based report contains the following tabs:

- **Title Page Tab:** Contains the title of the report, the aggregation level of the report, and the reporting month
- **Methodology Tab:** Contains detailed notes on the methodologies used in the report, including ALC indicator definitions and calculation; inclusion/exclusion criteria; and data source information
- **Data Tab(s):** The focal component of each report which contains ALC data and analysis in the form of tables, graphs, and figures. Each report may have multiple data tabs.
- **Data Quality Tab:** Contains detailed notes regarding the quality of data used in the report; and the data cut schedule and refreshed schedule information. All data quality notes contained in each report are compiled into one document titled "Data Quality Notes" and distributed on a monthly basis.

Data Filters

Dynamic, Excel-based reports allow users to filter information using different criteria. This means selecting a criteria by which to view the data presented. For example, a user may wish to filter ALC Volumes by Inpatient Service to see the ALC Volume for a specific Inpatient Service they have selected.

The following are examples of filters available in dynamic ALC reports:

- Aggregation Level (Provincial, LHIN, Facility, Site)
- Inpatient Service
- Discharge Destination
- ALC Status (Open, Discharged, Discontinued)
- ALC Wait Time Metric (90th Percentile, Median, Mean, Cumulative/Total ALC Days)

Note: For the purpose of ALC reporting, metric calculations for volumes less than 10 are not reported.

Report Catalogue

The following section describes each operational ALC report, beginning with the static summaries and following with the dynamic, Excel-based reports. It provides key characteristics of the report (e.g., design, reporting frequency, stakeholder group, etc.), a description of the type of information the report contains (i.e., indicators, metrics, and comparisons) and how the information can be viewed and filtered. For reports with a large number of data tabs and a wide range of information, a description of each key data tab has been provided.

For descriptions/definitions of each indicator, please refer to Section 6 - ALC Performance Indicators, pg. 68.

Operational ALC Report Index

1. ALC Provincial Performance Summary
2. ALC LHIN Performance Summary
3. ALC Trending Report
4. ALC Wait Time Distribution Report
5. ALC Throughput Ratio Report
6. ALC Rate Report
7. ALC Discharge by Disposition Report
8. ALC MADD Report
9. ALC MADD Segment Report
10. ALC SNS Report
11. ALC Patient Journey Report

1 – ALC Provincial Performance Summary and 2 – ALC LHIN Performance Summary

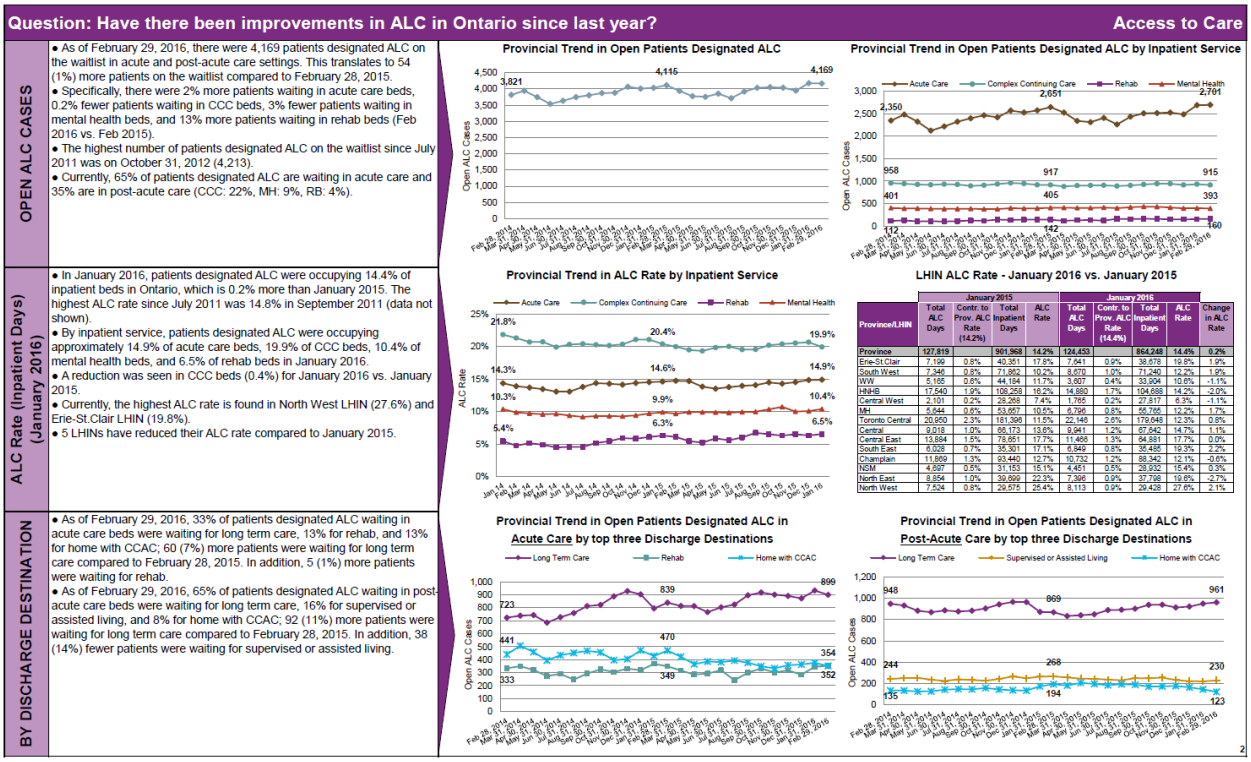
Design: Static Summary
Level: Provincial, LHIN (Provincial Summary); LHIN/ Facility (LHIN Summary)
Frequency: Monthly
Report Available Since: Provincial: Jan 2013; LHIN: Sep 2013

Reporting Period: Report Month and Preceding 24 months
Data Sources: WTIS, Bed Census Summary (BCS)
Audience: Hospitals, LHINs, CCACs, Ministry

Description of Information in Report

The **ALC Provincial Performance Summary** and **ALC LHIN Performance Summary** reports answer key questions about ALC for the province and for each LHIN, including:

- Have there been improvements in ALC since the last year?
- What are the current patients designated ALC waiting for?
- Who are the current patients designated ALC?
- Who are the ALC Long Waiters (waiting for ≥30 days) and what are they waiting for?
- Where did discharged patients designated ALC go and how long did they wait?
- What impact do specialized needs and supports (SNS) have on patients designated ALC?
- Have there been improvements in ALC within the Seniors Population (65+) since last year?



3 – ALC Trending Report

Design: Dynamic, Excel-Based
Level: Provincial, LHIN, Facility, Site
Frequency: Monthly
Report Available Since: April 2013

Reporting Period: July 2011 – Report Month
Data Source: WTIS
Audience: Hospitals, LHINs, CCACs, Ministry

Total ALC Cases Tab

Provides the volume of ALC Cases trended over time, including the percent change in volume compared to the previous month and year.

Indicators

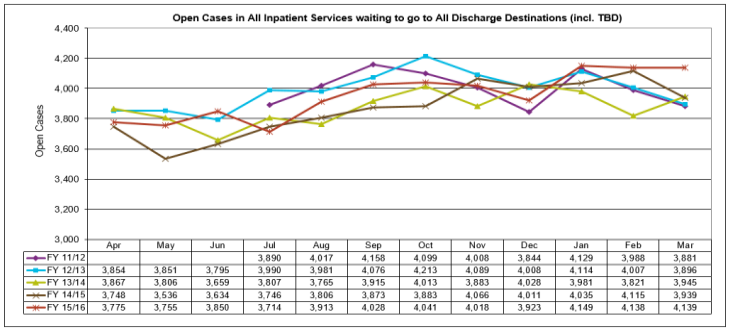
- Volume of ALC Cases

Views

- Trended Monthly

Filters

- Province/LHIN/Facility/Site
- Inpatient Service
- Discharge Destination
- ALC Status (Open, Discharged, Discontinued)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
FY 11/12				3,890	4,017	4,158	4,099	4,008	3,844	4,129	3,988	3,881
FY 12/13	3,854	3,851	3,795	3,990	3,981	4,076	4,213	4,089	4,008	4,114	4,007	3,896
FY 13/14	3,867	3,806	3,659	3,807	3,765	3,915	4,013	3,883	4,028	3,981	3,821	3,945
FY 14/15	3,748	3,536	3,634	3,746	3,806	3,873	3,883	4,066	4,011	4,035	4,115	3,939
FY 15/16	3,775	3,755	3,850	3,714	3,913	4,028	4,041	4,018	3,923	4,149	4,138	4,139

Open Cases Tab | Open Cases-Long Waiters Tab | Discharged Cases Tab | Discontinued Cases Tab

These four data tabs each present the Total ALC Days and ALC Wait Times metrics trended over time for a different population of ALC cases (Open, Long Waiters, Discharged, and Discontinued).

Indicators

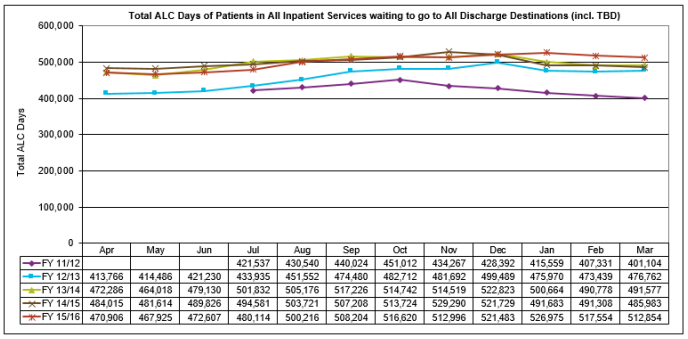
- ALC Wait Time Metrics (Cumulative/Total ALC Days, 90th P, Median, Average)
- Volume of ALC Cases (Open, Long-Waiter, Discharged, Discontinued)

Views

- Trended Monthly

Filters

- Province/LHIN, Facility, Site
- Inpatient Service
- Discharge Destination
- ALC Wait Time Metric



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
FY 11/12				421,537	430,540	440,024	451,012	434,267	428,392	415,559	407,331	401,104
FY 12/13	413,766	414,486	421,230	433,935	451,552	474,480	482,712	481,692	499,489	475,970	473,439	476,762
FY 13/14	472,286	464,018	479,130	501,832	505,176	517,226	514,742	514,519	522,823	500,664	490,778	491,577
FY 14/15	484,015	481,614	489,826	494,581	503,721	507,208	513,724	529,290	521,729	491,683	491,308	485,983
FY 15/16	470,906	467,925	472,607	480,114	500,216	508,204	516,620	512,996	521,483	526,975	517,554	512,854

Total ALC Cases – Graph Tab

A bar graph shows the number of ALC cases waiting in Acute and Post-Acute beds by LHIN.

Indicators

- Volume of ALC Cases

Comparisons

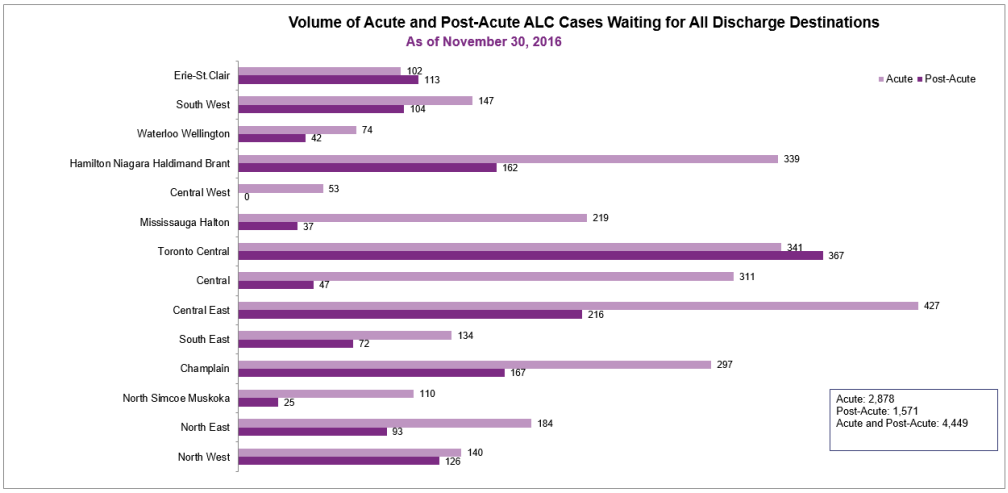
- LHINs
- Acute vs. Post-Acute Inpatient Service

Filters

- Discharge Destination
- ALC Status (Open, Discharged, Discontinued)
- Reporting Month

Views

- One Month



4 – ALC Wait Time Distribution Report

Design: Dynamic, Excel-Based
Level: Provincial, LHIN, Facility, Site
Frequency: Monthly
Report Available Since: Apr 2013

Reporting Period: Reporting Month and Preceding 5 months
Data Source: WTIS
Audience: Hospitals, LHINs, CCACs, Ministry

WT Distribution: Open Cases Tab | WT Distribution: Discharged Tab | WT Distribution: Discontinued Tab

These three data tabs provide information for a different population of ALC cases (Open, Discharged, and Discontinued), but have the same indicators, views, and filters. They present a distribution histogram of ALC Wait Times for a selected month.

Indicators

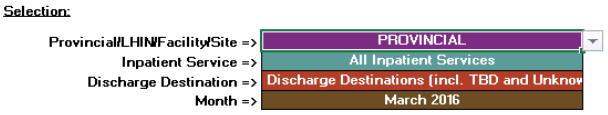
- ALC Wait Time Metrics (Cumulative/Total ALC Days, 90th P, Median, Average)
- Volume of Long Waiters

Views

- Distribution Histogram

Filters

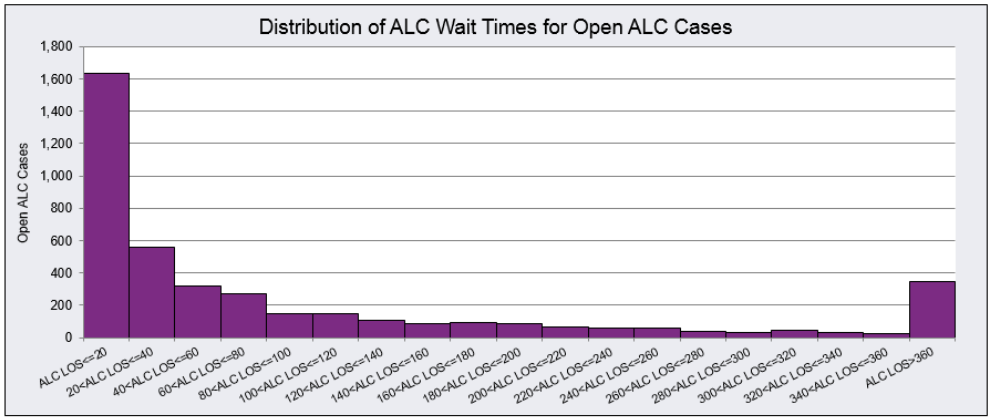
- Province/LHIN/Facility/Site
- Inpatient Service
- Discharge Destination
- Month



Summary Table of ALC Wait Times Extreme Values

Min	0
25th Percentile	9
Median	35
Average	123.9
75th Percentile	127
90th Percentile	316
Max	3,226

Wait Time = 1 Day	212
Wait Time ≥ 30 Days	2,177
Wait Time ≥ 365 Days	343



Wait Time Grouping	# of ALC Cases
ALC LOS<=20	1,633
20<ALC LOS<=40	556
40<ALC LOS<=60	316
60<ALC LOS<=80	270
80<ALC LOS<=100	148
100<ALC LOS<=120	151
120<ALC LOS<=140	108
140<ALC LOS<=160	83
160<ALC LOS<=180	91
180<ALC LOS<=200	86
200<ALC LOS<=220	67
220<ALC LOS<=240	56
240<ALC LOS<=260	58
260<ALC LOS<=280	37
280<ALC LOS<=300	29
300<ALC LOS<=320	45
320<ALC LOS<=340	33
340<ALC LOS<=360	27
ALC LOS>360	345

5 – ALC Throughput Ratio Report

Design: Dynamic, Excel-Based
Level: Provincial, LHIN, Facility, Site
Frequency: Monthly
Report Available Since: Jan 2013

Reporting Period: July 2011 - Reporting Month
Data Source: WTIS
Audience: Hospitals, LHINs, CCACs, Ministry

Throughput Ratio Tab

Provides data for the ALC Throughput Ratio indicator, which is the ratio of discharged ALC cases to newly added ALC cases during the reporting period.

Indicators

- Volume of Newly Added Cases
  - Volume of New ALC Designations
  - Volume of Re-Designations
- Volume of Discharged Cases
- Volume of Transfer-Ins
- Volume of Transfer-Outs
- Throughput Ratio
- Volume of ALC Cases Designated within 'X" Days of Admission

Views

- Trended Monthly
- Trended Quarterly

Filters

- Province/LHIN/Facility/Site
- Inpatient Service
- Discharge Destination

Reporting Period	Queue at Start of Report Period	Volume of Newly Added Cases	Breakdown of the Volume of Newly Added Cases						Number of Transfer-In Instances	Number of Transfer-Out Instances	Volume of Discharged Cases	Throughput Ratio (NWE)
			New ALC Designations					Volume of ALC Re-designations				
			Volume of New ALC Designations	% Designated Within 0 Days of Admission	% Designated Within 1 Day of Admission	% Designated Within 2 Days of Admission	% Designated Within 3 Days of Admission					
Jul 11	*IUT	3,810	3,578	6.12%	9.47%	13.95%	19.40%	232	0	0	3,779	0.99
Aug 11	2,874	4,227	3,982	5.63%	8.94%	12.96%	17.98%	245	0	0	4,060	0.96
Sep 11	3,041	4,067	3,827	5.49%	8.65%	12.86%	18.81%	240	0	0	3,969	0.98
Oct 11	3,139	4,085	3,852	5.19%	7.92%	11.92%	17.50%	233	0	0	4,109	1.01

Designated ALC within 'X' Days Tab

Provides information regarding how soon after admission to hospital that patients were designated ALC; specifically the number of cases designated ALC on the same day, within 1 day, and within 2 days.

Indicators

- Volume of ALC Cases Designated within 'X" Days of Admission

Comparisons

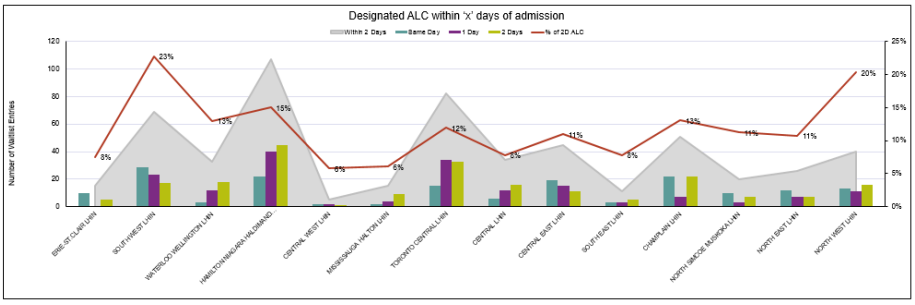
- LHINs (using Provincial/LHIN filter)
- Facilities within a LHIN (using Provincial/LHIN filter)

Views

- One Month

Filters

- Province/LHIN
- Inpatient Service
- Month



6 – ALC Rate Report

Design: Dynamic, Excel-Based
Level: Provincial, LHIN, Facility, Site
Frequency: Monthly
Report Available Since: Oct 2013

Reporting Period: July 2011 - Report Month
Data Source: WTIS, BCS
Audience: Hospitals, LHINs, CCACs, Ministry

ALC Rate: Dynamic Tab

Provides Total ALC Days, Total Inpatient Days, and ALC Rate trended over time.

Indicators

- Number of ALC Days in Reporting Period
- Total Inpatient Days in Reporting Period
- ALC Rate

Comparisons

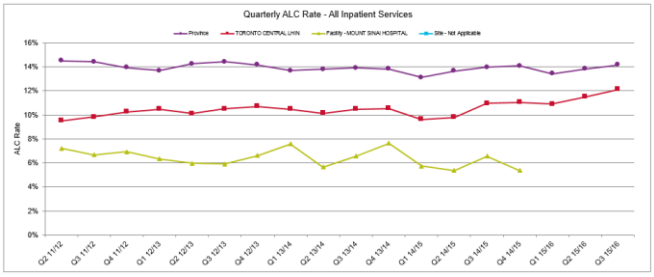
- LHIN with Province
- Facility to LHIN and Province
- Site to Facility, LHIN, and Province

Views

- Trended Monthly
- Trended Quarterly
- Trended Fiscal Year

Filters

- Province/LHIN/Facility/Site
- Inpatient Service



Quarterly View

Reporting Quarter	Total ALC Days	Total Inpatient Days	ALC Rate
Q2 11/12	2,391	33,120	7.2%
Q3 11/12	2,267	34,006	6.7%
Q4 11/12	2,383	34,438	6.9%
Q1 12/13	2,112	33,307	6.3%
Q2 12/13	1,908	32,011	6.0%
Q3 12/13	1,833	31,062	5.9%
Q4 12/13	2,051	30,991	6.6%
Q1 13/14	2,424	32,009	7.6%
Q2 13/14	1,747	30,936	5.6%
Q3 13/14	2,113	32,139	6.6%
Q4 13/14	2,535	33,214	7.6%
Q1 14/15	1,914	33,338	5.7%
Q2 14/15	1,743	32,423	5.4%
Q3 14/15	2,309	35,122	6.6%
Q4 14/15	1,939	36,027	5.4%
Q1 15/16	NR	NR	NR
Q2 15/16	NR	NR	NR
Q3 15/16	NR	NR	NR

Trend: Compare Inpatient Service Tab

Compares the ALC Rate for each Inpatient Service, quarterly and by fiscal year.

Indicators

- ALC Rate

Comparisons

- Inpatient Services

Views

- Trended Quarterly
- Trended Fiscal Year

Filters

- Province/LHIN/Facility/Site

Trend: Inpatient Service Focus Tab

Provides the trended Percent Contribution to Annual ALC Rate by Discharge Destination

Indicators

- Percent Contribution to Annual ALC Rate by Discharge Destination
- ALC Rate

Comparisons

- Discharge Destinations

Views

- Trended Fiscal Year

Filters

- Provincial/LHIN/Facility/Site
- Inpatient Service

FY Focus: Compare LHIN Tab

Provides Total ALC Days, Total Inpatient Days, Annual ALC Rate, and the Percent Contribution to Annual ALC Rate by LHIN and Discharge Destination.

Indicators

- Number of ALC Days in Reporting Period
- Number of Inpatient Days in Reporting Period
- ALC Rate
- Percent Contribution to Annual ALC Rate by Discharge Destination

Filters

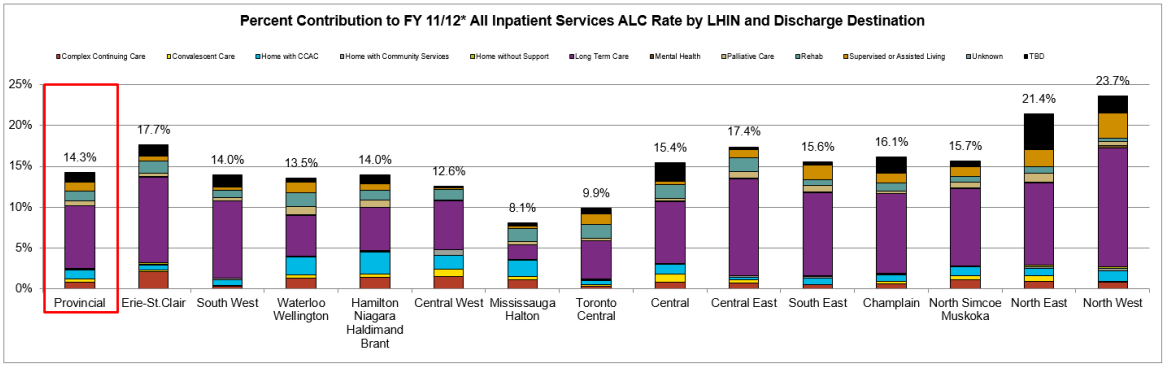
- Fiscal Year
- Inpatient Service

Views

- One Fiscal Year

Comparisons

- LHINs
- Discharge Destinations



Projection Tab

Provides a trajectory analysis based on historical trending for a 5-month projection of ALC Rate.

Indicators

- ALC Rate

Comparisons

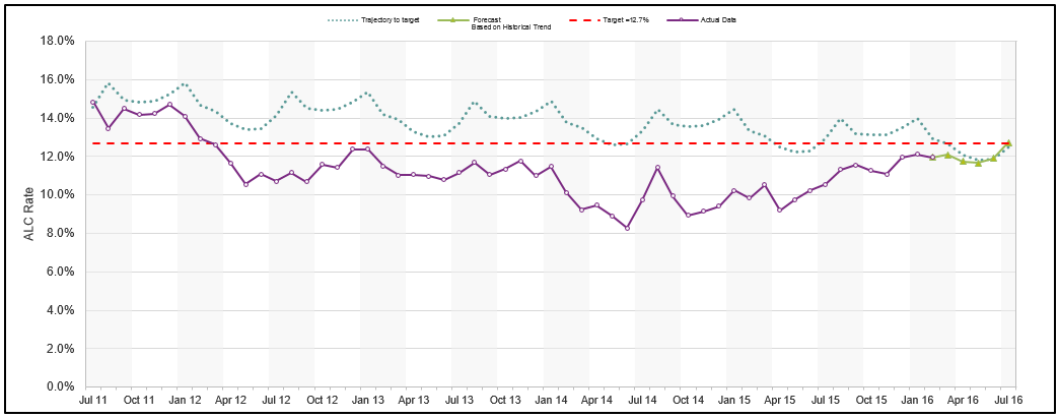
- ALC Rate against the Provincial Target for ALC Rate

Views

- Trended Forecast 5-months in the future

Filters

- Province/LHIN



7 – ALC Discharge by Disposition Report

Design: Dynamic, Excel-Based
Level: Provincial, LHIN, Facility, Site
Frequency: Monthly
Report Available Since: May 2013
Reporting Period: Reporting month and preceding 5 months
Data Source: WTIS
Audience: Hospitals, LHINs, CCACs, Ministry

Open Cases Tab | Closed Cases Tab

During one patient journey, a patient may have waited for more than one Discharge Destination before being discharged to a final destination. The Discharge by Disposition Report provides a breakdown of this journey into the different Discharge Destinations that a patient waited for, and segments the Total Wait Time into the time waited for each Discharge Destination. These two tabs each provide information for Open Cases and Closed Cases.

Indicators

- ALC Wait Time Segmented by Discharge Destination (Cumulative/Total ALC Days, 90th P, Median, Average)
- Volume of ALC Cases

Filters

- Provincial/LHIN/Facility/Site
- Inpatient Service
- Wait Time Metric
- Reporting Month

Views

- One Month

Comparisons

- Discharge Destinations

Open ALC Cases		Number of ALC Cases	ALC Wait (Days) for each Discharge Destination in Patient Journey												
			Long Term Care	Complex Continuing Care	Rehab	Home with Community	Home with CCAC	Home without Supports	Convalescent Care	Palliative Care	Mental Health	Supervised or Assisted Living	Unknown	TBD	All Destinations including TBD
Current Discharge Destination (As of Month's End)	Long Term Care	1,790	294,580	1,094	659	201	7,639	295	190	263	175	3,464	4,374	2,369	315,303
	Complex Continuing Care	316	470	20,917	385	39	291	2	57	27	0	203	299	162	22,852
	Rehab	358	5	121	7,700	0	59	0	49	0	0	585	179	21	8,719
	Home with Community	77	3	7	20	3,719	121	0	0	0	0	15	20	3	3,908
	Home with CCAC	522	111	290	316	13	22,909	21	128	72	0	129	248	9	24,246
	Home without Supports	22	0	0	1	0	33	1,481	0	0	0	225	17	1	1,758
	Convalescent Care	117	2	45	53	18	9	5	1,540	0	0	5	31	4	1,712
	Palliative Care	144	134	41	6	0	39	1	0	4,119	0	114	101	25	4,580
	Mental Health	13	0	0	9	0	0	0	0	0	210	0	10	0	229
	Supervised or Assisted Living	467	2,299	375	29	131	339	191	15	58	16	89,211	1,855	592	95,111
	Unknown	308	8,323	90	62	77	256	0	58	1	0	937	23,636	956	34,396
	TBD	5	0	0	0	0	0	0	0	0	0	0	1	39	40
	All Destinations including TBD	4,139	305,927	22,980	9,240	4,198	31,695	1,996	2,037	4,540	401	94,888	30,771	4,181	512,854

8 – ALC MADD Report

Design: Dynamic, Excel-Based
Level: Provincial, LHIN, Facility, Site
Frequency: Monthly
Report Available Since: July 2013; Enhancements in Oct 2013 and June 2015

Reporting Period: July 2011 – Report Month
Data Source: WTIS
Audience: Hospitals, LHINs, CCACs, Ministry

DD = MADD vs. DD ≠ MADD Tab

A patient designated ALC may have a Discharge Destination (DD) that is inconsistent with their Most Appropriate Discharge Destination (MADD). This data tab provides information about the proportion of ALC cases that are waiting for a discharge destination that is the most appropriate for their clinical needs (i.e., DD = MADD) versus waiting for a discharge destination that is not the most appropriate (i.e., DD ≠ MADD), stratified by different Discharge Destinations. This tab also provides ALC Wait Time Metrics that can be compared between these two groups (i.e., those waiting for their MADD versus not waiting for their MADD).

Indicators

- Volume of ALC Cases where DD ≠ MADD
- Volume of ALC Cases where DD = MADD
- ALC Wait Time Metrics (90th P, Median, Average)

Comparisons

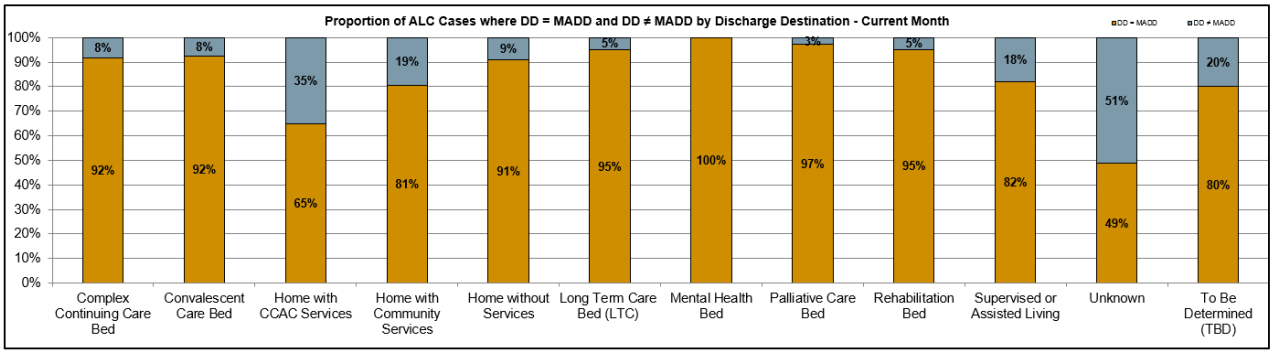
- Discharge Destinations
- Cases with DD≠MADD to Cases with DD=MADD

Views

- Reporting Month

Filters

- Provincial/LHIN/Facility/Site
- Inpatient Service
- ALC Status (Open, Discharged, Discontinued)



DD vs MADD Tab

Provides Volume of Open ALC Cases and ALC Wait Time Metrics for each MADD.

Indicators

- Volume of Open ALC Cases
- ALC Wait Time Metrics (Cumulative/Total ALC Days, 90th P, Median, Average)

Comparisons

- MADDs
- Discharge Destinations

Views

- Reporting Month

Filters

- Provincial/LHIN/Facility/Site
- Inpatient Service
- Discharge Destination
- Wait Time Metric

Trend: MADD Tab

This data tab compares the proportion of Open ALC cases where DD = MADD versus DD ≠ MADD and ALC Wait Time Metrics for these two groups, trended over time.

Indicators

- Volume of Open ALC Cases
- Volume of ALC Cases with DD ≠ MADD
- Volume of ALC Cases with DD = MADD
- ALC Wait Time Metrics (90th P, Median, Average)

Filters

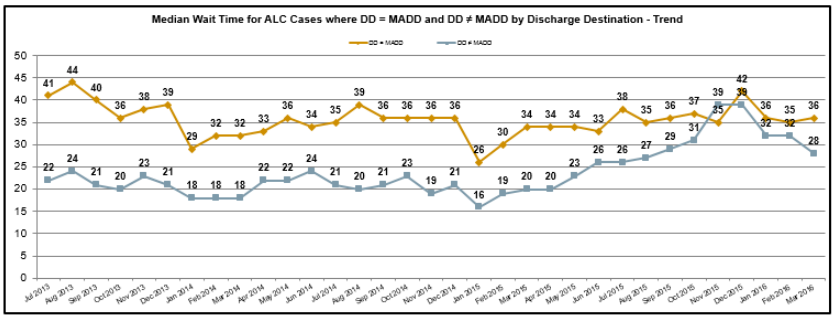
- Provincial/LHIN/Facility/Site
- Inpatient Service
- Discharge Destination
- Wait Time Metric

Comparisons

- ALC Cases with DD = MADD to ALC Cases with DD ≠ MADD

Views

- Trended Monthly



Long Waiters Tab

This tab provides the Cumulative/Total ALC Days and Volume of Open ALC Cases stratified by whether the patient has been waiting for less than 30 days, 30 days or more, or 365 days or more. The latter two groups are considered 'ALC Long Waiters'. Users can filter this information by whether the patient is waiting for their MADD or not.

Indicators

- Cumulative/Total ALC Days
- Volume of Open ALC Cases
- Volume of Long Waiters

Comparisons

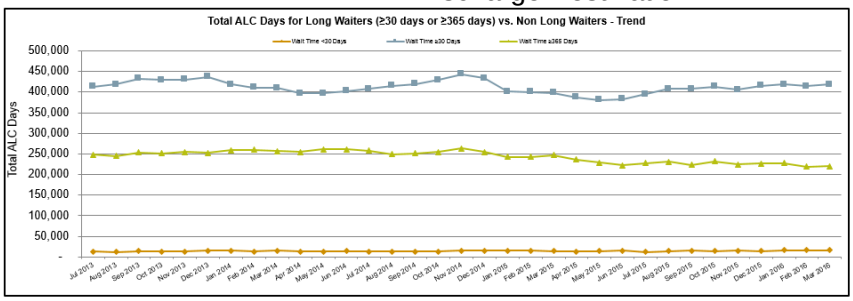
- Long Waiters to Non-Long Waiters

Views

- Trended Monthly

Filters

- Provincial/LHIN/Facility/Site
- DD=MADD vs. DD≠MADD
- Inpatient Service
- Discharge Destination



9 – ALC MADD Segment Report

Design: Dynamic, Excel-Based
Level: Provincial, LHIN, Facility, Site
Frequency: Monthly
Report Available Since: Oct 2015

Reporting Period: Reporting month and preceding 5 months
Data Source: WTIS
Audience: Hospitals, LHINs, CCACs, Ministry

Open Cases Tab | Closed Cases Tab

During one patient journey, a patient's Most Appropriate Discharge Destination may change. The MADD Segment Report provides a breakdown of the different MADDs identified for patients during their journey, and segments the Total Wait Time into the time allocated to each MADD.

Indicators

- ALC Wait Time Segmented by MADD (Cumulative/Total ALC Days, 90th P, Median, Average)

Views

- One Month

Comparisons

- MADD

Filters

- Provincial/LHIN/Facility/Site
- Inpatient Service
- Wait Time Metric
- Month

Open ALC Cases		Number of ALC Cases	ALC Wait (Days) for each Most Appropriate Discharge Destination in Patient Journey												
			Long Term Care	Complex Continuing Care	Rehab	Home with Community	Home with CCAC	Home without Supports	Convalescent Care	Palliative Care	Mental Health	Supervised or Assisted Living	Unknown	TBD	All Destinations including TBD
Most Appropriate Discharge Destination	Long Term Care	2,031	314,520	1,513	610	300	4,480	187	245	353	173	3,155	1,683	6,811	334,030
	Complex Continuing Care	313	350	21,214	404	48	126	0	57	27	0	77	199	162	22,664
	Rehab	364	5	123	8,786	136	89	1	61	0	0	14	158	21	9,394
	Home with Community	72	67	7	10	3,242	777	0	0	0	0	45	4	3	4,155
	Home with CCAC	418	65	112	199	0	18,035	6	177	17	0	207	168	420	19,406
	Home without Supports	22	20	0	1	0	910	509	0	0	0	342	12	1	1,795
	Convalescent Care	114	2	45	38	18	8	3	1,306	0	0	5	33	9	1,467
	Palliative Care	152	185	41	6	56	39	1	0	4,182	0	83	32	27	4,652
	Mental Health	27	3	0	159	0	0	0	0	0	2,528	0	11	3	2,704
	Supervised or Assisted Living	455	1,274	105	26	157	223	30	15	5	16	92,033	1,220	10,724	105,828
	Unknown	165	0	0	31	0	90	0	38	0	0	27	6,455	79	6,720
	TBD	6	0	0	0	0	0	0	0	0	0	0	0	39	39
	All Destinations including TBD	4,139	316,491	23,160	10,270	3,957	24,777	737	1,899	4,584	2,717	95,988	9,975	18,299	512,854

10 – ALC SNS Report

Design: Dynamic, Excel-Based
Level: Provincial, LHIN, Facility, Site
Frequency: Monthly
Report Available Since: July 2013; Enhancements in Oct 2013

Reporting Period: July 2013 – Report Period
Data Source: WTIS
Audience: Hospitals, LHINs, CCACs, Ministry

SNS Barrier vs. Need Tab

Provides the Volume/Proportion of ALC Cases and associated Wait Time Metrics for cases reporting No SNS requirements, SNS requirements as a Need only (i.e., no barriers), and SNS requirements as a Barrier (at least one), stratified by Discharge Destination and whether or not the patient is waiting for their Most Appropriate Discharge Destination (MADD).

Indicators

- Volume of ALC Cases with at least one SNS
- Volume of ALC Cases with SNS as a Need Only
- Volume of ALC Cases with SNS as a Barrier (at least one)
- ALC Wait Time Metrics (90th P, Median, Average)

Filters

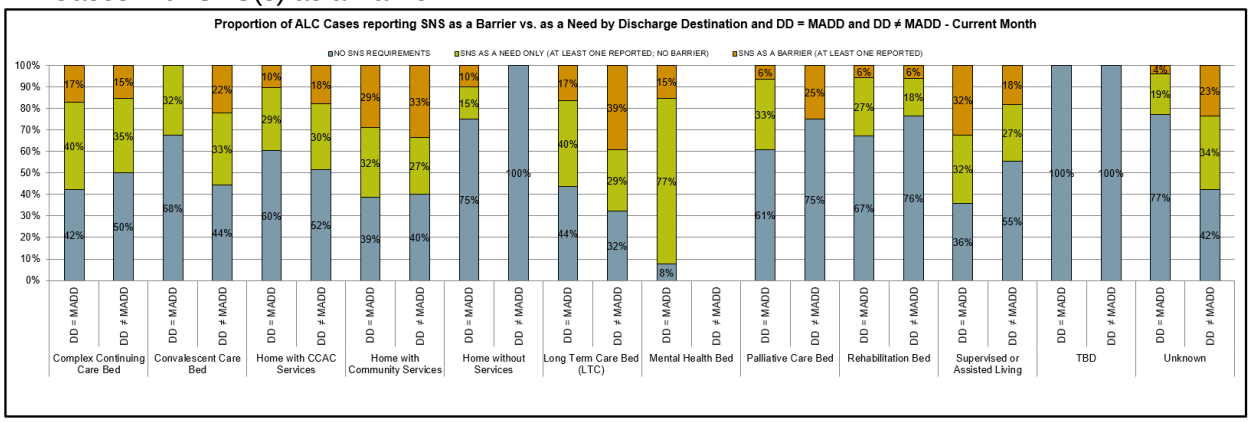
- Provincial/LHIN/Facility/Site
- Inpatient Service
- ALC Status (Open, Discharged, Discontinued)

Comparisons

- Discharge Destinations
- ALC Cases with DD = MADD to ALC Cases with DD ≠ MADD
- Cases with No SNS to Cases with SNS(s) as a Need Only to Cases with SNS(s) as a Barrier

Views

- Reporting Month



Trend: SNS Wait Time Tab

Provides ALC Wait Time metrics for cases reporting No SNS requirements, SNS requirements as a Need only (i.e., no barriers), and SNS requirements as a Barrier (at least one), trended monthly.

Indicators

- ALC Wait Time Metrics (90th P, Median, Average)

Comparisons

- Cases with No SNS to Cases with SNS(s) as a Need Only to Cases with SNS(s) as a Barrier

Views

- Trended Monthly

Filters

- Provincial/LHIN/Facility/Site
- Inpatient Service
- ALC Wait Time Metric

SNS Detail Tab

For each Discharge Destination, this data tab provides the Volume/Proportion of Open ALC cases that have SNS requirements, including data for each specific SNS (i.e., SNS Type and Detail).

Indicators

- Volume of Open ALC Cases

Comparisons

- Discharge Destinations
- SNS Types and Details

Views

- Reporting Month

Filters

- Provincial/LHIN/Facility/Site
- Inpatient Service
- Need vs. Barrier vs. Need or Barrier

Specialized Needs and Supports	Discharge Destination																							
	All Destinations		Complex Continuing Care		Convalescent Care		Home with CCAC Services		Home with Community		Home without Supports		Long Term Care		Mental Health		Palliative Care		Rehabilitation		Supervised or Assisted Living		Unknown		TBD	
	vol	%	vol	%	vol	%	vol	%	vol	%	vol	%	vol	%	vol	%	vol	%	vol	%	vol	%	vol	%	vol	%
Total Open ALC Cases Volume	4139	NA	316	NA	117	NA	522	NA	77	NA	22	NA	1790	NA	13	NA	144	NA	358	NA	467	NA	388	NA	5	NA
Bariatric	58	1.4%	7	2.2%	1	0.9%	9	1.7%	3	3.9%	0	0.0%	23	1.3%	0	0.0%	1	0.7%	4	1.1%	6	1.3%	4	1.3%	0	0.0%
Behavioural	589	14.2%	19	6.0%	1	0.9%	45	8.6%	10	13.0%	0	0.0%	356	19.9%	6	46.2%	6	4.2%	5	1.4%	103	22.1%	38	12.3%	0	0.0%
Behavioural - 1:1 Support	74	1.8%	3	0.9%	0	0.0%	8	1.5%	3	3.9%	0	0.0%	37	2.1%	1	7.7%	3	2.1%	3	0.8%	11	2.4%	5	1.6%	0	0.0%
Behavioural - Aggressive Behaviours	150	3.6%	4	1.3%	0	0.0%	12	2.3%	3	3.9%	0	0.0%	85	4.7%	5	38.5%	2	1.4%	2	0.6%	25	5.4%	12	3.9%	0	0.0%
Behavioural - Sexualized Behaviours	20	0.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	12	0.7%	0	0.0%	0	0.0%	1	0.3%	6	1.3%	1	0.3%	0	0.0%
Behavioural - Unspecified	453	10.9%	15	4.7%	1	0.9%	28	5.4%	9	11.7%	0	0.0%	275	15.4%	1	7.7%	4	2.8%	1	0.3%	85	18.2%	34	11.0%	0	0.0%
Developmental	67	1.6%	0	0.0%	1	0.9%	4	0.8%	3	3.9%	1	4.5%	17	0.9%	0	0.0%	0	0.0%	0	0.0%	37	7.9%	4	1.3%	0	0.0%
Dialysis	84	2.0%	17	5.4%	2	1.7%	8	1.5%	6	7.8%	0	0.0%	30	1.7%	0	0.0%	0	0.0%	10	2.8%	8	1.7%	3	1.0%	0	0.0%
Equipment/Structural (No Bariatrics)	431	10.4%	38	12.0%	8	6.8%	71	13.6%	11	14.3%	0	0.0%	210	11.7%	2	15.4%	13	9.0%	37	10.3%	25	5.4%	16	5.2%	0	0.0%
Feeding	197	4.8%	51	16.1%	0	0.0%	22	4.2%	5	6.5%	0	0.0%	92	5.1%	0	0.0%	4	2.8%	3	0.8%	12	2.6%	8	2.6%	0	0.0%
Infection Control/Isolation	153	3.7%	35	11.1%	1	0.9%	31	5.9%	4	5.2%	0	0.0%	55	3.1%	0	0.0%	5	3.5%	2	0.6%	13	2.8%	7	2.3%	0	0.0%

SNS Detail Trend Tab

Provides ALC Wait Time metrics for Open ALC Cases trended over time.

Indicators

- ALC Wait Time Metrics (90th P, Median, Mean)

Comparisons

- Cases reporting SNS as a Need to Cases reporting SNS as a Barrier

Views

- Trended Monthly

Filters

- Provincial/LHIN/Facility/Site
- Inpatient Service
- SNS Type/Detail
- ALC Wait Time Metric

Barrier: Long Waiter Tab

Provides the Volume/Proportion of ALC Cases with a SNS as a Barrier, stratified by SNS Type/Detail and whether the patient has been waiting for less than 30 days, greater than or equal to 30 days, or 365 days or more. The latter two categories are considered ALC Long Waiters. This data tab allows us to compare SNS Barriers between Long Waiters and Non Long Waiters.

Indicators

- Volume of ALC Open Cases
- Volume of Long Waiters

Comparisons

- Long Waiters to Non Long Waiters
- SNS Types and Details

Views

- Reporting Month

Filters

- Provincial/LHIN/Facility/Site
- Inpatient Service

11 – ALC Patient Journey Report

Design: Dynamic, Excel-Based
Level: Provincial, LHIN, Facility, Site
Frequency: Quarterly
Report Available Since: Q1 (April-June) 2016/17

Reporting Period: Q1 2015/16 – Current Quarter
Data Source: WTIS, Home Care Database (HCD), RAI-HC
Audience: Hospitals, LHINs, CCACs, Ministry

Patient Journey Snapshot Tab

Provides a snapshot view of the journey for patients designated ALC in the reporting quarter, including how they were admitted to hospital; the number of ALC designations, discharges, and discontinuations; and how many were still waiting at the end of the quarter and for which ALC discharge destinations. This tab also provides information about whether or not patients waiting for CCAC-mandated discharge destinations are known to the CCAC (i.e., have a CCAC referral) and their levels of clinical complexity.

Indicators

- Volume of New ALC Designations within Quarter
- Volume of Discharged ALC Cases
- Volume of Discontinued ALC Cases
- Throughput Ratio
- Volume of Open ALC Cases
- ALC Wait Time Metrics (Cumulative/Total ALC Days, 90th P, Median, Average)

Views

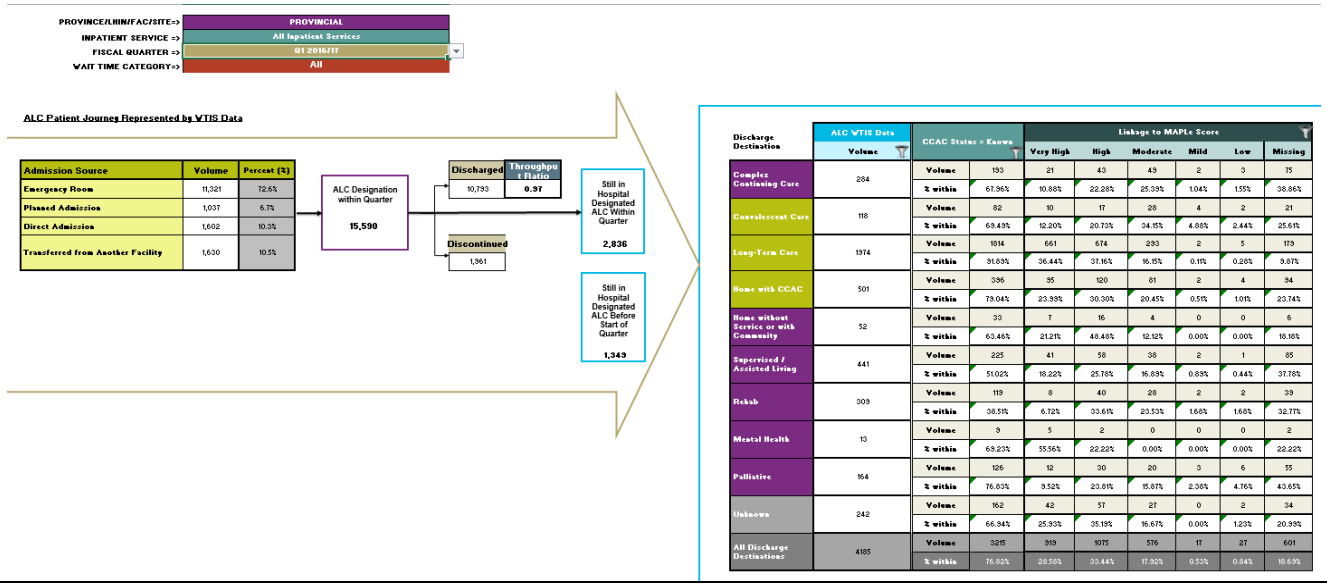
- Reporting Quarter

Filters

- Province, LHIN, Facility, Site
- Inpatient Service
- Fiscal Quarter
- Wait Time Category (all vs. ALC Long Waiters)

Comparisons

- Admission Sources
- Time of Designation (Before Quarter vs. During Quarter)
- Discharge Destinations
- CCAC Status (Known vs. Unknown)
- MAPLe Score Levels



PROVINCE/LHIN/FAC/SITE=>	PROVINCIAL
INPATIENT SERVICE =>	All Inpatient Services
FISCAL QUARTER =>	Q1 2016/17
WAIT TIME CATEGORY=>	All

ALC Patient Journey Represented by WTIS Data

Admission Source	Volume	Percent (%)
Emergency Room	11,321	72.6%
Planned Admission	1,037	6.7%
Direct Admission	1,602	10.3%
Transferred from Another Facility	1,630	10.5%

ALC Designation within Quarter: 15,590

Discharged	Throughput Ratio
10,793	0.97

Discontinued: 1,361

Still in Hospital Designated ALC Within Quarter: 2,836

Still in Hospital Designated ALC Before Start of Quarter: 1,349

Discharge Destination	ALC WTIS Data Volume	CCAC Status = Known		Linkage to MAPLe Score: Very High	High	Moderate	Mild	Low	Missing
Complex Continuing Care	284	Volume	193	21	43	49	2	3	75
		% within	67.96%	10.88%	22.28%	25.39%	1.04%	1.55%	38.86%
Convalescent Care	118	Volume	82	10	17	28	4	2	21
		% within	69.49%	12.20%	20.73%	34.15%	4.88%	2.44%	25.61%
Long-Term Care	1974	Volume	1814	661	674	293	2	5	179
		% within	91.89%	36.44%	37.16%	16.15%	0.11%	0.28%	9.87%
Home with CCAC	501	Volume	396	35	120	81	2	4	34
		% within	79.04%	23.99%	30.30%	20.45%	0.51%	1.01%	23.74%
Home without Service or with Community	52	Volume	33	7	16	4	0	0	6
		% within	63.46%	21.21%	48.48%	12.12%	0.00%	0.00%	18.18%
Supervised / Assisted Living	441	Volume	225	41	58	38	2	1	85
		% within	51.02%	18.22%	25.78%	16.89%	0.89%	0.44%	37.78%
Rehab	309	Volume	119	8	40	28	2	2	39
		% within	38.51%	6.72%	33.61%	23.53%	1.68%	1.68%	32.77%
Mental Health	13	Volume	9	5	2	0	0	0	2
		% within	69.23%	55.56%	22.22%	0.00%	0.00%	0.00%	22.22%
Palliative	164	Volume	126	12	30	20	3	6	55
		% within	76.83%	9.52%	23.81%	15.87%	2.38%	4.76%	43.65%
Unknown	242	Volume	162	42	57	27	0	2	34
		% within	66.94%	25.93%	35.19%	16.67%	0.00%	1.23%	20.99%
All Discharge Destinations	4185	Volume	3215	919	1075	576	17	27	601
		% within	76.82%	28.58%	33.44%	17.92%	0.53%	0.84%	18.69%

Trending View Tab

This tab allows you to compare a selected Province/LHIN/Facility/Site to another selected Province/LHIN/Facility/Site on their Volume of ALC Cases and ALC Wait Time Metrics trended over time, stratified by a number of filters.

Indicators

- Volume of ALC Cases
- ALC Wait Time Metrics (Cumulative/Total ALC Days, 90th P, Median, Average)

Comparisons

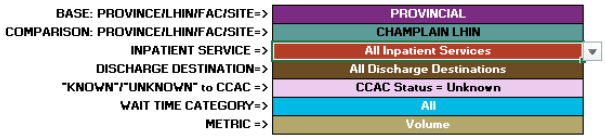
- Selected Province/LHIN/Facility/Site to another selected Province/LHIN/Facility/Site
- Quarters

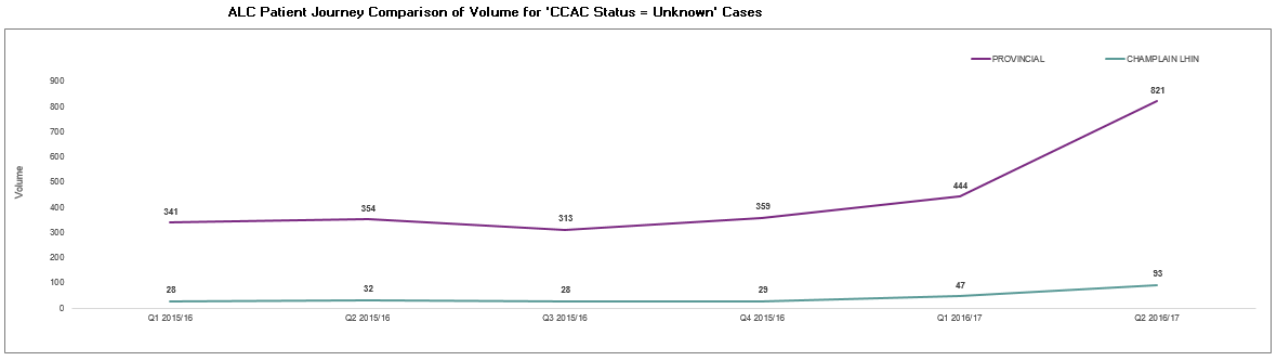
Views

- Trended Quarterly

Filters

- Base: Province/LHIN/Facility/Site
- Comparison: Province/LHIN/Facility/Site
- Inpatient Service
- Discharge Destination
- CCAC Status (Known vs. Unknown)
- Wait Time Category (all vs. Long Waiters)
- Metric (Volume of ALC Cases, ALC Wait Time Metrics)





Volume	ALC Comparison of CCAC Status = Unknown Cases					
	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Q1 2016/17	Q2 2016/17
PROVINCIAL	341	354	313	359	444	821
CHAMPLAIN LHIN	28	32	28	29	47	93

Summary of ALC Performance Indicators & Performance Reports

ALC Performance Indicator	ALC Performance Report									
	Prov & LHIN Performance Summaries	Trending Report	Wait Time Distribution Report	Throughput Ratio Report	Rate Report	Discharge by Disposition Report	MADD Report	MADD Segment Report	SNS Report	Patient Journey Report
Vol. of Open Cases	✓	✓				✓	✓	✓	✓	✓
Vol. of Closed Cases						✓		✓		
Vol. of Discharged Cases	✓	✓		✓			✓		✓	✓
Vol. of Discontinued Cases	✓	✓					✓		✓	✓
Vol. of Newly Added Cases				✓						
Vol. of New ALC Designations				✓						✓
Vol. of Re-Designations				✓						
Vol. of Transfer-Ins				✓						
Vol. of Transfer-Outs				✓						

		ALC Performance Report									
		Prov & LHIN Performance Summaries	Trending Report	Wait Time Distribution Report	Throughput Ratio Report	Rate Report	Discharge by Disposition Report	MADD Report	MADD Segment Report	SNS Report	Patient Journey Report
	Vol. of ALC Cases with DD = MADD	✓						✓		✓	
	Vol. of ALC Cases with DD ≠ MADD	✓						✓		✓	
	Vol. of Long Waiters	✓	✓	✓				✓		✓	
	Vol. of ALC Cases with at least one SNS	✓								✓	
	Vol. of ALC Cases with SNS as a Need Only	✓								✓	
	Vol. of ALC Cases with SNS as a Barrier (at least one)	✓								✓	
	Vol. of ALC Cases Designated within 'X' Days of Admission				✓						
	ALC Throughput Ratio				✓						✓

		ALC Performance Report									
		Prov & LHIN Performance Summaries	Trending Report	Wait Time Distribution Report	Throughput Ratio Report	Rate Report	Discharge by Disposition Report	MADD Report	MADD Segment Report	SNS Report	Patient Journey Report
	ALC Wait Time Metrics (Cumulative / Total ALC Days; 90th P, Median, Average)	✓	✓	✓				✓		✓	✓
	ALC Wait Time Segmented by DD						✓				
	ALC Wait Time Segmented by MADD								✓		
	ALC Rate	✓				✓					
	Total ALC Days in Reporting Period	✓				✓					
	% Contribution to Annual ALC Rate by Discharge Destination					✓					

8 – Data Quality Management

The following section provides information about data quality management at Access to Care, with a focus on ALC-specific data quality and compliance processes and the importance of submitting high quality data to the WTIS.

Overview of Data Quality Management

High quality data is essential to ensure an accurate and representative picture of ALC across the province to support decision making in the management and improvement of healthcare access. Data quality is a shared responsibility between ATC and facilities.

Facilities are responsible for ensuring data submitted to the WTIS is accurate, complete, and of high quality. ATC supports facilities in achieving this mandate, by conducting monthly and quarterly data quality reviews to identify suspected data quality concerns and resolve any submission issues that arise.

During the monthly data quality management process, ATC provides facilities with compliance and data quality monitoring tools and reports. These tools enable facilities to continually examine the data to understand how their facility is adhering to the submission requirements and the reportability of their submitted data.

Note: For the purposes of ALC data collection, hospitals with only one location and hospitals with multiple locations under one umbrella corporation are considered Facilities. Each individual hospital is also considered to be a Site. Data quality management occurs at a Site-level but can also be rolled-up to a Facility-level for multi-site facilities. For sake of ease, the term facilities has been used to represent all hospitals collecting and reporting ALC information.

ALC Data Submission Requirements

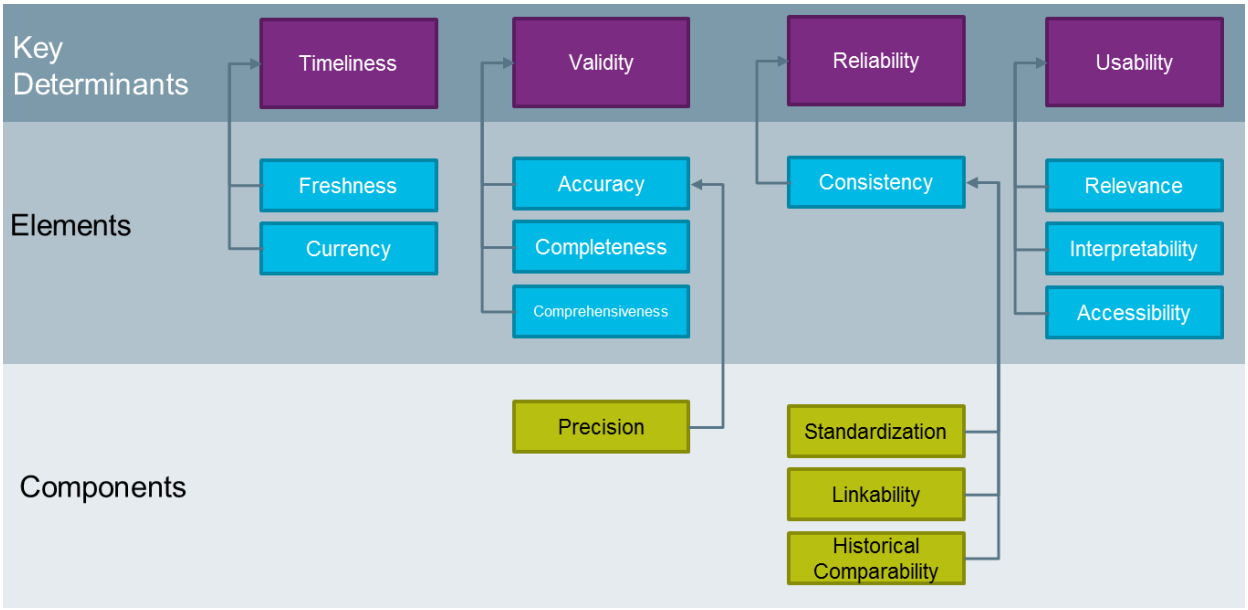
The submission of WTIS data from facilities must be both accurate and timely to meet data submission requirements. Currently, ATC evaluates the WTIS data against the submission requirements using **14 Data Quality indicators** for ALC data developed to help identify potential issues and assist facilities in evaluating their data. A sub-section of these data quality indicators have been identified as **Compliance Indicators.**

To ensure timely data quality, updates to the waitlist entries must be made within two business days of the clinical event, for example:

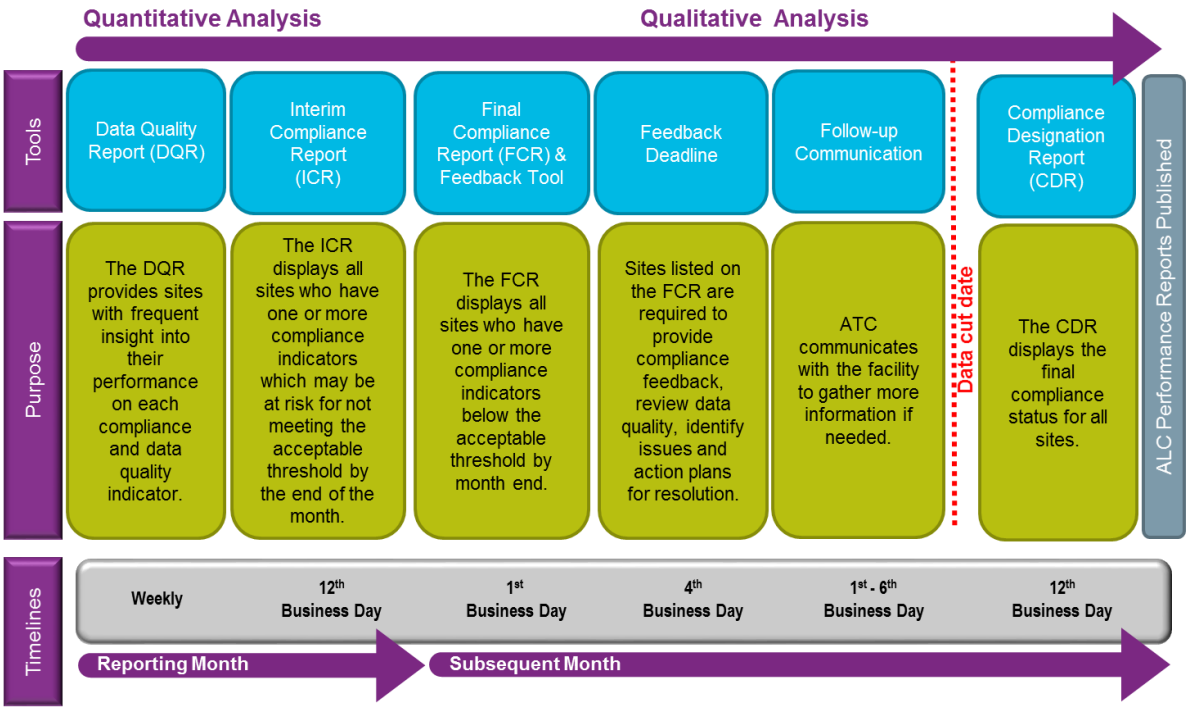
- Opening and closing a waitlist entry within two business days of the actual ALC Designation Date and the actual Discharge Date
- Discontinuing a waitlist entry when a patient's needs or condition changes and the patient is no longer actively waiting for an alternate level of care.
- Re-opening a waitlist entry when the patient is re-designated ALC
- Updating Specialized Needs and Supports if there is a change in the patient's care requirements and/or discharge destination
- Facilities at a complex level of integration must also resolve Message Failure Management (MFM) errors within two business days of the error date in order for the waitlist entry to be updated appropriately in a timely fashion.

Data Quality Framework

The 14 ALC Data Quality Indicators (two of which are currently considered compliance indicators) are based on ATC's Data Quality Framework which aims to monitor the submitted ALC data on the following elements:



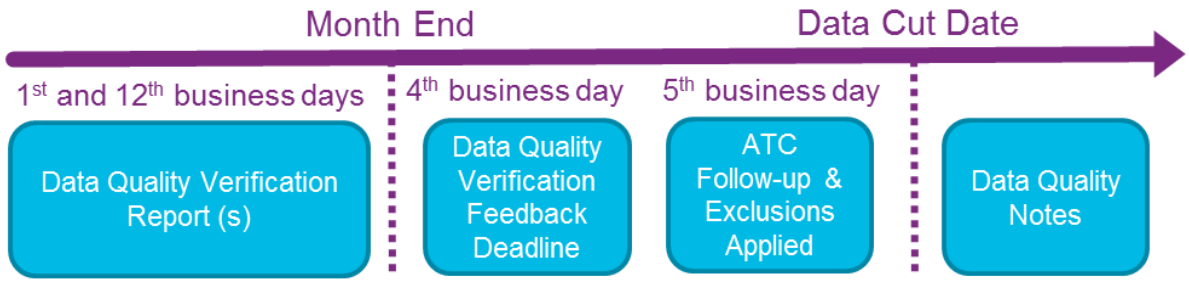
Data Quality and Compliance Process



Data Quality Process

ATC data quality activities are designed to assist facilities in identifying potential errors with the data submitted to the WTIS. This monthly validation, in tandem with the compliance processes, help to ensure complete and accurate data is used to inform wait time performance reporting.

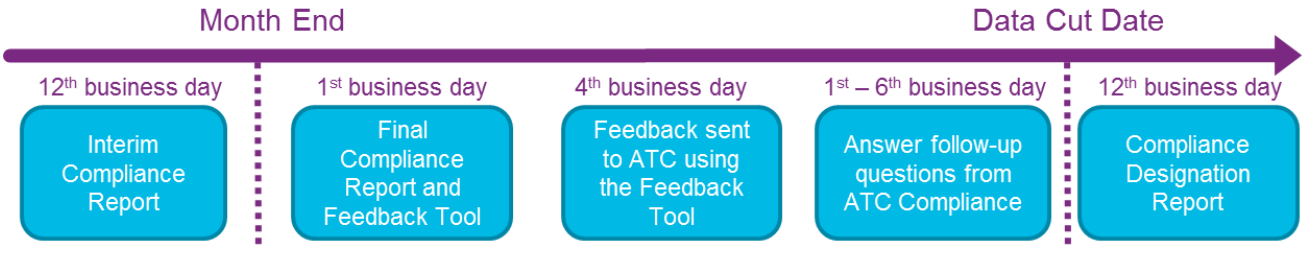
Each data quality cycle contains key milestones for facilities to track their DQ progress:



- ALC data quality indicators can be viewed in the ALC Data Quality Report which contains both the compliance indicators and the data quality indicators. This report is produced each Monday of the reporting month as well as the 1st, 3rd and 6th business days after the reporting month.
- **First to Fourth business day of the subsequent month:** Coordinators are required to answer follow-up questions from ATC. ATC applies the requested exclusions prior to the data cut date.
- **Fourth business day of the subsequent month:** Feedback is due to ATC and/or edits should be made to waitlist entries.
- **Sixth business day of the subsequent month:** The information in the WTIS is extracted and used for the purpose of generating monthly performance reports

Compliance Process

ATC compliance activities are designed to assist facilities and sites in proactively identifying and resolving submission issues, and to ensure complete and accurate data is available to inform wait time performance reporting. These wait time performance reports are provided to the ministry, LHINs, and WTIS-ALC reporting facilities. Each compliance cycle contains key milestones that allow facilities to track their compliance progress:



- **Twelfth business day of the reporting month:** The Interim Compliance Report is sent to facilities and sites at risk of falling below the expected thresholds by month's end. This report helps Coordinators proactively identify issues and implement solutions before month's end. Every quarter on the 12th business day, the ALC DQ Quarterly Report is also published to help facilities review trending DQ information.

- **First business day of the subsequent month:** The Final Compliance Report and Feedback Tool is sent to all facilities and sites that have not met the acceptable threshold for one or more of the compliance indicators. Receiving this report and the accompanying notification indicates feedback is required.
- **Fourth business day of the subsequent month:** Feedback for compliance indicators falling below acceptable thresholds must be uploaded to the Compliance & Data Quality Feedback area of ATC Information Site before the end of day, using the compliance feedback tool.
- **First to Sixth business day of the subsequent month:** During this period, ATC will contact facility coordinators to clarify information or gather more details before final compliance designations are published.
- **Sixth business day of the subsequent month:** The information stored in the WTIS is extracted and used for the purpose of generating monthly performance reports.
- **Twelfth business day of the subsequent month:** The Compliance Designation report is posted on the ATC Information Site. This report displays the final compliance designations for each compliance indicator measured for each facility or site.

Data Quality & Compliance Reports

ALC Data Quality & Stabilization Report (DQR)

The ALC Data Quality & Stabilization Report (DQR) is available on the ATC Information Site each Monday throughout the reporting month and the first, third and sixth business day after the reporting month. The weekly ATC Bulletin includes a link to this report.

These reports help Coordinators with proactive data monitoring and performance management within their organization. ATC uses this report to evaluate monthly data, identify potential issues and establish compliance designations.

Interim Compliance Report (ICR)

The Interim Compliance Report (ICR) is available on the ATC Information Site on the 12th business day of the reporting month.

This report includes only those facilities or sites with indicators which are at risk of being below the acceptable threshold at month end. When a facility or site is flagged on this report, the primary and back-up Coordinators will receive an email notification. Coordinators are encouraged to examine their data carefully and ensure it is an accurate reflection of what has actually occurred at the facility.

Final Compliance Report (FCR) and Feedback Tool

The Final Compliance Report (FCR) and Feedback Tool is available on the ATC Information Site on the first business day of the subsequent reporting month. The primary and back-up Coordinators at the facilities or sites appearing on the FCR will receive an email notification.

This report displays only those facilities and sites with indicators that are below the acceptable threshold at month end. Facilities or sites listed on this report are required to provide feedback to ATC by the fourth business day.

ALC Quarterly Data Quality Summary Report

The ALC Quarterly Data Quality Summary Report is an Excel-based report produced and distributed on a quarterly basis. This detailed report provides information on all data quality and compliance indicators for all sites/facilities/LHINs for the reporting quarter and provides trending information for the preceding 12 months.

Compliance Feedback

Feedback from participating facilities and sites provides qualitative context to the data reported to the WTIS. The initial compliance assessment is a 'quantitative' view of the data, comparing the actual data in the system to the expected or acceptable values. Further information is required to understand if the data in the system is accurate.

Facilities or sites identified on the FCR will be notified by email on the first business day of the subsequent month. This email indicates feedback is required to explain the submitted data. Feedback must be uploaded to the Compliance & Data Quality Feedback area of ATC Information Site by the fourth business day of the subsequent month. This allows ATC enough time to assess the feedback and reach out for more information if required, in time for data cut date on the sixth business day. The FCR includes a step-by-step instructions tab detailing the use of the report and feedback requirements.

Compliance feedback must include confirmation of the actual events (volume of newly designated cases, volume of discharged cases, etc.) that occurred at the site-level during the reporting month. If required, feedback must also contain appropriate action plan activities, including a date for when the data will meet the compliance reporting requirements and the issue will be resolved.

If adequate rationale is not received by the feedback deadline, the facility or site risks receiving a non-compliant designation and a potential escalation.

Compliance Action Plan

Documenting and submitting an action plan is an important step in the compliance process. This helps ATC to confirm that data submission issues are being addressed in a timely and effective manner and will assist the coordinator in organizing an appropriate plan to resolve the issue. Action plans can be submitted directly in the Final Compliance Report (FCR) & Feedback Tool or as a separate document. An action plan should include:

1. Detailed steps to resolve the issue.
2. The key stakeholders and/or persons accountable for completing the identified steps.
3. A final resolution date and/or interim milestone dates, where required.

Compliance Designations and Escalations

Designations

Facility data in conjunction with feedback are used to accurately assess a facility's compliance with the data submission requirements. Facilities are designated Compliant or Non-Compliant for each indicator:

Designation	Criteria
Compliant	Data has met the reporting requirement, as defined in the compliance indicator
Non-Compliant	Data has not met the reporting requirement, as defined in the compliance indicator

A facility or site may be designated Non-Compliant when the data submitted to the WTIS falls above or below the acceptable thresholds for any compliance indicator and one of the following conditions exists:

- The Coordinator has provided inadequate or no feedback by the 4th business day deadline
- The facility/site was not able to enter, close or update all required information into the WTIS by the data cut date and no resolution plan is in place
- Ongoing data quality issues exist and the targeted resolution date has not been met

Escalations

The escalation process is designed to inform senior members at the participating facility of issues relating to the accuracy and/or completeness of the data reported to provincial stakeholders. Escalation is an important step to ensure transparency within the compliance assessment and to communicate data quality issues in order to gain support for the resolution of any contributing issues.

If a facility has been designated Non-Compliant and is without a plan for resolution for one (1) or more consecutive months, the escalation process is initiated.

Escalation progresses according to the following pathway:

- **Level 1: One month of non-compliance**
  A Level 1 escalation letter is sent to the facility's Coordinator.
- **Level 2: Two months of consecutive non-compliance and a Level 1 escalation letter has already been sent**
  A Level 2 escalation letter is sent to the facility's CIO (Coordinator is copied).
- **Level 3: Three months of consecutive non-compliance and a Level 2 escalation letter has already been sent**
  A Level 3 escalation letter is sent to the facility's CEO.
- **Level 4: Four months of consecutive non-compliance and a Level 3 escalation letter has already been sent**

A Level 4 escalation letter is sent to the facility's Board Chair.

- **Level 5: Five or more months of consecutive non-compliance and a Level 4 escalation letter has already been sent**
  CCO VP and ATC Director will notify the ADM of Health System Quality and Funding Division, Ministry of Health and Long-Term Care with an overview of actions taken and escalations made to date.

Data Quality & Compliance Indicators

The monthly data quality verification process compares WTIS data to a set of pre-defined **Data Quality Verification Indicators** to identify waitlist entries suspected of being inaccurate or invalid. While it is the responsibility of the facility or site to submit accurate data, this process helps identify those expected or unanticipated errors in the data.

A subset of Data Quality Verification Indicators are considered **Compliance Indicators** and have been developed to measure a facility's or sites submitted data against a standard expected value or target. The data is monitored against the identified compliance indicators on a weekly basis to encourage frequent and proactive data quality reviews. The indicator thresholds communicate the acceptable variation in the monthly data and indicate when further follow-up is required.

As of the beginning of fiscal year 2016/2017, the following table outlines all 14 ALC Data Quality Verification Indicators (including two Compliance Indicators). Complete definitions and exclusions of indicators can be found in the methodology tab of the **ALC Data Quality and Stabilization Report (DQR).**

Data Quality Element	Indicator	Purpose
Compliance Indicators		
Comprehensiveness	1. **Volume of Discharged ALC Cases at site level**	To identify sites with newly added and/or discharged ALC volumes outside the expected range **Target:** A pre-calculated historical range based on 24 months of data
	2. **Volume of Newly Added ALC Cases at site level**	
Data Quality Verification Indicators		
Freshness	3. **Two business day Open Cases at site level**	To identify sites that are not opening/closing their ALC cases within 2 business days
	4. **Two business day Discharged/Discontinued Cases at site level**	
	5. **Unknown Long Waiters for ALC Discharge Destination**	To identify sites that are not updating their ALC DD in a timely fashion

Data Quality Element	Indicator	Purpose
Completeness	6. **Unknown Long Waiters for Most Appropriate Discharge Destination**	To identify sites that are not updating MADD for their open cases
	7. **Facilities with 100% of ALC Cases with SNS=Yes with no Barriers Indicated**	To notify sites of the proportion of ALC waitlist entries where SNS = Y and no barriers are indicated
Accuracy	8. **Volume of Long Waiter Open Cases (over 365 days)**	To encourage sites to validate their long waiters to confirm they are actually still waiting
	9. **Duplicate Waitlist Entries**	To notify sites when a patient has more than one ALC waitlist entry with the same ALC event information
	10. **% of ALC Cases Excluded**	To notify sites of the proportion of waitlist entries that are being excluded from reporting
	11. **Facilities with 100% of cases with SNS=No**	To notify sites when there are no SNS reported for any ALC patient at the facility
	12. **Proportion of Open ALC Cases by DD/MADD**	To identify sites that have unusual patterns in or an unexpected change in reporting DD, MADD or discontinuation reason
	13. **Proportion of Discharged Cases by DD/MADD**	
	14. **Proportion of Discontinued Cases by DD/MADD and Discontinuation Reason**	

ALC Compliance Targets

ALC Discharged and Newly Added Volume indicator targets were derived from the site's historical pre-calculated range (based on 24 months of data) of discharged and newly added ALC cases. Targets are used as a benchmark for comparison when assessing monthly volume compliance. Sites are not required to meet their target for performance; rather they are displayed to provide an indication of normal range of volumes that month. Not meeting the target for the volumes threshold indicates that you need to confirm the actual number of discharged and/or newly designated ALC waitlist entries for the reporting month.

Refreshed Historical Data

In April 2013, ATC began using refreshed historical data for all Excel-based reports. That is, each historical month will be updated with the most up-to-date data in the WTIS for ALC information. This ensures reports contain the most up-to-date information available.

Note: Fiscal year data is closed as of July 31 as of the next fiscal year. This means data for that year will no longer be refreshed. For example, ALC waitlist entries from April 2016 to March 2017 will no longer be refreshed after July 31, 2017.

Facilities or sites identified with outstanding completeness and/or accuracy data quality issue(s) may risk data suppression from performance reporting at their site, facility and LHIN level based on the severity of issue.

Treatment for Submitting Missing Records

Once confirmation and arrangement have been made with ATC through the ALC Line of Business, ALC coordinators may follow the guidelines below to resubmit their previously missed records through the WTIS portal. For more information, please see the document: *Working with Patients Tip Sheet*.

ALC Records with NO ACE Period(s)

All ALC records (Open, Discontinued or Discharged cases) should be submitted into the WTIS with the original dates for all ALC-relevant clinical milestones, such as Inpatient Admission Date, Designation Date, Transfer Date, MADD Determination Date, and Discharge Destination Determination Date. This can be achieved by creating (opening) a waitlist entry with the initial ALC Designation Date and other data elements associated with the start of the patient's ALC Order, such as the MADD Determination and Discharge Destination Determination Dates (aligned with the ALC Designation Date), prior to save. The waitlist entry can then be updated with subsequent changes to the patient's ALC clinical milestones, such as change in Discharge Destination, as many time as required using the Edit button until the waitlist entry has been permanently closed by entering in a Discharge Date or Discontinuation Date (except in some instances where the waitlist entry was discontinued using the Discontinuation Reason of Change in Medical Status, and if the Discontinuation Date is no more than 40 days prior to the date of data entry). It is important that, within an ALC record, there isn't a period of time where a MADD or Discharge Destination is not identified (if there is a period of time where MADD or Discharge Destination is unknown, please reflect this by choosing Unknown as the MADD or Discharge Destination).

Note: The edit function should be used solely for updating information contained within a waitlist entry reflective of the changes in the patient's ALC clinical milestones and should not be used to correct a data entry error. If a data entry error has occurred, please discontinue that waitlist entry using the Discontinuation Reason of Data Entry Error and create a new entry.

ALC Records with ACE Period(s)

The start date of an **Acute Care Episode (ACE) period** is the discontinuation date where the reason for discontinuation is a Change in Medical Status. The end date of an Acute Care Episode is the Re-Designation Date.

Any missed records with one or more ACE period will need to be treated on a one-on-one basis. This is because WTIS will not allow a waitlist entry to be re-designated after 40 days have passed following a discontinuation due to Change in Medical Status. In this scenario, a new waitlist entry should be created using the original Re-Designation Date as the new ALC Designation Date. If the original waitlist entry was discontinued no longer than 40 days prior to the date of data entry (with Discontinuation Reason = Change in Medical Status), the waitlist entry can be updated by using the Edit button and the link to re-designate.

9 – iPort™ Access

This section describes the Business Informatics tool available to users to generate customizable reports on ALC information.

What is iPort™ Access?

iPort™ Access is ATC's Business Intelligence tool. Launched in September 2011, it provides secure, web-based strategic reporting and analysis capabilities. iPort™ Access provides users with **near-real time data (24-hour lag)** on ALC information at the Provincial, LHIN, Hospital and Site level. iPort™ Access supports operational, planning, and performance management functions by providing easy and timely access to ALC information in the form of **customizable reports** and **operational dashboards.**

iPort™ Access Features

- Customizable Reports
- Operational Performance Dashboards
- Common Attributes and Filters for reports
    - Type of case (Open, Discharged, Discontinued)
    - Province, LHIN, facility, site levels
    - Inpatient Admission Source & Inpatient Service
    - ALC Discharge Destinations & Discontinuation Reasons
    - Specialized Needs and Supports (SNS)
    - Most Appropriate Discharge Destination (MADD) Segments
- Common Metrics for reports
    - Volume of ALC Waitlist Entries
    - Mean Wait (in days)
    - Median Wait (in days)
    - 90th Percentile Wait (in days)

Customizable Reports

Performance Summary Report

Provides information on Key Performance Indicators including the volume of ALC waitlist entries and the mean, median and 90th percentile ALC wait by various attributes such as ALC Discharge Destination and Specialized Needs and Supports (SNS). This report can be executed for Open, Discharged (Closed) and Discontinued (Closed) ALC waitlist entries.

Performance Comparison Report

Provides information on KPIs by various attributes at the Province, LHIN, Facility and Site level. This report can be executed for Open, Discharged (Closed) and Discontinued (Closed) ALC waitlist entries.

Performance Histogram Report

Provides a graphical distribution of ALC Days by various attributes. This report can be executed for Open, Discharged (Closed) and Discontinued (Closed) ALC waitlist entries.

Patient Age Demographics Report

This report provides information on Key Performance Indicators including the volume of ALC waitlist entries and the mean, median and 90th percentile ALC wait by patient age and various other attributes.

Patient Throughput and Queue Analysis Report

Provides information for the purpose of observing whether the ALC waitlist entry is increasing or decreasing over a specific time period. It provides queue information, volume of newly added and discharged cases, and the throughput ratio indicator by various attributes and reporting periods.

Discharge Destination Summary Report

Provides information on KPIs including the volume of ALC Discharge Destination Segments in the ALC waitlist entries and the Mean, Median and 90th Percentile Wait Time for ALC Discharge Destination segments. This report includes Discharged (Closed) waitlist entries only.

Designated ALC within X Days of Admission

Provides information on KPIs including the volume of ALC waitlist entries where the patient was designated ALC within a specific number of days after admission, by various attributes. This report can be executed for Open, Discharged (Closed) and Discontinued (Closed) ALC waitlist entries.

Trending Report

Provides information on KPIs (including volume of Open waitlist entries and Wait Time metrics) by various attributes, trended over time, at the Province, LHIN, Facility and Site level. This report can be executed for Open, Discharged (Closed) and Discontinued (Closed) ALC waitlist entries.

Most Appropriate Discharge Destination (MADD) Reports

Provides information on Key Performance Indicators for MADD segments, MADD/transfer segments & DD/transfer segments by various conditions, for Open or Closed waitlist entries.

Patient Detail Report (Hospital Users Only)

Provides record-level detail for most ALC data elements entered into the WTIS, including ALC days and Acute Care Episode (ACE) days. This report can be executed for Open, Discharged (Closed) and Discontinued (Closed) ALC waitlist entries.

Operational Dashboards

The Operational Dashboards provide a monthly and daily operational summary of ALC performance by facility .The dashboard can be executed for Open, Discharged (Closed), and Discontinued (Closed) waitlist entries.

More iPort™ Access Information

- ALC iPort™ Access Report Guide: *ALC iPA Report Guide*
- Click the "IPort™ Access Help" in iPort™ Access

- Questions: iPortAccess@cancercare.on.ca

Summary of Changes

Version 1: May 2016

Version 2: January 2017

Minor changes (e.g., language, formatting, organization) were made throughout the entire document to increase clarity and improve the flow of information throughout each section.

Summary of Major Changes

Section	Major Changes
1 – ALC Overview and Provincial Definition	• The *Introduction* and *Provincial Alternate Level of Care Definition* sections were combined to create *Section 1 – ALC Overview and Provincial Definition* • Inclusion of *ATC Oversight and Governance* subsection
2 – Provincial ALC Information: The WTIS	• Update to *Evolution of the WTIS* diagram
3 – WTIS-ALC Data Elements	• Inclusion of all ALC data elements collected in the WTIS (Version 1 included only key data elements). • Inclusion of detailed definitions for each individual data element value. • Inclusion of *WTIS-ALC Data Elements Aligned to Clinical Scenarios* subsection
4 – Clinical Guidance	• Removal of *Flow Diagram: Palliative Care*
5 – ALC Status Definitions	• Inclusion of new diagram: *ALC Statuses in ALC Reports*
6 – ALC Performance Indicators	• Removal of "Wait 3" and "Wait 4" terminology • Inclusion of indicator: *Percent Contribution to Annual ALC Rate by Discharge Destination*
7 – ALC Reporting at Access to Care	• Removal of *ALC Provincial Hospital Group Summary* from Report Catalogue as this report is no longer reported • Inclusion of new *ALC Patient Journey Report* to Report Catalogue • Inclusion of *Summary of ALC Performance Indicators and Performance Reports* table
8 – Data Quality Management	• Inclusion of *Refreshed Historical Data* subsection • Inclusion of *Treatment for Submitting Missing Records* subsection
9 – iPort™ Access	• No changes