

Steering committee to look at expanding complex care in London

A diverse group of health care professionals in the London region have formed a steering committee to address gaps in service for patients with complex and chronic medical needs.

The group, which includes long term care administrators, doctors, physiotherapists, and hospital administrators want to develop alternate, collaborative solutions to a “bottlenecking” problem with patients who are ready to leave acute care, says Yolanda Camiletti, coordinator of the 3B West Unit of Complex Continuing Care at Parkwood Hospital.

The problem with “bottlenecking” begins when a patient with significant, chronic medical needs is ready to leave an intensive, acute care setting but still needs comprehensive nursing support.

In the London area, these patients are typically referred to Complex Care at Parkwood Hospital.

The program, which offers medical management, nursing support and a range of diagnostic, technological and therapeutic services, is designed to meet medical needs that can’t be adequately addressed in the community or in long term care.

Once stabilized, the next step for many patients in the Complex Continuing Care program is transfer to a long term care home.

But with a shortage of beds and a lack of resources or staff to adequately care for incoming residents with chronic medical needs, LTC homes are hesitant to admit these residents, which would over burden nursing staff.

For example, says Cameletti, a patient who requires regular tracheostomy suctioning but is otherwise well is technically able to leave Complex Continuing Care.

The problem is, many long term care homes don't have the staffing or technological resources to perform the routine suctioning to keep tracheostomy patients well.

So, they remain in Complex Continuing Care occupying a bed that an acute care patient will soon need.

"It makes no sense," she says.

The committee, who met Tuesday, June 20 at Parkwood want to move from identifying gaps, says Camiletti, towards developing strategies to deal with recurring blockages in the health care system.

"The time is right to make some good system decisions," she says. "We all have a sense of frustration but a burning desire to improve things."

A funding request for increase Complex Care beds is one necessary step, she says, although a past request was denied. Increasing the number of LTC beds is another route.

The committee plans to hold a workshop for local and provincial politicians and LHIN representatives in the fall to stress the areas in care where attention is needed.

The collaboration process, the "breaking down of silos," says Camiletti, has decreased some of the frustration and enmity shown by different providers sharing the same patience. Instead of blame, now there is greater understanding, she says.

"It used to be 'what are you people doing over there?'" she says. "Now it's 'I understand, and how can I help?'"