

## Lack of community resources

Key quotes from Deloitte's *PPH Budget Right Sizing Report of Finding, Draft, March 10, 2006\**

General comments and program area	St Joseph's Healthcare - Hamilton	Royal Ottawa Health Care Group -Brockville	St Joseph's Healthcare-London	Providence Continuing Care Centre
General comments	"There continues to be a challenge in accessing community resources to support the timing of the discharge plans of patients within CMHS ..." (p. 20)	"ROHCG management has indicated that the transition of patients out of hospital has not been successful within the community due to lack of resources." (p. 39)		"Specifically there continues to be a need for additional community mental health services to support high needs clients who have lengthy hospital stays and may need secure and/or supportive housing options and specialized LTC in order to leave hospital care." (p. 81)
Acquired Brain Injury				
Community Liaison Program	"Consistent with the other clinical programs, access to LTC beds and community housing also presents a significant issue for this program." (p. 22)			
Geriatric Psychiatry	"An on-going challenge of the geriatric psychiatry program has been the waiting list. This issue is the result of patients discharge plans not achieved as long-term care facilities unable to accept mental health patients under their current model of care." (p. 23)	"...there are simply not enough appropriate LTC beds that are staffed with the specialized knowledge and skills required to care for this patient population." (p. 46)		"...PCCC continues to face an ongoing challenge with accessing appropriate LTC beds. Many inpatients, although qualifying for LTC, continue to exhibit challenging behaviours resulting in their ineligibility to enter locally available beds. No existing

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Chart prepared by OPSEU's Campaigns Unit, October 2006

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				capacity in the long-term care sector for mid-level care for older patients with dementia and/or mental health disorders and behavioural disturbance.” (p. 83)
Forensic Program	“Like other specialty areas within Mental Health, access to community housing continues to be a challenge; this is particularly difficult given the nature of the forensic patient population” (p. 24)	“...a gap for this patient population is the few community residences that provide the secure, monitored environment with the required 24/7 supervision. There is a deficiency in the community for such transitional housing for forensic patients. ....the lack of level Three and Four services in the community has impeded discharge of this population and resulted in lengthy patient stays.” (p. 41)		“A persistent shortage of appropriate community based treatment programs and housing to care for these patients on an outpatient basis; this compounds the current pressures on the inpatient operations as patients are often unable to be discharged due to the lack of external care options.” (p. 85)
Schizophrenia Program	“....there continues to be on-going challenges with respect to standard of care provided by community resources as the level of follow up care is reported to be in appropriate, as a			

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	<p>result there is a greater level of confidence in the organization's own outpatient follow-up program ... continued work with LTC homes is required to increase their comfort level in providing services to this patient population. ....moreover greater capacity and availability of specialized community housing is also required to provide an "interim level of care for those who do not require LTC but do require a supportive residential environment." (p. 25)</p>			
Mood Disorders			<p>"...to implement these recommendations however, requires greater support and resource availability for outpatient and community based services. " (p. 67)</p>	
Dual Diagnosis		<p>"Higher LOS [length of stay] due to a lack of community resources and these resources do not feel equipped to address the level of care provided for</p>		

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		<p>these patients. ... In particular, there is a significant lack of appropriate housing." (p. 42)</p> <p>"In response to a changing patient profile and a lack of community housing resources, directly adjacent to their inpatient unit, BPH has developed a more "home-like" environment to create an environment where patients can focus on developing their independent daily living skills." (p. 47)</p>		
Acute services				
Rehabilitation		<p>"...the program continues to be challenged with discharging patients to an appropriate community based program. Currently there are a high number of 'legacy' patients from the former PPH; very complex patients, drug resistant conditions, no where for these people to go." (p. 43)</p>		
Concurrent Disorder				
Development Behaviour Management			<p>"The primary challenge facing this program is the</p>	

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			insufficient level of appropriate community resources to adequately house these long-standing patients. ...at this time approximately 50% of the beds are occupied by long-term clients awaiting placement into highly supervised and supportive housing within the community.” (p. 61)	
Specialized Adult			Special Adult St. Thomas: “have 15 patients that have multiple barriers to discharge; insufficient community resources to care for these patients” (p. 66)	
Adult and other Long-Term Care				“Specifically challenges exist with respect to the following areas: Limited access to community and specialized LTC services ... for Dual Diagnosis patient population, approximately 70 people occupying an inpatient bed have been identified as “ready for discharge”, but continue to remain within PCCC as a result of

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				insufficient community resourcing. ...ACT team volumes were reduced to align with standards of care as they were historically over-utilized effectively providing an insufficient level of care due to the overstretching of resources.” (p. 88)