

#54-Claire

Advice to Minister
CONFIDENTIAL

BRIEFING NOTE Community Services

There is a lack of residential capacity within the Department of Community Services (DCS), Central Region to respond to individuals who have been medically discharged from Capital District Health Authority (CDHA) hospitals and who are approved for admission to residential support homes under the mandate of the Services for Persons with Disabilities (SPD) Program. Some of the individuals ready for discharge are under adult protection orders.

BACKGROUND:

- 144 beds at Scotia Adult Residential Centre (ARC) were closed in June 2002 and 159 beds were closed at Halifax County Regional Rehabilitation Centre (RRC) in November 2002. The majority of the 303 residents living in these homes were relocated to other parts of the Province between 1998 and 2002.
- There has been no significant increase in residential capacity in Central Region since 2002 to recover from this loss of placement options at the highest level of support need (RRC and ARC).

CURRENT STATUS:

- In the last 6 months Central Region has been challenged to secure immediate placements for 5 individuals under adult protection orders discharged from CDHA hospitals. *solicitor-client privileged*
- CDHA has advised that there are currently 36 patients (35 from Central Region, and 1 from Western Region), who remain in CDHA hospitals who have been medically discharged, and who have been referred for placement in the SPD Program. Some of these individuals have not been approved by DCS for SPD eligibility.
- The average length CDHA hospital overstay following medical discharge is 607 days. There are currently 11 patients remaining in hospital for two or more years past their medical discharge date. The average age of patients waiting for a discharge to the SPD Program is 41 years and 3 months. Slightly more than half of the 36 patients have been approved for RRC and ARC levels of support.
- Placements from hospital have occurred on an individual basis, but there has not been an approved strategic approach to address the issue of residential capacity in Central Region.
- The SPD Program does not require a waitlisted individual to accept a placement in another region of the Department. Placements are only secured in another region where there is residential capacity and the individual or their statutory decision maker agrees.

Solicitor - client privileged.

FINANCIAL IMPLICATIONS (IF ANY):

- High level costing has been completed in response to approximately 45 individuals requiring placement in Central Region. The cost is estimated to be \$25-30 million in capital and annual operating of \$10 million. Further work is needed on the capital cost estimate.
- A lengthy hospital overstay is very expensive to the overall system, and impacts the well-being of individuals who no longer require acute hospital care.

OPTIONS:

1. Elevate this issue to the Continuing Care/SPD Program Committee and through the DCS budget process, given the impact on the healthy functioning of the broader health care system and *so) - client privileged* respond immediately to develop placements for all individuals who are in the hospital under an adult protection order and are approved for placement in the SPD Program. This means that Central Region will be spending over budget since these additional placements are not built into that budget allocation.
2. Continue the status quo. This means that all individuals who are medically discharged from hospitals and referred to the SPD residential program will continue to be waitlisted for support resulting in a continuation of lengthy hospital overstay - *Solicitor - client Privileged*. If Option #2 is approved, the Deputy and Minister of Health & Wellness will need to be informed. The Department's inability to find placements in these situations could result in considerable negative publicity.

RECOMMENDATIONS

- DCS SPD staff recommend adoption of Option 1

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