Ontario Health Coalition
Briefing Note

December 20, 2024

Types of hospital beds/units, co-payments & other terms that you might hear when a loved one is being moved through & out of the hospital

When you or your loved one are in hospital, conversations with the Social Worker, Clinical Management or Patient Flow staff can be a stressful and confusing alphabet soup of acronyms: ALC, MRP, ALC to LTC… what do these all mean? Here is a quick guide to help you.

Please also see our website here for a video webinar about patient rights in hospital discharge and a document produced by the lawyers at the Advocacy Centre for the Elderly (ACE) that explains the issues related to discharge from hospital to long-term care in detail.

Types of hospital beds/units

Intensive Care Unit (ICU): Hospital staff may use the term "intensive care" or "critical care". An intensive care/critical care unit is usually staffed with one nurse to one patient or one nurse to two patients. Patients will stay in an ICU while they are very unstable and require that intensive level of staffing. When they are more stable, they will be moved out to another unit.

Medical/Surgical Unit: These are what are called "acute care" beds. Patients who are preparing for, or recovering from surgery will be in the medical surgical unit and usually there will be one nurse to every four patients – more on more specialized or focused higher acuity units. Other patients with diseases such as chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), pneumonia, diabetes, acute coronary syndrome (Chest pain, angina) – if they require acute care -- will be in a medical surgical unit.

Complex Continuing Care Unit: This is also called chronic care. It is for patients who no longer need an acute level of care but need hospital care for long-term diseases or illness. These units have less nurses per patient and may have other staff with less training such as personal support workers. Often patients will have multiple complex medical conditions, their care needs are too complex for long-term care, and they cannot go home.

> If a patient needs permanent hospital care **and the plan is not to discharge them home**, then the hospital may be able to charge a co-payment for complex continuing care. The co-payment is for room and board NOT medical care and nursing. (You cannot be charged for medically necessary hospital care in Canada.) The reason for the co-payment is that the hospital is now the patient's home, thus a charge for room and board. The co-payment starts from the time the patient is designated as more or less permanently requiring complex continuing care (not backdated). Effective July 1, 2024, the maximum co-payment rate is $66.95 per day, or $2,036.40 per month. It will go up by the rate of inflation in July 2025. People on ODSP and Ontario Works do not pay. There are reductions for people who are low income, have dependents, have spouses in certain circumstances, and there are special arrangements for people on pensions. Please note: the calculation for rate reduction is based on taxable income only which is different from long-term care rate reductions which are based on net income. For example, GIS and GAINS are not included in the calculation for a rate reduction in hospital. Please see the government website here to understand what co-payment rate applies to you. The $2,036.40 per month is a maximum. Note: you cannot be charged this "co-payment" for your complex continuing care/chronic care bed if you are going to be discharged home, to a retirement home or to rehab. It is only allowed if

you are a permanent resident in the hospital or if you are waiting to be admitted to long-term care. The amount cannot exceed the maximum set out on the government website (link is above) and the hospital may choose not to charge a patient at all – it is at the hospital's discretion. People who have been admitted to the hospital under the Mental Health Act, during that admission cannot be charged the co-payment.

Palliative Care Unit: Palliative care aims to reduce suffering and improve quality of life for people with a progressive life-limiting illness or condition. Palliative care can be a term used not just for end of life. You can also receive palliative care while being treated for an illness. However, generally speaking, in hospitals, palliative care units are used for end of life. For patients who require palliative care in the hospital, there is no co-payment or fee allowed while the person is in the palliative care unit. If the person's prognosis changes and they are moved to a different unit, such as a complex continuing care unit, there may be a co-payment. There is no time limit for how long a patient can be on a palliative care unit. If you or your loved one is told there is, you should speak to the hospital patient representative or ombudsman or seek legal advice.

Rehabilitation Unit/Hospital: Usually the goal of rehabilitation is to help a patient regain mobility, maintain and/or improve their health, and/or independence in daily living. Rehabilitation units are generally part of a hospital but in some cases, can be an entire hospital (rehabilitation facility). If a patient requires inpatient rehabilitation, they may be moved to a rehabilitation unit or hospital. There are general rehab units and specialty units/rehab hospitals. Rehabilitation often includes physiotherapy (PT), Occupational Therapy (OT), nutrition, nursing care and social work. Patients who need inpatient rehabilitation but are unable to do the intensity of regular rehabilitation may be admitted to slow stream rehab, which may also be called something like low tolerance/long duration rehab. There are no co-payments or user fees for inpatient rehabilitation.

Alternate Level of Care (ALC): This term refers to a patient who is in a type of hospital bed or unit but requires a different level of care. It can be used for a patient in a Medical/Surgical bed who is waiting for a rehab, a complex continuing care bed or a mental health bed. It can be used for a patient who is recovering from a stroke but cannot go home until renovations are done to make it safe for them. It can also be used for a patient who is assessed as eligible for long-term care and is waiting in hospital for a place to become available.

If an ALC patient is assessed as eligible for long-term care or as needing complex continuing care where they are going to be a permanent resident, you can be charged a co-payment while you wait. The co-payment is for room and board NOT medical care and nursing. (You cannot be charged for medically necessary hospital care in Canada.) The reason for the co-payment is that the hospital or a long-term care home for which the patient is waiting will now be the patient's home, thus a charge for room and board.

The maximum co-payment is $2,036.40 per month currently and it goes up annually with the rate of inflation at the beginning of July. People ODSP and OW do not pay, and people who are low income, on pensions, have dependents and spouses in specific circumstances can get a reduction. Please see the government website here for details. Please note: the calculation for rate reduction is based on taxable income only which is different from long-term care rate reductions which are based on net income. For example, GIS and GAINS are not included in the calculation for a rate reduction in hospital.

Note: Not all ALC patients can be charged a chronic care co-payment. The immediate and longer-term discharge destinations of ALC patients are important to making a determination on whether the hospital chronic care co-payment applies. For example:

- A patient who is designated as requiring (and are waiting for) a short-stay/Convalescent Care Program bed in a long-term care home, or for home care, supportive housing, or other care in the community cannot be charged the co-payment.
- For ALC patients with an immediate next destination of a rehabilitation bed, the patient cannot be charged a co-payment.

- Conversely, if a patient is designated a complex continuing care/chronic care patient and is expected to remain more or less permanently resident in hospital or is waiting to be admitted to long-term care, then the chronic care co-payment could apply.

Difference between a co-payment for an ALC or complex continuing care bed and the $400 per day charge if you do not leave hospital to go to a long-term care home in certain circumstances:

If a patient has a bed offer in a long-term care home and refuses the bed offer and remains in hospital, they may be charged $400, even if that bed offer is from a long-term care home not of their choosing. This is different than the ALC or complex continuing care co-payments described above. (We are challenging in court the ability to override a patient's right to consent to apply for and admit them to a long-term care home not of their choosing.)

Other terms you might come across:

Most Responsible Physician/Practitioner (MRP): This is the physician or Nurse Practitioner who has the responsibility for coordinating and directing the care/management of a patient's care in the hospital. They may also be referred to as the attending clinician. If you have questions or concerns about your care/management of your care in the hospital you can speak with your MRP.

Patient relations/patient ombudsman/similar: All hospitals have some kind of process that patients can access if they have concerns about their care/management of their care. You can take your complaint or concerns to them. If you do not get a resolve, you can take your complaint the Ontario Patient Ombudsman. Note: In certain circumstances you can also make a complaint about the care and treatment you have received from a health professional to the College of Physicians and Surgeons (for doctors) or the appropriate College (for other heatlh professionals). There may be other avenues to resolve matters. You may need to seek legal advice to understand the options.

Ontario Health atHome: Agency that coordinates home care and admission to long-term care homes in Ontario. Ontario Health atHome has care coordinators, placement coordinators and/or case managers in hospitals who determine eligibility for home care and long-term care.

Discharge Planners: are hospital employees who plan the patient's discharge from hospital. They are not the same as the care coordinators, placement coordinators and/or case managers from Ontario Health at Home (above). They do not determine eligibility for home- or long-term care.

Substitute Decision Maker (SDM): The person who has legal authority to make a treatment or admission to long-term care decision on behalf of a person who has been found to be incapable of making that decision. For the hierarchy of decision-makers, please see Ontario's Health Care Consent Act.

Power of Attorney: Is a document that a capable person makes appointing someone to make personal care (including treatment and admission) decisions on their behalf if they are mentally incapable of doing so.

> **Attorney for Personal Care:** Is the person appointed in a Power of Attorney for Personal Care document to make decisions on their behalf if they are found incapable. An Attorney for Personal Care may not make a decision unless the person has been found incapable.