Objectives

- To provide a foundation to identify the principles, policies and procedures that guide long term placement and use of other-than-acute care beds in SCHR.
- To introduce you to common terminology used in discussing long term care and supportive services.
- To support collaboration in the implementation of SCHR policies and procedures.
- To improve customer care by providing staff with information required to direct customers to the appropriate resources.
Introduction

Regardless of your work site, it is likely that someone, at some time, will ask you how someone gets into Long Term Care (the nursing home) in SCHR.
Introduction continued

- This presentation will offer you an overview of the system used to screen and place individuals into SCHR 18 LTC facilities in 16 communities within SCHR.
Definitions

Saskatchewan Ministry of Health has definitions that are used by Health Regions to help with standardizing terminology, statistics, and care delivery.
Definitions

SCHR has adopted the definitions of Saskatchewan Ministry of Health verbatim or have personalized them through language that is intended to offer clarity in interpretation and implementation.
Definitions

Convalescence Care:
The provision of a period of additional recuperative time following surgery or serious illness. It is fully insured health service. It excludes special care homes – meaning it is offered in hospitals or health centers.
Definitions

*End Stage Palliative:*
- Typically 4 to 6 weeks of active dying.
- This is an insured service.
Definitions

**Adult Day Program:**

- Chargeable service.
- To provide a supportive care setting during day time hours.
- To prevent premature long term institutionalization and to give relief to care providers in the community.
Definitions

**Level 2 Care:**

- Supervision and assistance with personal hygiene and grooming.
- Some supervision and direction may be required for minor behavioral challenges.
- Provided outside of government funded special care homes.
Definitions

**Level 3 Care:**
- Intensive personal or nursing care.
- Usually provided by SCAs or HHAs and supervised by RN, RPN, LPN or patient’s personal physician.
Definitions

Level 4 Extended Care:

- For all ages who do not require acute hospital care and treatment but do require regular and continuous medical attention and highly skilled technical nursing provided under appropriate supervision on a 24 hour basis.
Definition of Level 4 con’t

The three classifications of care at Level 4 are:

(a) Specialized Supervisory care
(b) Supportive Care
(c) Restorative Care
Definitions

**Respite:**

- Short term care in a facility for up to 60 days in a fiscal year.
- Offered to persons who normally reside at home and are dependent on family members.
- Chargeable inpatient service.
Definition of Respite con’t

Crisis Intervention or Emergency Respite:

- A short stay to accommodate a client experiencing a sudden loss of support or is in a crisis situation. Up to 14 days.
- Is a chargeable inpatient service.
- For all ages
Definitions

Night Respite:
- A relief service intended to prevent premature long term care institutionalization or provide relief to care providers in the community.
- A chargeable service offered in a facility.
Definitions

**Temporary Care:**
- Care provided for a defined period of time with expectation that the individual will return to their place of residence prior to admission.
- It is an umbrella term.
Definition Temporary Care con’t:

- Temporary care may include respite care, convalescence care, assessment, rehabilitation, or palliative care.
- SCHR does not use this definition in policies or procedures.
Definitions

**Transitional Care:**

- Chargeable inpatient service.
- To provide care to an individual waiting admission to a long term care facility when family, Home care or other community based support can no longer meet the person’s needs.
Application Process

- Home Care acts as a single entry point.
- The individual that is seeking placement must sign the form. If unable to sign for self, follow “The Adult Guardianship and Co-decision-making Act”.
A family member can not apply on behalf of someone without the person’s knowledge and approval.
Assessment

- An assessor will do a complete assessment of physical, mental, emotional, spiritual and social domains with the applicant and supporters.
- A medical assessment is required from the applicant’s family physician.
Screening and Referral Process

There are five Screening and Referral Committees (SRC) in SCHR

- East- Carlyle and Redvers
- Estevan, Lampman, Midale
- North East: Kipling, Wawota
- South East: Oxbow, Carnduff, Gainsborough
- West: Weyburn, Radville, Coronach, Bengough, Fillmore, Stoughton
The SRCs membership is multidisciplinary, including community representatives. The committee reviews information provided by an assessor.
The SRC, having heard the assessment, makes recommendations for options of care for the applicant. The committee will refer the applicant to the most appropriate services to meet their identified needs. This may be Adult Day Care, Home Care, or Long Term Care, for example.
The SRC assigns a score, using the SCHR Assessment and Placement Rating Scale, and determines the level of care the applicant requires.
The SRCs meet monthly. The five committees stagger their meeting weeks so there is a committee meeting each week. This is to allow for timely screening and recommendation for each applicant regardless of where they reside.
The SRC Screening tool

The Assessment and Placement Rating Scale addresses 5 domains with 29 sub-domains.
Screening tool/Rating scale con’t

- The rating scale assigns scores to outcome measures.
- Regardless of the root cause of the outcome, the outcome is what has created risk to the person’s well being.
- It does not rate probability; it rates actual performance or risk at time of assessment.
Screening tool/rating scale con’t

- Because of the principles used to build this tool, it defines key words or sub domains differently than other tools used, for example the MDS assessment tools in Home Care and Long term care.

- Rating Tool Guidelines Version 2 guides the interpretation of the rating tool.
Rating Tool – 100% is divided:

- 42% is dedicated to the ability to perform functions of daily living
- 25% represents mental and behavioural functions
- 15% captures the stability of the present support system
- 10% rates various risks known to affect safety and security
- 8% is dedicated to the ability to communicate
Rating tool con’t

- The applicant is assigned a score between 0 and 100. A minimum score of 40 is required to qualify for Level 3 or 4 care. This score reflects the need and urgency of placement. The higher the score, the greater the immediate risk and the more urgent admission to LTC is.
The Lists

SRC maintains one list of all applicants waiting LTC within the Health Care Region. The list is further subdivided into two lists. One is called the Priority List and the other is the Transfer List.
Priority List

The priority list is all applicants that meet the requirements for Level 3 or Level 4 care that are not already in a government funded LTC facility in SCHR.
Applicants are listed by greatest need, as SCHR’s first concern is the provision of safe and appropriate care for the individual, and reduction of risk.
SCHR supports the philosophy that the quickest response possible to offer the required care is more important than is the location (facility) where the appropriate level of care is delivered. (Safety first.)
Priority list con’t

The applicant is expected to accept placement within 100 km driving distance from their home community, while waiting for preferred facility.
If an applicant is in a respite bed or an acute care bed and a bed in a LTC facility is offered the applicant is expected (and strongly recommended) to accept the offer. It may not be a location the applicant has selected. The offer will be within 100 kms of applicant’s home community.
If an applicant is determined to be end stage palliative care, attempts are made to keep the individual as close to their home community as possible, if s/he and supporters so wish.
Priority list con’t

- Some facilities are not staffed, equipped, or do not have the environment to care for every individual. Ex: bariatric individuals; individuals that require medical care delivered by a nurse such as IVs; individuals at high risk of elopement.
- This will limit options and may mean recommending a facility the applicant would not normally choose.
Priority list con’t

- There are no exceptions made to keep partners/spouses together. There are many relationships where separation is traumatic.

- Each individual is assessed and screened separately. This supports the goal of responding to the most urgent need first.
Out of region applicants are treated the same as in region applicants.
Transfer List

The transfer list consists of names of individuals that are waiting to be placed in their preferred facility. They have been offered permanent LTC placement and are waiting in a non-preferred location - i.e.: home, personal care home, another LTC facility.
The names of the individuals on the transfer list are entered chronologically according to the date they were offered permanent placement.

Individuals are transferred to their preferred location in the order their names are on the transfer list.
If there are no individuals waiting to transfer to the facility, the Facility Manager or designate, goes to the priority list and offers the room to the first person that lives within 100 kms of the facility (even if it is not one of their choices) or has indicated s/he will accept placement at the facility.
Transfer and Priority Lists

- Each time a SRC meets the priority list changes.
- With every bed offer the transfer list changes.
- It is important that applicants and their family are NEVER told they are in a certain position on a list, such as saying they are #10 on the Priority list or #2 on the Transfer list.
Sharing information

As SCHR is one trustee of information, the individual’s chart will be transferred with the individual when moving from facility to facility. SCHR has a policy that outlines what information is transferred.
Summary

- This is a very complex system and until you are well versed in the process it can be difficult to understand. It is not a secret system, rather it is an unfamiliar system to most.
The placement process supports the mission of SCHR, “To promote health and respond to the needs of the community” and the Value Statement, “we value social and ethical responsibility and accountability.”
Summary con’t

This presentation is to outline the placement process used in the system that you work in. By understanding the process I hope you have confidence in answering some questions the public may ask you. I hope you have gained an appreciation of the guiding values and principles it has been built on, and that you are now comfortable in supporting the process.
If you are asked questions...

- If someone is asking you questions about the placement process and you are not sure how to answer, please refer them to the Home Care office or a facility manager. Providing inaccurate information can cause further distress to individuals often dealing with a decision that is very emotional.
Time for Questions

Questions
THANK YOU

If you have any questions about this presentation you can contact me at:
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