



TITLE

**ACCESS TO A DESIGNATED LIVING OPTION IN CONTINUING CARE**

**SCOPE**

Provincial

DOCUMENT #

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Not applicable

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**NOTE:** The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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## OBJECTIVES

- To establish consistent, principle-based, transparent parameters and processes:
  - for access to an appropriate **Designated Living Option (DLO)** for **patients** whose **assessed unmet needs** require a DLO; and
  - to manage the DLO waitlist to ensure patients who are placed on the waitlist are offered DLO spaces based on provincial criteria.
- To recognize the importance of **family** supporting the patient in the transition to a DLO and welcome their involvement based on the wishes of the patient.
- To recognize the need to expedite transitions from **Acute Care** into **community** settings for the safety of patients as well as to ensure hospital beds are made available as quickly as possible for those with acute conditions.
- The requirements set out the AHS *Suspension of Access to Designated Living Option Directive* supersede the requirements set out in the AHS *Access to Designated Living Option in Continuing Care Policy* for the period this Directive is effective. Where there is conflicting direction, the Directive applies.

## PRINCIPLES

- Access to **Continuing Care** services shall be directed by the Alberta Health Services (AHS) *Framework for Coordinated Access to Publicly Funded Continuing Care Health Services*.
- The key principles that shall underlie decision-making regarding patient access to appropriate DLOs are:

- Patient well-being: Access to a DLO should be based on the goal of promoting the health of patients in the broad sense, including their physical, mental, social, psychological, cultural and spiritual needs.
  - Patient choice: Patients are active participants in their care and should be respected, listened to, involved in decisions, and provided with information that is clear and understandable.
  - Stewardship: Health care resources should be used efficiently and with due regard for promoting the good of all Albertans.
  - Fairness: Patients should be treated equitably. Decisions regarding access to a DLO should not be based on arbitrary or irrelevant criteria.
  - Transparency: Decisions regarding appropriate DLOs should be based on criteria that are publicly available.
- Access to Continuing Care services shall be based on the assumptions that:
    - Home and/or community is the optimal environment for patient recovery, assessment, and making life changing decisions related to a DLO.
    - Acute Care provides necessary treatment for a disease or severe episode of illness.
    - DLOs are for patients who meet the clinical criteria for requiring a DLO.
    - Patients and families are active partners, engaged in finding appropriate DLOs.
  - Wait Time measures shall be established and reported based on evidence and in alignment with the AHS *Wait Time Measurement, Management and Reporting of Scheduled Health Services Policy*, where applicable.
  - Patient **concerns** relating to DLO access should be addressed using a consistent, fair, transparent and timely process.

## APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

## ELEMENTS

### 1. Accountability and Responsibility

- 1.1 AHS shall:

- a) make reasonable efforts to balance individual patients' choice related to appropriate DLOs with the responsibility to use health system resources fairly and efficiently for the good of all Albertans;
  - b) use a transparent process when assessing, waitlisting and transitioning patients to a DLO;
  - c) provide information and support to patients and families about the process to access a DLO as early as possible and throughout the transition process;
  - d) provide patients and families with a formal concerns resolution process (refer to AHS *Patient Concerns Resolution Process Policy* suite and *Appeal Panel Process Procedure*) and information about initiating this process;
  - e) commit to providing services that respect the physical, mental, social, psychological, cultural and spiritual needs of the patient;
  - f) collaborate with AHS and contracted service provider DLO sites in transitioning individuals in a timely and coordinated manner, through sharing up to date and accurate assessment information and ongoing communication;
  - g) collaborate with DLO sites to ensure that individuals on the waitlist have access to a safe and appropriate DLO, including individuals with **complex care needs**.
- 1.2 AHS and contracted DLO service providers shall be active partners, engaged in the process of finding reasonable options for patients and demonstrate this by:
- a) engaging with patients and families with accurate information about the site, including costs, services and amenities;
  - b) providing on-site and/or virtual tours;
  - c) collaborating to ensure that individuals on the waitlist have access to a safe and appropriate DLO, including individuals with complex care needs;
  - d) working together to transition individuals in a timely and coordinated manner;
  - e) working together to identify and address any gaps in DLO service providers' ability to provide safe and appropriate care; and
  - f) adhering to any decisions made through the AHS *Continuing Care Appeals Panel Procedure*.

- 1.3 It is the responsibility of **health care providers** to support family involvement as determined by the patient throughout DLO processes and transitions.
- a) For the successful transition ongoing communication is required between AHS, DLO service providers, patients and family.

## 2. Assessment and Service Needs Determination for Designated Living Option(s)

- 2.1 The patient's assessed unmet needs indicate the need for a DLO (refer to AHS *Designated Living Option: Access and Waitlist Management* Procedure, Section 2).
- 2.2 Wherever possible, patients shall be assessed in the environment most appropriate for their current needs. Assessments shall be conducted using a standardized assessment process and tools to determine the need for a DLO (refer to AHS *Designated Living Option: Access and Waitlist Management* Procedure, Section 2.3).
- 2.3 Assessments for a DLO that must occur in Acute Care require collaboration and approval from designated **accountable leaders** in Acute Care and Continuing Care.
- a) Each Zone shall establish processes to identify appropriate accountable leaders.
- 2.4 AHS Continuing Care shall support patients in making informed decisions and in specifying **preferred DLO(s)** that will meet their assessed unmet needs. This shall include providing information about **temporary DLO(s)** and **temporary Community Option(s)** (refer to AHS *Designated Living Option: Access and Waitlist Management* Procedure, Sections 2.8 & 3.4).
- 2.5 If the patient must remain in Acute Care after they have been added to the Waitlist for a DLO(s), accommodation charges shall commence (refer to AHS *Alternate Level of Care Accommodation Charges – Patients Waiting for Continuing Care* Policy).

## 3. Identifying Preferred Designated Living Options

- 3.1 AHS shall request that the patient specify at least one **most preferred Designated Living** site and should be provided the option of indicating additional preferred Designated Living site(s) based on options that meet the patient's assessed unmet needs, if available (refer to AHS *Designated Living Option: Access and Waitlist Management* Procedure, Section 3).
- a) To enhance choice and flexibility, AHS may accommodate waitlist considerations negotiated with the patient (refer to AHS *Access and Waitlist Management* Procedure, Section 3.2).

- 3.2 Zone and other geographic boundaries will not be a barrier to any patient accessing a DLO.
- a) If the preferred Designated Living site(s) specified by the patient is in another Zone, the AHS *Zone to Zone Referral Guide* shall be used.

#### 4. Waitlist Management

- 4.1 AHS will maintain a waitlist of the patient's specified preferred DLO(s).
- 4.2 Each Zone will establish processes to allow for patients to be waitlisted for multiple most preferred Designated Living site(s), where waitlist management functionality (manual and/or electronic) allows.
- 4.3 AHS shall organize and manage the waitlist in accordance with the *Waitlist Prioritization Criteria*. Refer to the AHS *Designated Living Option: Access and Waitlist Management Procedure*, Appendix A and AHS *Continuing Care Waitlist Management Guide (Waitlist Management Guide)*.
- 4.4 Each Zone shall establish a process whereby, an **AHS case manager** or designate identifies changes in status of patients on the waitlist, that may impact assessed level of care.
- 4.5 Each Zone shall establish **waitlist validation** processes to ensure the accuracy of the waitlist.
- 4.6 Each Zone will develop processes (manual and/or electronic) for prioritizing patients according to the *Waitlist Prioritization Criteria* and waitlist considerations.
- 4.7 Transfer, transition and wait time data criteria shall support consistent measurement and internal reporting as defined by AHS and the Continuing Care Reporting System.

#### 5. Most Preferred Designated Living Option Offer

- 5.1 If one of the patient's most preferred DLO(s) has availability and the patient is the most appropriate based on *Waitlist Prioritization Criteria* and waitlist considerations, the patient shall be offered the space at that site (refer to the AHS *Designated Living Option: Access and Waitlist Management Procedure*, Section 5).

#### 6. Temporary Designated Living Option or Temporary Community Option Offer

- 6.1 If one of the patient's most preferred Designated Living site(s) is not available, the patient shall be offered a choice of:
- a) a preferred DLO where available;
- b) another temporary DLO where available; or

- c) a temporary Community Option, when appropriate (refer to the AHS *Designated Living Option: Access and Waitlist Management Procedure*, Section 6). Offers shall be based on *Waitlist Prioritization Criteria* and waitlist considerations.

## 7. Refusal of a Designated Living Option Offer

- 7.1 When any DLO has been refused, the AHS case manager shall actively engage the patient in a process of exploration, discussion, and negotiation to identify alternate options where available, including temporary Community Options (refer to the AHS *Designated Living Option: Access and Waitlist Management Procedure*, Section 7).

## 8. Discharge/Transfer

- 8.1 In circumstances where all options to transition a patient to Continuing Care have been explored and exhausted with no resolution, the patient may be discharged or transferred to an appropriate location (refer to the AHS *Designated Living Option: Access and Waitlist Management Procedure*, Section 8).

## 9. Concerns Resolution

- 9.1 Patients and families may, at any time, initiate a concerns resolution process, as per the AHS *Patient Concerns Resolution Process Policy* suite and *Appeals Panel Process Procedure*.

## DEFINITIONS

**Accountable leader** means the individual who has ultimate accountability to ensure consideration and completion of the listed steps in the management of the Access to a Designated Living Option Policy. This means the individuals for Acute Care and Continuing Care who have been designated to provide approval for a Designated Living Option Assessment to occur in Acute Care.

**Acute Care** means all urban and rural hospitals, psychiatric facilities, urgent care facilities, and sub-acute settings that are co-located with Acute Care, where care is provided for patients with acute illnesses or injuries or who are recovering from surgery.

**AHS case manager** means a regulated health care professional(s) accountable for case management services for an assigned caseload. A case manager comprehensively assesses all factors contributing to the patient's care needs for transitioning through the care stream, while working with the patient, family and multidisciplinary team to mitigate any risks.

**Alternate Decision-Maker** means a person who is authorized to make decisions with or on behalf of the patient. These may include, **Specific Decision-Maker**, a minor's Legal Representative, a **Guardian**, a 'nearest relative' in accordance with the *Mental Health Act* or an **Agent** in accordance with a Personal Directive or a person designated in accordance with the

*Human Tissue and Organ Donation Act*. This also includes what was previously known as the substitute decision-maker.

**Assessed unmet need** means the care requirements that remain after the strengths and resources of the patient and family and of the community have been considered in relation to the functional deficits and needs identified on assessment. The assessment includes the patient's ability to learn the skills necessary for self-care and the willingness, ability and availability of the family and community to participate or learn.

**Community / community living** means a permanent living arrangement where an individual resides alone or with others in a setting that can vary from independent living in a private residence to a variety of communal settings where health and personal support services may or may not be provided. These settings may include:

- Private homes, apartments,
- Congregate living settings that provide housing and hospitality services (e.g., lodges, group homes etc.),
- Designated Supportive Living levels 3, 4 and 4D.

**Complex care needs** means the patient requires specific equipment, and/or Physician or nursing expertise and/or specialty personnel (e.g., physiotherapy or occupational therapy), to ensure the appropriate level of care.

**Concern** means a written or verbal expression of dissatisfaction that may be related to: the provision of goods and services to a patient, a failure or refusal to provide goods and services to a patient, terms and conditions under which goods and services are provided to the patient, by Alberta Health Services or by a service provider under the direction, control or authority of Alberta Health Services. It may also include dissatisfaction with professional practice and/or an allegation of unprofessional conduct. The concern may be clinical or non-clinical and may be directed at any member of the organization or the organization as a whole. The concern may also include the dissatisfaction with an Alberta Health Services owned or operated facility.

**Continuing Care** means an integrated range of services supporting the health and wellbeing of individuals living in their own home, a supportive living or long-term care setting. Continuing care patients are not defined by age, diagnosis or the length of time they may require service, but by their need for care.

**Designated living option** means residential accommodation in the Continuing Care system that provides publicly funded health and support services appropriate to meet the patient's Assessed Unmet Needs. The level of care is accessed through a standardized assessment and single point of entry process and consists of Designated Supportive Living Level 3 (DSL3), Designated Supportive Living Level 4 (DSL4) and Designated Supportive Living Level 4 Dementia (DSL4D) and Long Term Care (LTC).

**Extensive family contribution** means strategies to supplement current AHS Continuing Care program resources with care provided by a family member or designate who is available, willing and able to contribute on a temporary basis that is unsustainable (with or without added Home Care); refer to temporary Community Option.



**Family(ies)** means one or more individuals identified by the patient as an important support, and who the patient wishes to be included in any encounters with the health care system, including, but not limited to, family members, legal guardians, friends and informal caregivers. This may or may not be legally identified as the patient's legal co-decision maker or an alternate decision-maker.

**Home care** means publicly funded personal and healthcare services to help people remain well, safe and independent in their home or congregated living setting (e.g., a lodge) for as long as possible.

**Most preferred designated living option(s)** means the patient has specified one or more Designated Living sites as where they would prefer to live over all other Designated Living sites.

**Patient** means all persons; inclusive of residents and clients who receive or have requested health care or services from Alberta Health Services and its health care providers. Patient also means, where applicable:

- a) a co-decision-maker with the person; or
- b) an alternate decision-maker on behalf of the person.

**Preferred designated living option(s)** means one or more Designated Living sites(s) that the patient specifies in order of preference. At least one of these sites should be specified as their most preferred designated living option(s).

**Private living option** means any residential care setting that provides non-publicly funded health and personal care services on site. Accommodation, hospitality, health and personal care services are included in the monthly rent, paid under a private accommodation agreement negotiated by the operator with the patient and/or family.

**Purchased care** means professional health or personal support care services which the patient chooses to purchase in order to address some or all of the patient's assessed unmet needs which may be beyond the scope of care available in the patient's current living setting.

**Site** means, for the purposes of this policy suite only, a specific Designated Living Option building and services.

**Temporary community option** means a specific strategy intended to temporarily provide care while the patient waits in the community for their most preferred Designated Living Option to become available. This option is negotiated with the case manager and may include private living option, purchased care and/or extensive family contribution.

**Temporary designated living option** means a Designated Living site that is not one of the patient's specified most preferred Designated Living Option(s).

**Waitlist** means, for the purposes of this policy suite only, a prioritized list of patients waiting for admission to a continuing care Designated Living Option who have been assessed and approved for a Designated Living Option.



**Waitlist validation** means a periodic check by the Zone with each person on the waitlist to verify that they wish to continue waiting for their most preferred Designated Living Option site(s).

## REFERENCES

- Alberta Health Services Governance Documents:
  - *Alternate Level of Care Accommodation Charges - Patients Waiting for Continuing Care Policy (#FS-01)*
  - *Appeal Panel Process Procedure (#HCS-146-01)*
  - *Designated Living Option: Access and Waitlist Management Procedure (#HCS-117-01)*
  - *Patient Concerns Resolution Process Policy suite*
- Alberta Health Services Resources:
  - *Admission Guidelines to Publicly Funded Continuing Care Living Options*
  - *Continuing Care Waitlist Management Guide (Waitlist Management Guide)*
  - *Framework for Coordinated to Publicly Funded Continuing Care Health Services Need Determination Guide*
- Non-Alberta Health Services Documents:
  - *Hospitals Act (Alberta)*

## VERSION HISTORY

Date	Action Taken
June 23, 2015	Revised: Housekeeping changes only
October 14, 2015	Revised: Housekeeping changes only
July 4, 2019	Revised