ACCESS TO A DESIGNATED LIVING OPTION IN CONTINUING CARE

PURPOSE

• To establish a consistent, principle-based, transparent approach for patient access to an appropriate Continuing Care Designated Living Option (Designated Living Option) for patients whose assessed unmet needs require a Designated Living Option.

• To establish a consistent, principle-based, transparent approach to manage the Continuing Care Designated Living Option Waitlist (Waitlist) that ensures patients who are placed on the Waitlist are offered Designated Living Option spaces based on provincial criteria.

• To establish a consistent, accessible, fair, transparent and timely process for addressing patient concerns relating to access to a Designated Living Option.

POLICY STATEMENT

• Access to Continuing Care services is governed by the Coordinated Access to Publicly Funded Continuing Care Health Services: Directional and Operational Policy.

• The key principles that shall underlie decision-making regarding appropriate Designated Living Options are:
  
  o Patient well-being: Access to Continuing Care 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.

  o Patient choice: Patients and/or alternate decision maker(s) 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 shall be treated equitably. Decisions regarding placement should not be made on arbitrary or irrelevant criteria.

Transparency: Decisions regarding appropriate living options 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 and making life changing decisions related to a Designated Living Option when at all possible.
- Acute Care settings are best suited to patients with urgent medical needs.
- Designated Supportive Living and Long Term Care settings are best suited for patients who are assessed as requiring a Designated Living Option.

Wait Time measures will 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.

APPLICABILITY

Compliance with this policy 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).

POLICY ELEMENTS

1. Accountability and Responsibility

1.1 Alberta Health Services (AHS)

a) AHS will make reasonable efforts to balance individual patient’s and/or alternate decision makers’ choice related to appropriate Designated Living Options with the responsibility to use health system resources fairly and efficiently for the good of all Albertans.

b) AHS will use a transparent process to:

(i) determine an appropriate Designated Living Option with patients and/or alternate decision makers;

(ii) place patients on the Waitlist; and

(iii) provide an offer for a Designated Living Option space.
c) AHS staff shall support patients and/or alternate decision makers throughout the entire placement/transition process required to reach their most preferred Designated Living Option.

1.2 Patients and alternate decision makers

a) AHS shall support patients and/or alternate decision makers to be active partners and engaged in finding reasonable options.

b) Patients and/or alternate decision makers have the right to initiate a formal concerns resolution process.

1.3 AHS Owned/Contracted Providers

a) Shall be active partners and engaged in the process of finding reasonable options for patients.

2. Assessment and Service Needs Determination

2.1 Patients shall be assessed for a Designated Living Option using a standardized assessment process and tool to determine the need for a Designated Living Option and the appropriate level of care.

2.2 AHS shall support the patients and alternate decision makers to make informed decisions and allow sufficient time to specify their preferred site(s) from appropriate Designated Living Options.

2.3 AHS shall provide information to patients and/or alternate decision makers about the access to a Designated Living Option process as early as possible and throughout the placement/transition process.

2.4 Patients and/or alternate decision makers shall provide Alberta Health Services with their preferred site(s) that will meet the individual patient’s assessed care needs.

a) Patients and/or alternate decision makers shall indicate one (1) most preferred site, and may indicate up to two additional preferred sites.

b) The preferred site(s) may be anywhere within the province of Alberta.

Note: Access to a Designated Living Option will not be limited by AHS Zone boundaries.

c) In the event a patient and/or alternate decision maker does not specify any preferred site(s), alternate options will be determined through negotiation and review.
2.5 If the patient is in Acute Care, accommodation charges will commence effective the date of approval per the AHS Alternate Level of Care Accommodation Charges – Patients Waiting for Continuing Care Policy.

3. **Waitlist Management**

3.1 AHS shall organize and manage the Waitlist in accordance with the Waitlist Prioritization Criteria for Continuing Care Designated Living Options (refer to the *Continuing Care Designated Living Option: Access and Waitlist Management Procedure*).

   a) The patient’s place on the Waitlist shall be prioritized in accordance with the standardized provincial criteria.

3.2 While on the Waitlist AHS shall monitor the patient’s health status to identify changes in care requirements that may affect their assessed level of care.

3.3 Transfer, placement and wait time data criteria shall support consistent measurement and internal reporting.

4. **Designated Living Option Availability and Offers**

4.1 If one (1) of the patient’s preferred site(s) has availability and the patient is the most appropriate based on Waitlist prioritization, the patient shall be offered placement at that site.

   a) If the patient and/or alternate decision maker(s) accepts the preferred site the care team will support the patient in the transition.

   b) If the patient and/or alternate decision maker(s) is offered and declines a preferred Designated Living Option, they shall have their need to be on the Waitlist reassessed. If the patient is in Acute Care, the care team may proceed to discharge/transfer.

4.2 If the patient’s preferred site(s) does not have availability, the patient will be offered an alternate Designated Living Option as a temporary measure that:

   a) meets the patient’s assessed care needs;

   b) considers the factors significant to the patient and their unique situation (refer to the *Continuing Care Designated Living Option: Access and Waitlist Management Procedure*); and

   c) is based on Waitlist prioritization (refer to the *Continuing Care Designated Living Option: Access and Waitlist Management Procedure*).

4.3 If the patient and/or alternate decision maker(s) accepts temporary placement in anything other than their most preferred site they will be prioritized as per the Waitlist Prioritization Criteria for transfer to their most preferred Designated Living
Option(s) (refer to the Continuing Care Designated Living Option: Access and Waitlist Management Procedure).

5. Refusal of a Designated Living Option Offer

5.1 Patients in Acute Care who decline the first offer of an alternate Designated Living Option as a temporary measure are expected to leave Acute Care by:

a) accepting the second offer of an alternate Designated Living Option as a temporary measure;

b) moving to a private pay Living Option; or

c) returning home if safe to do so with purchased care and/or family support.

Note: If AHS and the patient and/or alternate decision maker(s) jointly identify extenuating circumstances that prevented the acceptance of the Designated Living Option offer at the time it was made, the offer will not be considered as part of the two (2) alternate Designated Living Option offer limit. Extenuating circumstances may include, but are not limited to: family crisis, death in immediate family, or natural disasters.

5.2 Patients designated as ‘Immediate in the Community’ who decline the first offer of an alternate Designated Living Option as a temporary measure are expected to:

a) accept the second offer of an alternate Designated Living Option as a temporary measure; or

b) move to a private pay Living Option.

Note: If AHS and the patient and/or alternate decision maker(s) jointly identify extenuating circumstances that prevented the acceptance of the Designated Living Option offer at the time it was made, the offer will not be considered as part of the two (2) alternate Designated Living Option offer limit. Extenuating circumstances may include, but are not limited to: family crisis, death in immediate family, or natural disasters.

6. Discharge/Transfer

6.1 In circumstances where all options to place a patient in a Designated Living Option have been explored and exhausted with no resolution:

a) patients in Acute Care shall be discharged or transferred to an appropriate temporary Designated Living Option. The process pursuant to the Hospitals Act, RSA 2000, c. H-12 may be used by AHS to transfer or discharge a patient from Acute Care; or
b) patients designated as ‘Immediate in the Community’ who refuse to transfer shall have their need to be designated as Immediate in the Community reviewed by AHS.

7. Concerns Resolution

7.1 Patients and/or alternate decision maker(s) may, at any time, initiate a Concerns Resolution process, as per the AHS Continuing Care Access to a Designated Living Option: Concerns Resolution Procedure.

DEFINITIONS

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.

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 [Alberta]; an agent in accordance with a Personal Directive; or a person designated in accordance with the Human Tissue and Organ Donation Act [Alberta].

Alternate Designated Living Option means a Designated Living Option that is not (one of) the patient/alternate decision maker’s preferred Designated Living Option choice(s). Placement in an alternate Designated Living Option is reported as temporary and the patient remains on the Waitlist for transfer to their most preferred site.

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 initial 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, for the purposes of this policy suite only, 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.

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.
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 clients are not defined by age, diagnosis or the length of time they may require service, but by their need for care.

Continuing Care Designated Living Option (Designated Living Option) means publicly funded residential accommodation that provides 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).

Continuing Care Living Option Waitlist (Waitlist) means 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.

Immediate in the Community means, for the purposes of this policy suite only, patients waiting in community whose needs cannot be safely managed in their current environment for more than 48 hours. Immediate admission to an appropriate Designated Living Option is required due to a change in condition or circumstances.

Patient means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients and outpatients.

Preferred Designated Living Option means one or more Designated Living Option site(s) that the patient identifies in order of preference for placement. Only admission to the first of these choices is considered admission to their most preferred and reported as placed in preferred. Admission to their second or third preferred site(s) is reported as temporary placement and the patient remains on the Waitlist for transfer to their most preferred site.

Site means, for the purposes of this policy suite only, a specific residential continuing care building and services.

Temporary means, for the purposes of this policy suite only, any Designated Living Option placement that is not the most preferred choice. Admission is reported as temporary placement and the patient remains on the Waitlist for transfer to their most preferred site.

Wait Time means the time the patient waits for a specified health care activity or task, such as an appointment, consult, or health services. The patient can experience a wait time between any two wait time timestamps.

REFERENCES

- Alberta Health Services Admission Guidelines to Publically Funded Continuing Care Living Options
- Alberta Health Services Alternate Level of Care Accommodation Charges – Patients Waiting for Continuing Care Policy

If you have any questions or comments regarding the information in this policy, please contact the Policy & Forms Department at policy@albertahealthservices.ca. The Policy & Forms website is the official source of current approved policies, procedures, directives, and practice support documents.
• Alberta Health Services Appeal Panel Process (Continuing Care)
• Alberta Health Services Charges Reduction/ Waiver Policy
• Alberta Health Services Designated Living Option: Access and Waitlist Management in Continuing Care Procedure
• Alberta Health Services Continuing Care Service Needs Determination Guide
• Alberta Health Services Continuing Care Services – Added Care Policy
• Alberta Health Services Wait Time Measurement, Management and Reporting of Scheduled Health Services Policy
• Government of Alberta / Alberta Health Services - Coordinated Access to Publicly Funded Continuing Care Health Services: Directional and Operational Policy
• Hospitals Act (Alberta)

VERSION HISTORY

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