

## TITLE

**ACCESS TO A DESIGNATED LIVING OPTION POLICY SUITE SUSPENSION**SCOPE

Provincial: Continuing Care

## DOCUMENT #

HCS-117-02

## APPROVAL AUTHORITY

Emergency Coordination Centre

## INITIAL EFFECTIVE DATE

March 25, 2020

## SPONSOR

Seniors Health

## REVISION EFFECTIVE DATE

Not applicable

## PARENT DOCUMENT TITLE, TYPE AND NUMBER

Not applicable

## SCHEDULED REVIEW DATE

March 25, 2021

**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.

If you have any questions or comments regarding the information in this document, please contact the Policy & Forms Department at [policy@ahs.ca](mailto:policy@ahs.ca). The Policy & Forms website is the official source of current approved policies, procedures, directives, standards, protocols and guidelines.

**OBJECTIVES**

- To align with direction on changes to operational procedures for coordinated access in the **continuing care** Communicable Disease Emergency Response Plan (see Appendix A).
- To provide guidance on **patient** transfer priorities and processes following suspension of the *Access to a Designated Living Option Policy suite*.

**PRINCIPLES**

Alberta Health Services is committed to reducing the spread of communicable disease while promoting the safety and security of all Albertans.

**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. Communicable Disease Emergency Response Plan**

- 1.1 All programs in continuing care shall immediately activate the Communicable Disease Emergency Response Plan which includes suspension of the:
  - a) *Access to a Designated Living Option Policy suite*; and
  - b) Waitlist management procedures.

- 1.2 Zone transition services and/or home care programs shall expedite patient transfer from acute care to community settings in consideration of the following:
- a) acute care capacity;
  - b) acute care outbreak status;
  - c) utilization of acute care surge and/or over-capacity;
  - d) home care capacity;
  - e) occupancy rate in **designated living option** sites; and
  - f) opportunities to move patients from **alternate level of care** beds to continuing care facilities with available beds.

## DEFINITIONS

**Alternate level of care** means when a patient is occupying a bed in an acute, mental health, or rehabilitation facility; or occupying a sub-acute or transition bed in any facility, and has been assessed as not requiring the intensity of resources/services provided in that care setting, but is waiting transfer to a setting that provides a different level of care, the patient is deemed to be waiting in an alternate level of care (ALC) than the patient's care needs require.

**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.

**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).

**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.

## REFERENCES

- Appendix A: *Communicable Disease Emergency Response Plan (CDERP): Appendix H*
- Alberta Health Services Governance Documents:
  - Access to a Designated Living Option Policy suite
- Alberta Health Services Documents:
  - Communicable Disease Emergency Response Plan, Continuing Care

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**VERSION HISTORY**

<b>Date</b>	<b>Action Taken</b>
Click here to enter a date	Optional: Choose an item
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## APPENDIX A

**Changes to Normal Operating Procedures : Appendix H**

Normal processes and procedures will be followed whenever possible. Changes to normal operating processes are noted below:

**Admission Process & Guidelines:**

- During a communicable disease response, specific information regarding the restriction of **new admissions, re-admissions and resident accommodation will be determined by the Medical Officer of Health (MOH) in collaboration with Seniors Health.**
- Sites may be asked to accept clients during a communicable disease response. **AHS owned, operated and/or contracted Supportive Living and Long Term Care facilities will be required to provide surge capacity.** Surge capacity may be used to support Home Care clients requiring more intensive care and/or clients decanted from acute care.
- *Appendix L Quarantine Protocol- Patient Care Based Funding*

**Coordinated Access / Transition Services/Placement:**

- During a communicable disease response, clients will be decanted from acute care. **Waitlist management procedures will be suspended and facilities with available beds will be used to decant Alternate Level of Care (ALC) clients.**
- There will be increased demands on Coordinated Access throughout the communicable disease response including Recovery and Resumption.
- During Recovery and Resumption, usual operating waitlist management procedures will resume. Alternate Level of Care clients, will be assessed for their appropriate level of care and prioritized for transfer to the appropriate setting.
- During Recover and Resumption, Coordinated Access services in each Zone will work with the EOC and site command posts to track the location of clients.

**Home Care:**

- During Recovery and Resumption, Home Care services will resume to usual operational practice based on staff availability to meet the client's assessed need.

**Overcapacity in Response to Surge Numbers:**

- Zones may consider deployment of staff from other areas to maintain an appropriate level of care for Continuing Care clients. Alternative sites will only be considered if in-situ staffing cannot maintain an appropriate level of care. Human Resource (HR) will assist in the deployment of staff, the management of staff, or other arising issues related to HR.
- Alternative Care Centres (ACC) will be established to provide additional capacity as required within Zone(s).

**Clinical Treatment Guidelines:**

- During a communicable disease response, Continuing Care facilities will be required to enhance care in place rather than sending residents to acute care hospitals except when acute episodic illness requires surgical intervention and/or other urgent acute care services. (See *Care and Treat in Place Guidelines Appendix D*).

**Pharmacy:**

- Continuing Care has access to pharmacy services provided by AHS, community pharmacies and site based pharmacies. Maintain a list of those pharmacists that are able to prescribe medications.
- A clearly defined communication plan must be established with all Continuing Care pharmacy providers to ensure continuous service is maintained during the response.
- Pharmacy providers should have approximately a one (1) month supply of the most commonly prescribed medications. Less commonly prescribed medications must be readily available in the local wholesales.
- AHS pharmacy services may maintain lists of medications required for communicable disease response.
- Continuing Care must establish a plan with pharmacies to determine the type and quantity of essential medication stockpiles based on site specific utilization patterns.

**Documentation:**

- During a communicable disease response, documentation of client status is required; however, content will be brief to ensure resources are available to maintain an appropriate level of care.
- During increased response, a visual or bedside care plan will be in place for all clients to assist staff in maintaining basic care (*Form3*). This plan will summarize Activities of Daily Living (ADL's), and Basic Disaster Life Support (BDL's) required for the client

(*Appendix G-Home Living: Supportive Living: Long Term Care*).

**Infection Prevention & Control (IP & C):**

- Prevention measures for the transmission of the disease strain will be applied. Sites will activate therapy outbreak protocol during communicable disease response.
- Current AHS outbreak processes will be used for enhanced daily and terminal cleaning of client spaces and equipment.

**Care Planning:**

- Clients decanted to Continuing Care sites require Care Plan to be sent with them. Care Plans must be reviewed by the receiving site at this time.
- A Visual Care Plan (*Form3*) may be used.
- If the client does not have a Goals of Care Designation Order upon admission, the client shall be treated as an R1 (Resuscitative) Designation until their goals of care order can be reassessed by a physician.
- Code procedures vary from site to site and must be reviewed with attention to current communicable disease status, and care and treating place. Unless otherwise directed by the

ZEOC, facilities will use the normal process for emergency response, recognizing EMS will use a specific triage process upon CDERP activation.

**Safety and Security:**

- Protection from theft and vandalism will be a high priority due to the potential of limited supplies and equipment and potential supply chain interruption.
- Consideration of security staff is necessary. Continuing Care sites do not have security staff on site. Sites may consider strategies included but not limited to the use of lock down or hiring outside agencies. Consultation with HR is required.

**Visitor Policy:**

- General visiting will be limited and managed in accordance with AHS protocol and will be further restricted under the direction of ZEOC.
- Visitors attending Continuing Care sites to assist in providing client care will be subject to all Infection Prevention and Control measures.

**Disposal and Holding of Bodies:**

- The disposal of bodies will be determined by the ZEOC and will be dependent on the strain of communicable disease.
- Most Continuing Care sites do not have body holding areas. Continuing Care sites need to consider locations for body holding areas. Zones need to establish relationships with local funeral homes and develop a contingency plan for alternative holding space (e.g. ice rink, refrigerated truck, etc.).
- Continuing Care sites are required to establish processes for corpse management including supplies, transportation, and storage.
- Continuing Care sites are required to be culturally and religiously aware when handling deceased bodies.