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 procedure, 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.

OBJECTIVES

• To establish a clear, consistent and transparent process for assessing and wait listing patients when a transition to a Continuing Care Designated Living Option (Designated Living Option) is required.

• To identify the parameters within which patients and/or alternate decision makers may choose a preferred Designated Living Option.

• To establish a provincial ranking for the prioritization of patients on the Continuing Care Designated Living Option Waitlist (Waitlist).

• To establish parameters within which patients transition to an alternate Designated Living Option as a temporary measure when their most preferred site is not yet available.

APPLICABILITY

Compliance with this procedure 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).

PROCEDURE ELEMENTS

1. Accountability and Responsibility
1.1 Alberta Health Services (AHS):
   a) acknowledges that making the transition to a Designated Living Option is a significant life event that involves choosing a new home;
   b) commits to providing services that respect the physical, mental, social, psychological, cultural and spiritual needs of the patient;
   c) will involve patients and/or alternate decision makers in all discussions and assessments, provide clear information about the transition process and support patients and/or alternate decision makers throughout the transition to a Designated Living Option;
   d) will provide information both verbally and in writing on the processes outlined in this procedure to patients and/or alternate decision makers;
   e) will collaborate with AHS owned and contracted housing operators/providers in transitioning individuals in a timely and coordinated manner, through sharing up to date and accurate assessment information and ongoing communication;
   f) is accountable with contracted housing operators/providers to ensure that individuals on the Waitlist have access to a safe and appropriate Designated Living Option, including individuals with complex care needs;
   g) is charged with making reasonable efforts to balance patient choice and preference with the responsibility to use health resources fairly and efficiently and the responsibility to consider other patients requiring services from the health system; and
   h) will adhere to any decisions made through the Alberta Health Services Continuing Care: Access to a Designated Living Option - Concerns Resolution Process Procedure.

1.2 AHS shall support patients and alternate decision makers to:
   a) be active and engaged partners in the process;
   b) participate in decision making while acknowledging the rights of other patients and health providers and valuing health services as a public resource;
   c) provide accurate information to the best of their ability;
   d) endeavour to understand their own needs and communicate them to AHS staff; and
   e) endeavour to understand what will happen in the transition process and ask questions to clarify.
1.3 AHS owned/Contracted Providers:
   
a) will engage with patients and/or alternate decision makers to provide accurate information about the site, including costs, services and providing on site or virtual tours;

b) are accountable to work with AHS to ensure that individuals on the Waitlist have access to a safe and appropriate Designated Living Option, including individuals with complex care needs;

c) have the responsibility to collaborate with AHS in transitioning individuals in a timely and coordinated manner, through identifying and addressing any gaps in their ability to provide safe and appropriate care and ongoing communication; and

d) will adhere to any decisions made through the Continuing Care: Access to a Designated Living Option - Concerns Resolution Process Procedure.

2. Assessment and Service Needs Determination

2.1 AHS shall assign an AHS Case Manager/Transition Coordinator/Placement Coordinator (hereinafter known as the ‘Case Manager’) to an individual when they are screened as requiring Continuing Care services.

2.2 AHS staff shall use the Coordinated Access process outlined in the Coordinated Access to Publicly Funded Continuing Care Health Services: Directional and Operational Policy when assessing for unmet needs and making the determination for services.

a) The Resident Assessment Instrument – Home Care (RAI-HC) will be used as the standardized assessment tool for determining the need for a Designated Living Option.

b) The Provincial Continuing Care Assessment Guide for AHS Case Managers shall apply to the assessment process.

c) The Continuing Care Service Needs Determination Guide shall apply when determining service needs, including the need for a Designated Living Option.

2.3 AHS shall support the patient and/or alternate decision maker(s) throughout the entire assessment, decision making and transition process by:

a) identifying a contact person who will actively support the patient and/or alternate decision maker(s) and stay in regular contact throughout the transition (this shall be the Case Manager or delegate);
b) providing opportunities for the patient and/or alternate decision maker(s) to participate in and ask questions about the assessment, placement, Waitlist and transition processes;

c) encouraging the patient and/or alternate decision maker(s) to contact individual sites, explore the services provided, and if at all possible tour potential sites (including using virtual tours where available); and

d) facilitating communication among all care providers and the patient and/or alternate decision maker(s).

2.4 If the patient is in Acute Care, the Case Manager shall facilitate discharge to a home location of the patient’s and/or alternate decision maker’s choosing, when appropriate and safe to do so, in order to provide more time for optimal assessment and decision making.

   a) If returning to a congregate living site, the Case Manager and housing operator/provider shall collaborate to identify and remediate any gaps in ability to provide appropriate, safe care.

2.5 When the patient’s assessed unmet needs indicate the need for transition into a Designated Living Option, the following shall occur:

   a) the patient and/or alternate decision maker(s) and the Case Manager shall engage in discussions to assess and determine the appropriate Designated Living Option level using the Admission Guidelines for Publicly Funded Continuing Care Living Options.

   b) AHS shall provide both verbally and in writing:

      (i) information about the process of selecting a preferred Designated Living Option(s);

      (ii) information about the Waitlist, transition and placement processes, including what to expect if preferred Designated Living Options are not available or are declined;

      (iii) a list of all appropriate Designated Living Options that best match the patient’s preferences and assessed needs; and

      (iv) information about the sites, or shall direct patients and/or alternate decision maker(s) to available information (in multiple formats, e.g., hard copy and on-line).

2.6 The patient and/or alternate decision maker(s) shall specify one or more preferred site(s) from available options appropriate to meet the patient’s assessed unmet need. The following factors may be considerations in the
decision making process by both the Case Manager and the patients and/or alternate decision maker depending on the situation:

a) preserving spousal/partner relationships;
b) geographical distance and/or location;
c) cultural, linguistic, and/or religious preferences;
d) availability of social support(s); and
e) wait times, services available and costs for specific sites.

2.7 Once the initial assessment is complete and the level of care has been identified, the patient and/or alternate decision maker(s) shall specify their preferred site(s) to their Case Manager within:

a) 72 hours for patients in Acute Care; or
b) seven (7) days for patients who are assessed in community.
c) In the event a patient and/or alternate decision maker does not specify any preferred site within the specified time frame, alternate options will be determined through negotiation and review.

2.8 Once the preferred site(s) have been specified to the Case Manager, the Case Manager shall:

a) approve the patient to be waitlisted for a Designated Living Option;
b) document the approval date on the patient’s clinical record; and
c) place the patient on the Waitlist.

Note: The approval date shall be the date that the Case Manager approves the patient for the Waitlist. The Approval date is the Waitlist date used in prioritization and Waitlist management. Refer to AHS Continuing Care: Access to a Designated Living Policy and the AHS Wait Time Measurement, Management and Reporting of Scheduled Health Services Policy.

2.9 If the patient is in Acute Care, the Case Manager shall notify Acute Care of the approval date to initiate charges according to the AHS Alternate Level of Care Accommodation Charges – Patients Waiting for Continuing Care Policy.

2.10 If the preferred choice(s) of the patient and/or alternate decision maker(s) is in another zone:
a) the originating zone shall forward the assessment documentation including the Waitlist date, to the receiving zone; and

b) the receiving zone shall place the patient on the Waitlist according to the original approval date (original Waitlist date).

2.11 Waitlist Management

a) The patient shall be prioritized for the offer of placement when a Designated Living Option space becomes available, in accordance with the Waitlist Prioritization Criteria below.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Transition Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Temporary to Most Preferred</strong></td>
</tr>
<tr>
<td></td>
<td><em>Driver: honour patient choice</em></td>
</tr>
<tr>
<td></td>
<td>Patients waiting in a temporary measure for transfer to their most preferred Designated Living Option.</td>
</tr>
<tr>
<td></td>
<td>This includes:</td>
</tr>
<tr>
<td></td>
<td>• Patients who accepted an alternate Designated Living Option as a temporary measure, or a preferred site that was not their most preferred site.</td>
</tr>
<tr>
<td></td>
<td>• Patients who refused an offer of an alternate Designated Living Option as a temporary measure but accepted a private pay living option as a temporary measure.</td>
</tr>
<tr>
<td></td>
<td>• Patients who refused an offer of an alternate Designated Living Option as a temporary measure but agreed to purchased care and/or extensive family involvement as a temporary measure.</td>
</tr>
<tr>
<td></td>
<td>• Patients who are pursuing further transfer under a new Waitlist date.</td>
</tr>
<tr>
<td>2</td>
<td><strong>Acute Care</strong></td>
</tr>
<tr>
<td></td>
<td><em>Driver: preserve health care resources, patient safety</em></td>
</tr>
<tr>
<td></td>
<td>Patients waiting in Acute Care for access to a Designated Living Option who are ready for discharge.</td>
</tr>
<tr>
<td>2</td>
<td><strong>Community</strong></td>
</tr>
<tr>
<td></td>
<td><em>Drivers: preserve patient/family resources; preserve health care resources</em></td>
</tr>
<tr>
<td></td>
<td>Patients who are waiting in community for access to a Designated Living Option whose assessed unmet needs can no longer be met in their current living setting. They require the care and are ready to move to a Designated Living Option.</td>
</tr>
</tbody>
</table>

**Guiding Principles for Waitlist Management**

- Acute Care and Community shall be considered together and prioritized daily if required.
- If there is more than one person on the Waitlist in a certain category, the patients with the earliest Waitlist dates will be given priority within the category.
- If there are two (2) patients waiting for transfer with the same Waitlist date, the space shall be offered to the individual who has waited the longest in a temporary measure.
2.12 If the needs of patients waiting in community cannot be safely managed in their current environment for more than 48 hours and are at risk of Acute Care admission, these patients shall be:

a) designated as ‘Immediate in the Community’;

b) prioritized according to the assessed urgency of their condition and circumstances regardless of their Waitlist date;

c) reviewed on a daily basis to ensure their condition and circumstances are being safely managed.

2.13 The Waitlist date shall not be impacted:

a) if a patient’s assessed unmet needs change while on the Waitlist and a reassessment indicates the need for a different level of care;

b) if the patient updates their list of preferred site(s) for any reason;

c) by any transfer to temporary sites, or any AHS initiated transfer or discharge;

d) by any concerns resolution proceedings; and

e) by any rejected offers of an alternate Designated Living Option as a temporary measure.

2.14 The patient shall be immediately placed into the Waitlist once approved, and shall remain active on the Waitlist until:

a) the patient is admitted to their most preferred site;

b) the patient requests to remove themselves from the Waitlist; or

c) the patient, upon reassessment, is removed from the Waitlist.

2.15 Once the patient is placed in their most preferred site, any further transfers shall be pursued under a new Waitlist date corresponding to the date the new transfer request is approved. This includes anyone requiring a lower level of care.
3. Designated Living Option Most Preferred Site Offer

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

   a) The patient and/or alternate decision maker(s) shall be given up to 48 hours in order to make a decision.

   b) In the event a patient and/or alternate decision maker does not respond to the offer of their most preferred site within the specified time frame, AHS shall determine through review whether or not the patient requires access to a Designated Living Option.

3.2 When a most preferred site has been accepted, a date of admission is mutually agreed upon.

   a) A transition care plan is developed by the Case Manager involving all care partners to ensure seamless transition of care between care teams and care providers.

3.3 When a most preferred site has been offered and refused, the patient's need to be on the Waitlist shall be reviewed including a review of their preferred site(s). Alternate options will be determined through negotiation and review.

   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.

   a) If the patient is in Acute Care and there are no extenuating circumstances for refusing a most preferred site, the care team shall proceed to transfer to the next available appropriate Designated Living Option, or discharge.

4. Alternate Designated Living Option Offer as a Temporary Measure

4.1 For patients in Acute Care or in community designated as ‘Immediate in the Community’, if the patient’s most preferred site has no space available, AHS shall offer the patient and/or alternate decision maker(s) an alternate Designated Living Option as a temporary measure.

   a) The alternate Designated Living Option offered shall be from the most appropriate options available, taking into consideration, where possible, any additionally named sites and the significant factors identified by the patient and/or alternate decision maker(s) in section 2.5 above.
b) The patient and/or alternate decision maker(s) shall be given up to 48 hours in order to:

(i) reflect on and clarify the information provided;
(ii) ask and receive answers to any questions;
(iii) seek additional information;
(iv) consult with those close to them; and
(v) advise the Case Manager of their decision.

Note: In the event a patient and/or alternate decision maker does not respond to the offer within the specified time frame, AHS shall determine through review whether or not the patient requires access to a Designated Living Option.

4.2 When an alternate Designated Living Option as a temporary measure has been accepted, a date of admission is agreed upon.

a) A transition care plan is developed by the Case Manager involving all care partners to ensure seamless transition of care between care teams and care providers.

b) The patient shall remain on the Waitlist and will be prioritized as per the Waitlist Prioritization criteria for transfer to their most preferred Designated Living Option.

4.3 When an alternate Designated Living Option as a temporary measure has been refused, the Case Manager shall actively engage the patient and/or alternate decision maker(s) in a process of exploration and negotiation to identify an acceptable temporary solution.

a) Using a patient and family centered care/ person centered care approach, and with the goal of identifying the most acceptable solution from the range of options, the Case Manager shall:

(i) explore with the patient and/or alternate decision maker(s) the issue(s) that resulted in refusing the alternate Designated Living Option as a temporary measure;
(ii) engage in problem solving to find a solution to the issue(s);
(iii) identify one or more potential alternate options; and
(iv) negotiate an alternate temporary solution that is acceptable to the patient and/or alternate decision maker(s).
4.4 Following this process of exploration and negotiation, one (1) further offer of an alternate Designated Living Option as a temporary measure may be made.

a) Patients in Acute Care may choose to return home with purchased care/extensive family support, or enter a private pay Living Option as an alternative solution to accepting an alternate Designated Living Option.

(i) The patient shall remain on the Waitlist and will be prioritized as per the Waitlist Prioritization criteria for transfer to their most preferred Designated Living Option.

b) Patients in community designated as ‘Immediate in the Community’ may choose to enter a private pay Living Option as an alternative solution to accepting an alternate Designated Living Option.

(i) The patient shall remain on the Waitlist and will be prioritized as per the Waitlist Prioritization criteria for transfer to their most preferred Designated Living Option.

Exception: 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. Refusal of Two (2) Alternate Designated Living Option Offers

5.1 If the patient and/or alternate decision maker(s) declines two (2) alternate Designated Living Option as a temporary measure offers, the Case Manager shall consult with the Program Manager who shall:

a) review the specific patient circumstances to ensure all appropriate options have been fully explored with the patient and/or alternate decision maker(s) in compliance with this Procedure and the AHS Continuing Care: Access to a Designated Living Option Policy;

b) consult with other identified stakeholders including but not limited to, Acute Care, home care, housing operators and/or physicians to look for unique person-specific options; and

c) support and advise the Case Manager in the ongoing exploration/negotiation process with the patient and/or alternate decision maker(s).

6. Discharge/Transfer

6.1 In circumstances where all options to place a patient in a temporary Designated Living Option have been explored and exhausted with no resolution the Program
Manager will advise the appropriate Zone leadership and proceed to discharge or transfer the patient to the most appropriate Designated Living Option as a temporary measure. (Refer to the AHS Continuing Care: Access to a Designated Living Option Policy.)

a) 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.

(i) Following discharge or transfer the patient shall continue to be supported and shall remain on the Waitlist, continuing to be prioritized for transfer to their most preferred Designated Living Option.

b) If patients designated as ‘Immediate in the Community’ refuse to transfer, AHS shall determine through review whether or not the patient requires Immediate in the Community status.

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.

**Patient and Family Centered Care** means care provided working in partnership with patients and families by encouraging active participation of patients and families in all aspects of care as integral members of the patient's care and support team, and as partners in planning and improving facilities and services. Patient and family centered care applies to patients of all ages and to all areas of health care.

**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.
Person Centered Care means care that considers the individual’s cultural traditions, their personal preferences, values and goals, their family and community, and their lifestyles. Individuals and their caregivers are an integral part of the care team who collaborate in care planning and decision making. Person-centred care recognizes the individual’s strengths and expertise and supports building their self-management skills by ensuring unbiased information and tools are provided. Person-centred care ensures that transitions between providers, departments, health care settings and other supports are respectful, coordinated, and efficient.

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.

Waiting in Community means, for the purposes of this policy suite only, patients who are waiting in community for access to a Designated Living Option whose assessed unmet needs can no longer be met in their current living setting. These individuals must be ready to accept a Designated Living Option when offered.

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
- Alberta Health Services Appeal Panel Process (Continuing Care)
- Alberta Health Services Charges Reduction/ Waiver Policy
- Alberta Health Services Access to a Designated Living Option in Continuing Care - Policy
- 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
- Continuing Care Service Needs Determination Guide
- Government of Alberta / Alberta Health Services - Coordinated Access to Publicly Funded Continuing Care Health Services: Directional and Operational Policy
- Hospitals Act (Alberta)
DESIGNATED LIVING OPTION: ACCESS AND WAITLIST MANAGEMENT IN CONTINUING CARE

May 27, 2015

HCS-117-01

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VERSION HISTORY

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<td>May 27, 2015</td>
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