OBJECTIVE

- To detail requirements for the completion of the interRAI Resident Assessment Instrument-Home Care (RAI-HC) by an Alberta Health Services (AHS) health care professional working in a case management role (from herein referred to as AHServices Case Manager) for adult patients (18 years and older) who are admitted and assigned a client group of Long-term Supportive or Maintenance and who are assessed to receive Continuing Care services in the following care settings:
  - Home Living (e.g. for an individual who lives in an independent living option, such as their own home, apartment, or condominium);
  - Non-Designated Supportive Living (NDSL); or
  - Designated Supportive Living (DSL) inclusive of:
    - Designated Supportive Living Level 3 (DSL3)
    - Designated Supportive Living Level 4 (DSL4); or
    - Designated Supportive Living Level 4 Dementia (DSL4D)
APPLICABILITY

Compliance with this protocol 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) within Continuing Care.

ELEMENTS

1. RAI – HC Assessment
   1.1 The RAI-HC shall be used as the standardized assessment for Long-term Supportive and Maintenance Client Groups to inform and guide the comprehensive planning of care and services in Home Living, NDSL or DSL settings.

2. RAI – HC for Patients in Home Living or NDSL
   2.1 An initial RAI-HC assessment shall be completed within 14 days of patient admission into a Home Living or NDSL setting.

   2.2 If the patient's client group changes to Long-Term Supportive or Maintenance while in a Home Living or NDSL care setting, a RAI-HC assessment shall be completed within 14 days of the change.

   2.3 The RAI-HC reassessment shall occur annually, or upon significant change in health status.

   2.4 For patients transferring living setting, a RAI-HC assessment shall be completed when an annual assessment is due, or if a significant change in health status occurs for those transfers involving:
      a) Home Living to Home Living within the same Zone;
      b) Home Living to Home Living across Zones; or
      c) Home Living to NDSL level of care.

   Exception: Where there is no access to a previous assessment due to differences in software programs, it is recommended that an assessment be completed within 30 days. A current assessment is then available to inform a current plan of care.

   2.5 If a patient in Home Living or NDSL is experiencing a time-limited acute episode when their annual RAI-HC assessment is due:
      a) the assessment shall be delayed until the patient's condition is stable; and
b) this decision shall be documented by the AHS Case Manager in the patient’s health record.

3. RAI – HC Assessment for Patients in DSL

3.1 RAI-HC assessment is required for patient admission to DSL, as per the AHS Access to a Designated Living Option in Continuing Care Policy and Designated Living option: Access and Waitlist Management in Continuing Care Procedure. The Zone placement process shall determine how current the RAI-HC needs to be.

3.2 RAI-HC assessment shall occur at a minimum annually, or upon significant change in health status.

3.3 For patients transferring living setting, a RAI-HC assessment shall only be completed when an annual assessment is due, or if a significant change in health status occurs for transfers involving:

a) the same level of care (e.g. DSL3 to DSL3) within the same Zone; or

b) the same level of care (e.g. DSL3 to DSL3) across Zones.

During a period of transition, the AHS Case Manager will communicate regularly with staff in the DSL to monitor impact of the transfer on the patient and to inform the need for re-assessment.

Exception: Where there is no access to a previous assessment due to differences in software programs, it is recommended that an assessment be completed within 30 days. A current assessment is then available to inform a current plan of care.

3.4 RAI-HC assessment for patients transferring between DSL levels of care (i.e. DSL3 to a DSL4) shall be done in accordance with the AHS Access to a Designated Living Option in Continuing Care Policy and Designated Living option: Access and Waitlist Management in Continuing Care Procedure.

3.5 If a patient is experiencing a time-limited acute episode when their annual RAI-HC assessment is due:

a) the assessment shall be delayed until the patient's condition is stable; and

b) this decision shall be documented by the AHS Case Manager in the patient's health record.

4. RAI – HC Assessment for Patients in Acute Care

4.1 Home and/or community is the optimal environment for patient recovery and making life changing decisions related to Continuing Care service options, when at all possible.
4.2 If a new patient is in **Acute Care** and needs to be admitted for Continuing Care services:

a) allow the patient's condition to stabilize;

b) where safe and appropriate to do so, the AHS Case Manager shall facilitate discharge and an assessment shall be completed; or

c) if discharge is not possible an initial RAI-HC assessment shall be completed while the patient is in Acute Care.

4.3 If an existing Continuing Care patient is in Acute Care:

a) allow the patient's condition to stabilize;

b) where safe and appropriate to do so, the AHS Case Manager shall facilitate discharge:

   (i) complete an annual RAI-HC reassessment that was deferred;

   (ii) complete a RAI-HC reassessment if there is a significant change in health status of the patient; or

   c) if discharge is not possible, complete a RAI-HC assessment while the patient is in Acute Care to determine the appropriate level of care.

4.4 If a patient is occupying a bed in Acute Care (i.e., Alternate Level of Care) and is on the **Continuing Care Living Option Waitlist**, then an assessment shall occur annually, or upon significant change in health 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.

**AHS Case Manager** means a health professional who is accountable for case management services for an assigned caseload of home living and/or supportive living clients. This individual has the primary responsibility, working through inter-professional and inter-organizational collaborative practise, to assess client needs, determine service needs, negotiate service options, make service recommendations and referrals, monitor service delivery, manage reassessment and waitlist and discharge processes, and coordinate care transitions across care settings.

**Community** 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 Level 3 (DSL3), Designated Supportive Living Level 4 (DSL4) and Designated Supportive Living Level 4 Dementia (DSL4D).

**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.

**Continuing Care Living Option 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.

**Health care professional** means an individual who is a member of a regulated health discipline, as defined by the Health Disciplines Act or the Health Professions Act, and who practises within scope and role.

**Health record** means the Alberta Health Services legal record of the patient’s diagnostic, treatment and care information.

**Long-term Supportive** means, for the purposes of this document only, a patient who is at significant risk of institutionalization due to unstable, chronic health conditions, and/or living condition(s) and/or personal resources.

**Maintenance** means, for the purposes of this document only, a patient with stable chronic health conditions, stable living conditions and stable personal resources, who requires ongoing support to remain at home.

**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.

**Significant change in health status** means, for the purposes of this document only, there is an improvement or decline that affects the patient’s health status, that is not self-limited and that requires review or revision of the care plan to ensure that appropriate care is given.

**Stable** means, for the purposes of this document only, the patient’s condition is not changing or fluctuating.

**Transferring** means, for the purposes of this document only, a re-assignment or physical re-location to/from a health care setting, service, health care provider or level of care.
REFERENCES

- Alberta Health Services Governance Documents:
  - Access to a Designated Living Option in Continuing Care Policy (#HCS-117)
  - Designated Living Option: Access and Waitlist Management Procedure (#HCS-117-01)
  - interRAI Resident Assessment Instruments Competency Requirements Standard (#HCS-97-01)
- Alberta Health Services Resources:
  - Provincial Continuing Care Assessment Guide for Continuing Care AHS Case Managers
- Non-Alberta Health Services Documents:
  - Coordinated Access to Publicly Funded Continuing Care Health Services: Directional and Operational Policy (Government of Alberta & Alberta Health Services)

VERSION HISTORY

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<td>May 18, 2016</td>
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