

Intent of Living Option Guidelines

Alberta's new *Continuing Care Strategy: Aging in the Right Place* outlines a new way of delivering continuing care services, one that will offer greater choice and enable seniors and individuals with disabilities to remain in their own homes and communities, as opposed to being admitted to supportive living or long-term care.

The intent of these Living Option guidelines is to provide a set of support tools to assist with consistent living option decisions in relation to Supportive Living levels 3, 4 and Long-term Care.

Consistent application of these guidelines will ensure that long-term care beds are used by those who most need them: those clients with complex, unpredictable medical needs requiring 24-hour on-site unscheduled Registered Nurse assessment and services.

The attached Guidelines are based on and supplement Alberta Seniors & Community Supports Supportive Living Framework Levels 3 and 4 and the role of Facility Living as described in the Alberta Health & Wellness Continuing Care Health Service Standards.

The Guidelines are not meant to be rigid or overly prescriptive. Case managers and assessors will be person-centred and will be flexible in accommodating client needs and choices as much as possible while considering and managing risk to clients. This will especially be the case over the transition period (three to seven years) as more facilities are developed and more options are available for seniors. In the interim, it is recognized that, because of the lack of intermediate options, some seniors will be accommodated in more dependant accommodation than they require.

These Guidelines are intended to cover the majority of programs and services. Criteria for specialized living options and short stay programs and units will be developed.

Current terminology regarding specific program names varies greatly across Alberta so examples of settings are provided for information. The term "designated" generally denotes a partnership with an operator, with funding provided by Alberta Health Services (AHS) for health care support services. Operators may be public, private or voluntary.

Admission and Transition Processes

- Through the AHS Coordinated Access process, all clients will be assessed for access to the most appropriate level of care and identified program.
 - All clients will be provided with information regarding the range of available services and options to meet their assessed needs including access to affordable accommodation.
- Access criteria for each level of care serve as general guidelines. Each client will be individually assessed. Temporary changes in status may occur with acute episodes of illness, falls and post hospitalization and reassessment may be required.
- Efforts will be made to support individuals to stay in their choice of living option to enable "aging in place" including, for example, the use of added care.

Common to All Living Options

- Operators will provide a safe and secure environment and hospitality services as per the Supportive Living Accommodation Standards or the Long-Term Care Accommodation Standards.
- Operators in partnership with AHS meet or exceed the Continuing Care Health Service Standards such as but not limited to:
 - End of life care and support will be provided.
 - Allied Health assessments and treatment will be provided according to client needs. These include Recreation Therapy, Physical Therapy, Occupational Therapy, Social Work, Speech Language Pathology (including swallowing assessments), and Respiratory Therapy.
 - Scheduled professional nursing treatments may include but are not limited to subcutaneous or intramuscular injections, complex dressings, etc.
 - Dietitian assessments and monitoring will be available if required for clients with special diets.
 - All clients will have access to medically required physician services and primary care including referral to specialist services.
 - All clients will have access to appropriate diagnostic and emergency services. Where possible, urgent assessment and care will be provided in the living option rather than an acute care setting.
 - Clients with unpredictable behaviours will have access to the appropriate environment for their needs.
 - Clients with behaviours requiring certification under the Mental Health Act will only be admitted to living options with appropriate programs and setting.

Definition:

A designated **Supportive Living Level 3** – Assisted Living is an environment that provides 24-hour on-site scheduled and unscheduled personal care and support provided by Health Care Aides.

Some settings may have a secured environment.

Professional health services including Registered Nurse services with 24-hour on-call availability, case management, assessment and other consultative services such as but not limited to Geriatric/Psychogeriatric Outreach Teams, Palliative Care, Social Work, Rehabilitation services, etc. are provided through AHS.

Examples of Settings – Living Options

- Enhanced Living
- Enhanced Living – Dementia Cottage
- Enhanced Lodge
- Level 3 Personal Care Homes
- Special Care Home
- Family Care Homes

Access Criteria:

Clients will be assessed as not able to safely cope in their home or lower level living option with or without informal support. They also will be assessed as requiring 24-hour personal care and support in a supportive, structured and supervised environment.

Medical Conditions:

- Medical condition is stable and appropriately managed without a 24-hour on-site Registered Nurse or Licensed Practical Nurse
- PRN (unscheduled) medication assistance available if client capable of making request

Cognitive Status:

- May have mild dementia but behaviourally stable
- May require unscheduled reassurance
- No known risk of elopement but may wander, is easily redirected
- Awareness of personal space of others
- Social behaviour of resident does not induce fear and anxiety in other residents in this supportive living setting
- No known risk of self-harm or harm to others

Functional Status:

- Mobilizes independently or with one-person transfer
- Requires unscheduled personal care (assistance with management of incontinence, cueing and/or assistance with meals, transportation to meals, direction and/or cueing for initiation and completion of activities, assistance with prepackaged scheduled medications)
- Able to call for help using a call system

Social Support:

- Informal caregivers remain a welcome and integral contributor to the person-centred plan of care

Exclusion Considerations:

- Complete meal assistance if dietitian support / consultation is not available
- Mechanical lift transfers
- Two-person transfers
- Chronic unmanaged incontinence not amenable to interventions

Definition:

A designated **Supportive Living Level 4** – Enhanced Assisted Living is an environment that provides 24-hour on-site scheduled and unscheduled professional and personal care and support, provided by Licensed Practical Nurses and Health Care Aides.

Professional health services including Registered Nurse services with 24-hour on-call availability, case management, assessment and other consultative services such as but not limited to Geriatric/ Psychogeriatric Outreach Teams, Social Work, Palliative Care, Rehabilitation services etc. are provided through AHS.

Where there are sufficient numbers, special programs may be established for clients with similar complex clinical or complex functional care requirements (e.g., brain injured, ventilator dependent). If insufficient numbers, clients requiring these services will receive them as part of a general unit or program, subject to individual assessment.

Examples of Settings – Living Options

- Designated Assisted Living
- Level 4 Personal Care Homes

Access Criteria:

Clients will be assessed as not able to safely cope in their home or lower level living option with or without informal support. Also, they will be assessed as requiring 24-hour professional and personal care and support in a supportive, structured and supervised environment.

Medical Conditions:

- May be complex but are stable and appropriately managed safely through an interdisciplinary person-centred plan of care
- Unscheduled professional assessments may be required to adjust the plan of care which may include medication management

Cognitive Status:

- May have varying levels of dementia but are behaviourally stable
- May require unscheduled reassurance
- Minimal risk for elopement but may wander, is easily redirected
- Social behaviour of resident does not induce fear and anxiety in other residents in this supportive living setting
- Minimal risk of self-harm or harm to others

Functional Status:

- Will have complex physical care needs that cannot be met at home or in a lower level of supportive living
- May require the following types of assistance with Activities of Daily Living (ADL):
 - Complete meal assistance including tube feeding
 - Mechanical lift transfers
 - 2 person transfers
 - Total assistance to mobilize including portering
 - Medication assistance or administration
 - Chronic unmanaged incontinence

Social Support:

- Informal caregivers remain a welcome and integral contributor to the person-centred plan of care

Exclusion Considerations:

- Unpredictable behaviour placing self and others at risk
- Require 24-hour on site RN professional services
- Require intensive and/or extensive rehabilitation services that cannot be easily accessed

Definition:

A designated **Supportive Living Level 4 Dementia** – Enhanced Assisted Living provides a purposeful home-like design with small groupings of private bedrooms and associated spaces in a secured therapeutic environment. This environment provides 24-hour on site scheduled and unscheduled professional and personal care and support provided by Licensed Practical Nurses and Health Care Aides.

Professional health services including Registered Nurse services with 24-hour on-call availability, case management, assessment and other consultative services such as but not limited to Geriatric/Psychogeriatric Outreach Teams, Social Work, Palliative Care, Rehabilitation services etc. are provided through AHS.

Examples of Settings – Living Options

- Designated Assisted Living – Dementia Cottage
- Enhanced Designated Assisted Living
- Dementia Unit

Access Criteria:

Clients will be assessed as not able to safely cope in their home or lower level living option with or without informal support. Also, they will be assessed as requiring 24-hour professional and personal care and support in a supportive, structured and supervised environment.

Medical Conditions:

- May be complex but are stable and appropriately managed through an interdisciplinary person-centred plan of care
- Unscheduled professional assessments may be required to adjust the care plan including medication needs

Cognitive Status:

- Will have moderate dementia that may progress to later stages or other forms of cognitive impairment (CPS of 3 or greater)
- Lacks awareness of personal space of others
- Will have unpredictable behaviours including wandering which may include risk for elopement
- May have unpredictable behaviours placing self and others at risk but manageable in this environment

Functional Status:

- May have complex care needs that cannot be met at home or in other supportive living environments
- May require the following types of assistance with Activities of Daily Living (ADL):
 - Complete meal assistance, including tube feeding
 - Mechanical lift transfers
 - 2 person transfers
 - Medication assistance or administration
 - Chronic unmanaged incontinence

Social Support:

- Informal caregivers remain welcome and integral contributors to the person-centred plan of care

Exclusion Considerations:

- Unpredictable behaviour placing self and others at risk (may not be an exclusion considerations in some settings)
- Requires 24-hour on site RN professional services
- Requires intensive and/or extensive rehabilitation services that cannot be easily accessed

Definition:

Long-term Care Facility is an environment that provides services for people with complex unpredictable medical needs requiring 24-hour on site Registered Nurse assessment and/or treatment. In addition, professional services may be provided by Licensed Practical Nurses and 24-hour on site unscheduled and scheduled personal care and support will be provided by Health Care Aides.

Case management / Registered Nurse and Rehabilitation Therapy are provided on site. Other consultative services such as but not limited to Geriatric/ Psychogeriatric Outreach Teams, Palliative Care, etc. are provided through AHS.

Long-term facility care may have secured long-term care, dementia care units.

Where there are sufficient numbers, special programs may be established for long-term care clients with similar complex clinical or complex functional care requirements (e.g., brain injured, ventilator dependent). If insufficient numbers, clients requiring these services will receive them as part of a general long term care unit or program, subject to individual assessment.

Access Criteria:

Clients will be assessed as not able to safely cope in their home or in a lower level living option with or without formal support.

Medical Conditions:

- Will have complex unpredictable needs but are clinically stable and can be managed safely with 24-hour on-site Registered Nurse and regularly scheduled and unscheduled on-site physician support
 - Complex end of life care needs
 - Complex medication management
 - Complex nursing interventions
- Unscheduled assessments are often required to address changing resident care issues

Cognitive Status:

- May have any stage of dementia
- May have unpredictable behaviours placing self and others at risk

Functional Status:

- Will have complex physical needs with care requirements that cannot be met at home or in a supportive living environment
- May require the following types of assistance with Activities of Daily Living (ADL):
 - Complex nutritional intake requirements
 - Intensive and extensive rehabilitation requirements
 - Complex elimination requirements

Social Support:

- Informal caregivers remain a welcome and integral contributor to the person-centred plan of care
- There may be complex family dynamics requiring 24-hours/7-days RN on-site interventions

Exclusion Considerations:

- Clients with unstable acute medical or psychiatric conditions who require acute care hospitalization