

 <p>Winnipeg Regional Health Authority Office régional de la santé de Winnipeg Caring for Health À l'écoute de notre santé</p> <p style="text-align: center;"><b>POLICY</b></p>	<p><b>REGIONAL</b></p> <p>Applicable to all WRHA governed sites and facilities (including hospitals and personal care homes), and all funded hospitals and personal care homes. All other funded entities are excluded unless set out within a particular Service Purchase Agreement.</p>		Level:  <b>1</b>
	Policy Name:  <b>Personal Care Home Bed Cancellation– Long Term Care Program</b>	Policy Number:  110.130.080	Page  1 of 4
	Approval Signature:  <i>Original signed by A. Wilgosh</i>	Section:  <b>CLINICAL / PROGRAM SERVICES</b>	
	Date:  February 2014	Supersedes:  December 2008	

1.0 **PURPOSE:**

- 1.1 To define the conditions under which a personal care home bed (“PCH”) can be cancelled when a Resident is in hospital and it is assessed to be inappropriate to return the Resident to the personal care home.
- 1.2 To promote appropriate and effective use of personal care home beds.

2.0 **DEFINITIONS:**

- 2.1 Authorized Daily Charge: The daily fee paid by the Resident directly to the PCH.
- 2.2 Chronic Care Indicators: The following are indicators that a Resident's care needs exceed the level of care available at the PCH:
  - 2.2.1 Maximum dependence and consistently requires 3 or more persons to carry out daily tasks related to bathing and dressing;
  - 2.2.2 Maximum dependence and requires professional expertise to carry out feeding procedure, e.g. syringe, nasogastric tube, gastrostomy, parenteral – IV or hypodermoclysis;
  - 2.2.3 Maximum dependency and consistently requires two or more persons to carry out all tasks related to ambulation, positioning and transferring. Intense intervention is required totaling 2 hours or more over a 24 hour period;
  - 2.2.4 Maximum dependency for elimination and professional nurse is required to carry out related procedures, e.g. intermittent catheterizations, continuous bladder irrigations, specialized ostomy care;

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2.2.5 Professional intervention is required for one or more of the following procedures/treatments:

- Suctioning more than once daily
- Tracheostomy care on a daily basis
- Medication by IV or infusion pump
- Complicated skin or ulcer care
- Dialysis
- Respiratory treatments in addition to continuous oxygen (at least 18 hours per day)
- Frequent lab testing and treatment due to a severe chronic medical condition, e.g. blood gases or blood sugars one or more times a day, anticoagulant monitoring
- Access to medical supervision and treatment for advanced progressive disease or multiple pathologies e.g. ALS, seizure disorder, MS, brittle diabetic, severe respiratory disease
- Other interventions

2.2.6 Behaviour Management, Support or Supervision interventions for frequent or continual behaviour needs in addition to those required to meet physical care needs for one or more of the following:

- Receives at least 30 minutes of therapy per day, e.g. sensory stimulation due to comatose or semi-comatose condition
- Direct interventions to manage behaviour totaling more than two hours per day
- Professional supervision for dangerous or erratic behaviour
- Requires psychiatric intervention

2.3 Hospital Leave: The period of time a Resident is absent from the PCH for the purpose of obtaining treatment in hospital.

2.4 Long Term Care Access Coordinator: The person responsible for coordinating and completing the assessment application of clients in the WRHA hospital for placement into WRHA long term care programs.

2.5 PCH Bed Cancellation: A PCH bed is cancelled when the Resident's ongoing care needs exceed the care that can be safely provided in a PCH.

2.6 Resident: An individual living in a PCH on a permanent basis.

2.7 Substitute Decision Maker: A Substitute Decision Maker refers to an identified third party who participates in decision making on behalf of an individual who lacks capacity. The task of a Substitute Decision Maker is to faithfully represent the known preferences, or if the preferences are not known, the interest of the individual lacking capacity.

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The following, in order of priority, may act as Substitute Decision Makers:

- 2.7.1 A proxy appointed by the individual under *The Mental Health Act*;
- 2.7.2 A committee appointed pursuant to *The Mental Health Act* if committee has the power to make health care decisions on the individual's behalf; or a Substitute Decision Maker appointed pursuant to *The Vulnerable Persons Living with a Mental Disability Act* if the individual has authority to make health care decisions.
- 2.7.3 A parent or legal guardian of the individual, if the individual is a child;
- 2.7.4 A spouse, with whom the individual is cohabiting, or common-law partner;
- 2.7.5 A son or daughter;
- 2.7.6 If the individual is an adult, a parent of the individual;
- 2.7.7 A brother or sister;
- 2.7.8 A person with whom the individual is known to have a close personal relationship;
- 2.7.9 A grandparent;
- 2.7.10 A grandchild;
- 2.7.11 An aunt or uncle;
- 2.7.12 A nephew or niece

2.8 Utilization Manager: A member of the healthcare team whose role is dedicated to management/leadership functions which support organizational patient flow policies and practices.

2.9 WRHA Transition Manager Long Term Care Access Centre: Manager responsible for managing the delivery, planning and evaluation of services provided to clients within the long term care access centre.

### 3.0 **POLICY:**

3.1 Notwithstanding that a Resident is absent from a PCH due to a Hospital Leave, the Resident shall continue to be responsible to pay the Authorized Daily Charge to the PCH.

3.2 The Resident shall be returned to the PCH, as quickly as is appropriate, once acute care treatment is complete and the care plan can be managed at the PCH. There shall be ongoing communication and consultation between a designated team member in acute care and a designated team member at the PCH, at a minimum of every 21 days during the Hospital Leave.

3.3 If at any time during the Hospital Leave it becomes apparent that the Resident will not be able to return to the PCH due to a significant change in condition that is unlikely to be reversed and exceeds the ability of the PCH to safely manage the care plan (e.g. the Resident's condition meets one of the Chronic Care Indicators), the PCH social worker or designate will initiate the PCH Bed Cancellation process.

3.4 A PCH bed shall not be cancelled without consultation between the designated team member at the PCH, the WRHA hospital Utilization Manager, the WRHA Transition Manager Long Term Care Access Centre, the Resident and/ or Substitute Decision Maker and any other agency involved in the Resident's care. If there is difficulty reaching consensus, the Executive Director of the WRHA Long Term Care Program and WRHA Vice President for Long Term Care shall be consulted for a final determination.

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3.5 In cases where the PCH bed is cancelled and the Resident's condition unexpectedly improves to allow for the return to PCH, the Resident will be reassessed by the Long Term Care Access Centre Coordinator and placement options will be determined in consultation with the Resident and/or their Substitute Decision Maker.

3.6 For Residents receiving Employment and Income Assistance benefits from the Government of Canada to pay their Authorized Daily Charge, approval shall be received from Manitoba's Family Services to extend payment past the initial 21-day period. The PCH social worker or designate shall be responsible to notify Manitoba's Family Services of the admission and any need for extension.

#### 4.0 **PROCEDURE:**

4.1 When a Resident has been absent from the PCH due to a Hospital Leave and the plan is to return to the PCH, the WRHA hospital designate shall confirm the discharge plan including date, time, changes to care plan, and any follow-up appointments.

4.2 If it is determined that the Resident will not be returning to the PCH, the social worker or designate at the PCH initiates the PCH Bed Cancellation by contacting the WRHA Transition Manager Long Term Care Access Centre.

4.3 The WRHA Transition Manager Long Term Care Access Centre contacts the WRHA hospital Utilization Manager to obtain information related to the Resident's current care plan and trajectory of care.

4.4 The WRHA Transition Manager Long Term Care Access Centre shall confirm with the PCH social worker or designate and WRHA hospital Utilization Manager, in writing, the date the PCH bed is cancelled.

4.5 The PCH social worker or designate shall communicate to the Resident and/or their Substitute Decision Maker the decision to cancel the PCH bed.

4.6 If the Resident's condition improves, the WRHA hospital Utilization Manager shall facilitate a consult to the Long Term Care Access Centre Coordinator to reassess the Resident for placement into long term care.

#### 5.0 **REFERENCES:**

5.1 Employment and Income Assistance Programs, Entrepreneurship, Training and Trade Policy #20.1.5 Rates for Participants in Personal Care Homes During a Temporary Absence from Placement <http://www.gov.mb.ca/fs/manuals/eia/20/index.html#s2015>

5.2 Manitoba Health. Application/Assessment for Long Term Care (2007)

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