



Team Name: Health Information Services Team Lead: Regional Manager - Health Information Services Approved by: Regional Lead-Corporate Services & Chief Financial Officer	Reference Number: ORG.1410.PL.101 Program Area: Health Information Services Policy Section: Health Information Services
Issue Date: February 2, 2015 Review Date: Revision Date: January 29, 2024	Subject: Alternate Level of Care

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SUBJECT:

Collection of Alternate Level of Care (ALC)

PURPOSE:

Alternative level of care is utilization indicator and its collection was adopted within the scope of the International Classification of Diseases and Related Health Problems (10th revision, Canada: ICD-10-CA) and Discharge Abstract Database (DAD) implementation in Manitoba on April 1, 2004. Effective 2010-2011, ALC designation was expanded to apply to Chronic, Mental Health and Rehabilitation abstracts reported to the DAD.

The purpose of this policy is to:

- To standardize the process for collecting and reporting information on days spent in facilities as Alternate Level of Care (ALC).
- To facilitate accurate national, provincial and regional acute and ALC length of stay comparisons, and identification and analysis of trends.
- To improve confidence in abstract data for decision making, operational and corporate planning and system improvements.
- To achieve consistency and data integrity in ALC Days reported in the DAD.
- To ensure standardized information is collected for national, provincial and regional comparisons.

BOARD POLICY REFERENCE:

Executive Limitations (EL-02) Treatment of Clients
 Executive Limitations (EL-04) Planning and Budgeting

POLICY:

The Alternate Level of Care (ALC) policy provides criteria for ensuring accurate reporting of the level of care being provided to patients within Southern Health facilities (acute and transitional) which report to the Discharge Abstract Database (DAD).

- Southern Health-Santé Sud will collect and monitor ALC days for facilities that report to the DAD (acute and transitional).
- Determination of ALC will be made by Clinical Staff on the basis of the Canadian Institute for Health Information (CIHI) designation guidelines. Health Information (HI) professionals shall **not** determine patient ALC designation.
- Compliance with the procedures outlined in this policy will be assessed by Southern Health-Santé Sud on an ongoing basis and will be audited by Manitoba Health, Seniors and Long-Term Care once every three years.

DEFINITIONS:

The following descriptors are provided to assist in the accurate documentation and reporting of ALC:

➤ **Acute Care**

An active short-term care episode including facility-based overnight stay and the presence of 1 of the following:

- The need for active treatment of serious injury or illness, urgent medical or mental health condition or during initial recovery from surgery.
- Care/monitoring provided 24/7 by a multidisciplinary team, which may include physicians, nurses (registered or practical), nurse practitioners, and other allied health professionals (pharmacist, physiotherapist, occupational therapist, registered dietitian, social worker, etc.)
- Services provided at a minimum level of certain frequencies and intensity levels.
- Attendance and charting by a physician or delegate at least once per day.
- Close clinical monitoring at least 3 times daily based on delegated functions by the physician.
- Access to diagnostic tests required to stabilize plan of care.

(CIHI, *Definitions and Guidelines to Support ALC Designation in Acute Inpatient Care*, 2016)

➤ **Alternate Level of Care**

- A designation applied by Clinical Staff to that portion of a patient's hospital stay when the patient is occupying a bed in a facility and does not require the intensity of resources/services provided in that care setting. The duration of the ALC portion of the stay **must be at least 24 hours**. (CIHI, *Definitions and Guidelines*, 2016).

➤ **Clinical Staff**

- "An appropriate care team member, which may be a physician, long-term care assessor, patient care manager, discharge planner or other care team member." (CIHI, *Definitions and Guidelines*, 2016). Clinical staff are identified as the ALC authorizers.

➤ **Chronic Care**

Care provided to individuals:

- With increased care requirements who receive ongoing rehabilitation as part of their care.
- Who require periodic change in their care plans and redefinition of their therapeutic goals.

- Who require greater medical presence than Long Term Care facilities can offer to deal with increased medical problems
- **Discharge Abstract Database (DAD)**
 - The national database that captures administrative, clinical and demographic information (abstract) on inpatient and day surgery hospital discharges (including deaths and transfers).
- **Health Information Management (HIM) Professional**
 - Employees with specialized training in the collection and analysis of patient data.
- **Mental Health Care**
 - Mental health services are provided to individuals under the care of a psychiatrist in a designated mental health unit, facility or program.
- **Rehabilitation Care**
 - Rehabilitation services are provided in specialized rehabilitation hospitals and in general hospitals within designated rehabilitation units or programs. Rehabilitation services aim to help restore lost skills to people who have suffered illness or injury so that they can regain self-sufficiency.

PROCEDURE:

1. Clinical Staff will clearly document in the patient record on the approved Alternate Level of Care (ALC) Designation Record (ORG.1410.PL.101.FORM.01), indicating the ALC reason and the start date(s) of the ALC status following the Alternate Level of Care (ALC) Standard Operating Procedure (ORG.1410.PL.101.SD.01).
2. For continuous ALC days, one form may be used for multiple reason codes. Dates must be provided for **each** ALC reason selection on the same form.
3. If a portion of the patient's stay has been designated ALC, and the patient becomes medically unstable, Clinical Staff will indicate the date that the ALC status was discontinued. If the patient again becomes ALC, Clinical Staff will complete an additional ALC form(s).
4. The Alternate Level of Care (ALC) Designation Record (ORG.1410.PL.101.FORM.01) will be retained as part of the health record when the patient is discharged.
5. HIM Professionals will record the patient ALC information on the DAD abstract. ALC information is entered as a patient service which must have a minimum length of stay of 24 hours unless the entire stay is documented as being ALC. When this documentation is not present on the patient's chart, Health Information Management staff will **not** enter the ALC service into the DAD.
6. In May of each *audit* year, Manitoba Health will generate a list of abstracts which includes the Alternate Level of Care (ALC) patient service for the most recent closed year. A subset (5-10%) audit list of cases will be provided to the Regional Health Information Manager/Director. For each of the abstracts on the list, an impartial designate from Southern Health Sante Sud (someone other than the HIM professional who completed the abstract) will indicate whether an Alternate Level of Care (ALC) Designation Record was completed by a clinician and was available to the coder when assigning the ALC patient service. Findings to be completed on the Alternate Level of Care Policy Compliance Monitoring Form provided by Manitoba Health.

SUPPORTING DOCUMENTS:

[ORG.1410.PL.101.FORM.01](#) - Alternate Level of Care (ALC) Designation Record -

[ORG.1410.PL.101.SD.01](#) - Alternate Level of Care (ALC) Standard Operating Procedure

REFERENCES:

Manitoba Health, Seniors and Active Living Policy – Collection of Alternate Level of Care (ALC) 2018

[CIHI Definitions and Guidelines to Support ALC Designation in Acute Inpatient Care](#)

[Alternate Level of Care Diagnosis List – Clarification of Use \(2022\)](#)

Northern Health Policy