



Team Name: ED/VP Team	Reference Number: CLI.4110.PL.008
Team Lead: Executive Director - West	Program Area: Across Care Areas
Approved by: Senior Leadership	Policy Section: General
Issue Date: January 19, 2018	Subject: Interim Placement for patients waiting Personal Care Home placement
Review Date:	
Revision Date:	

**POLICY SUBJECT:**

Interim Placement For Patients Waiting Personal Care Home Placement

**PURPOSE:**

This policy exists to ensure that acute care beds in Southern Health-Santé Sud are not occupied with high numbers of waiting placement patients that impact the ability to provide acute care services.

**BOARD POLICY REFERENCE:**

Executive Limitation (EL-2) Treatment of Clients  
 Executive Limitation (EL-7) Asset Protection and Risk Management

**POLICY:**

- Southern Health-Santé Sud must ensure that acute care beds are available for acutely ill patients.
- Southern Health-Santé Sud reserves the right to require that patients in acute care facilities who are paneled for a Personal Care Home (PCH) and cannot return to their home accept interim placement in an alternate site.
- Patients who refuse an interim placement are responsible to pay the daily authorized charge in accordance with the *Health Services Insurances Act Hospital Services and Insurance and Administration Regulation, Section 7(1)*: "If...services provided by a hospital to an insured person are not medically required.....the hospital may make the daily authorized charge to the insured person equal to the per diem rate of payment approved by the minister".
- Interim sites may be in the patient's home community or in a facility in a different community. Interim sites may include, transitional care centres and other personal care homes. Every attempt is made to find an interim bed in a community as close to home as possible.
- Interim sites notify the Utilization Facilitator/designate to advise when a bed is available to interim place a patient.
- Patients being transferred to another facility are responsible for their own transportation. Staff facilitate the transfer by giving consideration to patient needs and abilities. If a patient is able, the transfer is done by private vehicle or handivan. If the patient requires ambulance transfer, the Interfacility Transfer (IFT) process is applied (see Procedure CLI.5310.PR.004).
- The patient's first choice PCH and date of panel are not affected by interim placement.
- Patients who are interim placed in another PCH, will have the option of remaining in the PCH permanently if this becomes their wish.

### **IMPORTANT POINTS TO CONSIDER:**

- Prior to facilitating interim placement the health care team discusses with patients and their representative/designate to determine the most appropriate location.

### **PROCEDURE:**

1. This policy is discussed with the patient and his/her representative/designate:
  - When a patient in the hospital is making application for PCH and will not be able to return to his/her home in the community.
  - Upon admission of a patient already paneled but unable to return to his/her home in the community.
2. Facilities will track all patients in hospital waiting for a PCH using the Paneled for Interim Placement for Patients Waiting PCH Tracking Tool (CLI.4110.PL.008.FORM.01)
3. The interim site contacts the Utilization Facilitator/designate when the site has capacity to interim place a patient.
4. If an interim site has not yet contacted the Utilization Facilitator/designate that a bed is available, and there is a need to interim place a patient, the Utilization Facilitator/designate contacts possible interim sites to plan for possible transfer.
5. The Utilization Facilitator/designate emails potential interim sites a list of the patients requiring interim placement.
  - The interim sites review the list.
  - A designate at the interim site and the Utilization Facilitator/designate discuss over the phone which patients the interim site can take, considering the following:
    - Patient choice, given alternate options;
    - Distance from family/representative/designate, PCH of choice; and
    - Other factors patient/family/representative/designate may present.
6. When an interim site is identified the Utilization Facilitator/designate discusses the interim placement with the patient and his/her representative/designate.
7. The physician from the transferring hospital contacts the physician at the receiving site to request a doctor-to-doctor transfer.
8. The patient and family are given a minimum of 24 hours' notice prior to transfer.
9. The following documents accompany the patient upon transfer:
  - Transfer sheet
  - Current Medication Administration Record
  - Best Possible Medication History (BPMH) and Admission Reconciliation and Order Form
  - Integrated Progress Notes (minimum 7 days)
  - Client care plan
  - Admission/Assessment form (AA)
  - Manitoba Health Administrative Sheet
  - Copies of recent lab and imaging
  - Health Care Directive
  - Advance Care Plan / Goals of Care
  - Financial information – Notice of Assessment
  - Discharge Summary
10. Notification that the patient is being interim placed is provided to the Administrative Assistant, Seniors/Palliative Care by the Regional Discharge Coordinator or designate.
11. The Administrative Assistant, Seniors/Palliative Care captures this on the regional PCH Wait List database.

### **SUPPORTING DOCUMENTS:**

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|-------------------------|--|
| CLI.4110.PL.008.FORM.01 | Interim Placement for patients waiting PCH Tracking Tool |
| CLI.5310.PR.004         | Interfacility Transfers Policy                           |

**REFERENCES:**

Government of Manitoba (2014) *Health Services Insurances Act, Hospital Services Insurance and Administration Regulation 7(1)*.