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| <p>Team Name: Personal Care Home Standards Team</p> <p>Team Lead: Regional Director – Seniors, Palliative Care & Cancer Care</p> <p>Approved by: Executive Director – East</p> | <p>Reference Number: CLI.6410.PL.017</p> <p>Program Area: Personal Care Home</p> <p>Policy Section: General</p> |
| <p>Issue Date: December 5, 2018</p> <p>Review Date:</p> <p>Revision Date:</p> | <p>Subject: Personal Care Home Waitlist Management</p> |

POLICY SUBJECT:

Personal Care Home Waitlist Management

PURPOSE:

A Personal Care Home (PCH) provides professional nursing care and personal care services to individuals who can no longer live safely in their own home with informal supports (such as a network of family and friends) and/or community services, including Home Care.

It is important to move people into a PCH in a manner that is fair, responsive to the safety and security needs of individuals waiting to move into a PCH and supports the flow of individuals through the health care system.

This policy provides direction about the process for managing PCH waitlists.

BOARD POLICY REFERENCE:

Executive Limitation (EL-02) Treatment of Clients

POLICY:

1. Criteria for admission to a PCH is based upon the ability of the PCH to:
 - 1.1. Meet the care needs of the individual (consider the physical structure, resources and safety and security needs of residents of the PCH); and
 - 1.2. Provide specialized care (e.g. dementia care, feeding and swallowing problems, respiratory care or other complex treatments).
2. Each PCH maintains and manages its own waitlist.

3. The waitlist includes all individuals whose application has been reviewed and approved for admission to the PCH by the Admissions Committee at the PCH.
4. Priority for admission to the PCH is given in the following order:
 - 4.1. A resident who is ready for discharge from the Behavioral Treatment Unit (BTU) or Special Care Unit (SCU); then
 - 4.2. A Veteran who has been confirmed to be eligible for a designated priority bed (see policy: Veterans Beds in Personal Care Homes (CLI.6410.PL.018)); and then
 - 4.3. A person living in the community who is receiving Home Care services at over cost.
 - 4.4. Individual(s) at risk in the community (i.e. are wandering outside or demonstrate unsafe home management that cannot be mitigated or addressed through other means or resources) may need to be prioritized for admission before those individuals outlined in 4.1 – 4.3.
5. Panel date is the deciding prioritization factor thereafter, alternating wherever possible between admissions from hospital and the community.
6. Other factors considered when prioritizing the PCH waitlist (in no particular order):
 - 6.1. The present resident complement/mix in the PCH;
 - 6.2. Bed availability in a care area best suited to meet an individual’s needs (e.g. availability of a bed in a specialized care environment);
 - 6.3. Individual(s) who have specialized care requirements such as dialysis which may impact system movement; or
 - 6.4. Individual(s) waiting placement in a hospital where the hospital has requested prioritization of the person due to high patient volumes in hospitals.
7. The PCH works with the Home Care Case Coordinator (CC) or Discharge Coordinator (DC) in establishing priorities for admission.
8. The PCH reviews prioritization on an ongoing basis.

DEFINITIONS:

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| Individual | A person who has applied to live in a Personal Care Home and whose application has been approved by the Regional Long Term Care Panel. |
| Panel Date | The date a person’s Application/Assessment for Long Term Care (including both Supportive Housing and Personal Care Home) is approved by the Regional Long Term Care Panel. |
| Representative/Designate | A person chosen or appointed to act or speak on behalf of the resident. |

IMPORTANT POINTS TO CONSIDER:

- For purposes of clarity in this policy, when the term individual is used, communication may also be with, or instead to, the applicant’s representative/designate.
- Applicants to personal care home may identify (choose) more than one PCH on the Application/Assessment for Long Term Care (A/A). For waitlist management and offer processes, each choice is considered equal. This is to say that first choice is not “better” than a second choice; it is merely another option. This also means that if an applicant is offered a bed in any identified PCHs he/she is expected to accept the offer.

PROCEDURE:

1. After the Regional Long Term Care Panel has approved an individual's A/A, the Seniors/Palliative Care Administrative Assistant (Assistant):
 - 1.1. Enters the individual's information into the regional PCH waitlist database;
 - 1.2. Sends the individual the Regional Long Term Care Panel Acceptance Letter (CLI.6410.PL.017.FORM.02) confirming that the Regional Long Term Care Panel has accepted his/her application to PCH;
 - 1.3. Sends the Regional Personal Care Home Resident and Family Information Handbook (CLI.6410.PL.017.SD.01) to the individual; and
 - 1.4. Forwards the A/A to all chosen PCHs listed electronically or by facsimile.
2. Upon receipt of the approved A/A the Admissions Committee at each PCH reviews the application and determines if the PCH can meet the individual's care needs at the time of application.
 - 2.1. **Ability to Meet the Care Needs**
 - If care needs can be met, the PCH sends the individual a letter of acceptance (CLI.6410.PL.017.FORM.01) within six (6) weeks of receiving the A/A.
 - The PCH provides a handbook containing PCH specific information, and any other information deemed to be important, to the individual prior to moving into the PCH.
 - The individual is placed on the PCH's wait list regardless of whether the PCH is a first, second or third option.
 - 2.2. **Inability to Meet the Care Needs**
 - If care needs cannot be met, the PCH contacts the CC or DC to discuss the A/A. The PCH's inability to meet the individual's care needs should be discussed and understood so that the CC or DC can help develop an alternate care plan.
 - The PCH sends a letter clearly stating the rationale for the decision within six (6) weeks of receiving the A/A to the individual and copies the Panel Chair, the CC or DC and the Assistant.
 - The CC or DC works with the individual and/or other members of the health care team as appropriate to assist in the development of a plan of care, which may include identification of other PCHs, review of care provided in the individual's home, or provision of care in an alternate location.
3. The PCH prioritizes individuals.
 - 3.1. There are situations where an individual's care needs change while waiting to move into a PCH and the PCH can no longer meet the individual's care needs. In these situations, the PCH will follow the steps in 2.2.
 - 3.2. There are situations where an individual may no longer require the type and level of care provided in a PCH. After discussion with the PCH and the individual about his/her improved status the CC or DC notify the Assistant, the individual is removed from the regional and PCH wait lists (see policy: Acceptance or Refusal of a Personal Care Home Bed CLI.6410.PL.020).
4. Pre-admission contact between the PCH and the individual is documented and added to the individual's health record when the individual moves into the PCH.

5. When a bed is anticipated to become available, or is available and the person who is next on the list to move into the PCH is in the community, the PCH consults with the CC prior to offering the bed to the individual.

SUPPORTING DOCUMENTS:

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| CLI.6410.PL.017.FORM.01 | Personal Care Home Acceptance Letter |
| CLI.6410.PL.017.FORM.02 | Regional Long Term Care Panel Acceptance Letter |
| CLI.6410.PL.017.SD.01 | Regional Personal Care Home Information for Residents Renseignements aux résidents |

REFERENCES

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| CLI.6410.PL.020 | Acceptance or Refusal of a Personal Care Home Bed |
| CLI.6410.PL.018 | Veterans Beds in Personal Care Homes |

Manitoba Health, Seniors & Active Living (2010). Policy HCS 205.5: Insured and Non-Insured Personal Care Services for Personal Care Home Residents.