



Team Name: Home Care Leadership  Team Lead: Regional Director- Home Care  Approved by: Executive Director- East	Reference Number: CLI.5411.PL.005  Program Area: Home Care  Policy Section: Service Delivery
Issue Date: May 23, 2017  Review Date:  Revision Date:	Subject: Respite Care (Home and Facility)

**POLICY SUBJECT:**

Respite Care (Home and Facility)

**PURPOSE:**

Respite services are intended to relieve caregiver stress/burnout, delay and/or prevent long term care placement, promote transition to alternate care environments, and to support/maintain the client in the community safely.

**BOARD POLICY REFERENCE:**

Executive Limitation (EL-2) Treatment of Clients

**POLICY:**

1. Respite care (for the primary caregiver) is available to clients in their home, a Southern Health-Santé Sud Personal Care Home (PCH) or in other transitional/acute care sites when a bed might be available that is not designated.
2. To access respite services clients must be assessed and meet eligibility requirements:
  - Client is receiving Home Care Services;
  - Client meets the residential requirements entitling them to the insured benefits of the PCH or if not, the client is prepared to pay the total per diem costs (both client and Manitoba Health portions);
  - Medical stability;
  - Client and caregiver(s) are willing to cooperate with a safe care plan; and
  - The client and caregiver signs the approved application form and agree to adhere to operational policies as set out by Southern Health-Santé Sud which may include but are not limited to:
    - transportation arrangements;
    - frequency of respite care;
    - medical emergency procedures or Advance Care Planning;
    - authorized charges and other payments;
    - activities during respite care; and

- sharing of information on changes.
- Client has had a chest x-ray completed within the past 12 months if:
  - Born in Canada prior to 1955;
  - Is an Indigenous persons; or
  - Was born in or previously lived in a country with high TB incidence.
 Failure to provide clear chest x-ray results to the PCH with a minimum of 2 weeks prior to respite may result in the respite stay being cancelled.
- 3. A client admitted for respite care is charged the respite rate.
- 4. Facility respite is generally for a one (1) to two (2) week period but can be modified depending on the client's needs, availability of respite care beds and availability of care providers.

### **DEFINITIONS:**

**Designate/Responsible Party:** Refers to an individual who has the authority to make decisions, including financial decisions on behalf of the client.

**Designated Respite Beds:** Refers to designation of PCH beds by Southern Health-Santé Sud for the purpose of providing respite. The following are the designated PCH respite beds in Southern Health Santé Sud.

- Lions Prairie Manor, Portage la Prairie (2)
- Boyne Lodge, Carman (1)
- Salem Home, Winkler (1)
- Rest Haven Personal Care Home, Steinbach (1)
- Bethesda Place, Steinbach (1)
- Villa Youville Personal Care Home, Ste. Anne (1)

**Facility Respite Bed:** Refers to beds in regional health facilities (e.g. acute or transitional care facilities) that may at times be used to accommodate respite requests. These beds are not designated as respite beds and do not require Manitoba Health approval.

**Respite Care:** A period of planned relief for caregivers. Respite care can be provided in the client's home by Home Care or by admission to a facility for the purposes of:

- temporarily relieving family caregivers and/or health care providers of their care giving responsibilities;
- providing an opportunity for assessment of a client's functional and/or cognitive functioning over an extended period of time; assisting in the transition from community to long term care.

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

- Emergency respite care will be considered when a respite bed is available for instances where the family or caregiver is in crisis (e.g. caregiver is admitted to hospital) and the client is medically stable however is unsafe to remain at home with current Home Care supports.
- It is expected that the client will return home at the anticipated discharge date.
- Respite care in designated respite beds may be accessed intermittently for a planned predetermined length of time.

- Special requests may be considered on an individual basis in consultation with the Regional Manager Case Coordination, the Home Care Case Coordinator (CC) and the respective facility respite bed coordinator.
- Clients who are paneled for PCH, reside in Supportive Housing (SH), or are receiving Self/Family Managed Care are eligible for respite. (Clients who are in SH are expected to pay monthly rent and those on Self/Family Managed Care may have funding deducted from their monthly payment) -
- A PCH may decline a respite admission based on the PCH's ability to safely meet client care needs.
- The client and/or their designate/responsible party is responsible for per diem charges/payments related to respite care. The charge to the client for respite care is the same for respite in a designated or non-designated bed.
- Facilities that receive inquiries for direct admission to a designated respite bed will refer the inquiring party to the applicable CC for the area.

## **PROCEDURE:**

### **1. Respite Care in the Home**

- 1.1. A referral to Home Care must be completed.
- 1.2. The Home Care Case Coordinator (CC) completes a comprehensive care assessment and determines with the client and caregiver, if respite care meets service protocol. The Home Care Case Coordinator will ensure/facilitate that every option and alternative has been explored to build a natural support network (e.g. friends, neighbors, community Adult Day Programs, and other natural supports).
- 1.3. Types of respite include:
  - Social (to allow caregiver to attend activities outside the home);
  - Caregiver relief (to allow time away from caregiver responsibilities); and
  - Work respite (attend to employment responsibilities).
- 1.4. If respite care is appropriate, the Home Care Case Coordinator, client, and designate/responsible party will determine the time and frequency required for respite, a reliable back up plan; medical emergency procedures and those activities/tasks that will be provided by Home Care during respite care. This will be documented on the Client Care Plan and calculated as part of the total care cost which is 55 hours per week.

### **2. Respite Care in Facility**

- 2.1. The client and/or designate/responsible party agree to respite for the time specified on the Facility Respite Admission Agreement (CLI.5411.PL.005.FORM.01).
- 2.2. The client's Physician supports the respite admission by documenting "Admit for Respite Care" on the Physician Order form on admission.
- 2.3. The client and/or designate/responsible party sign the Facility Respite Admission Agreement (CLI.5411.PL.005.FORM.01) which includes the specified respite times and cost.
- 2.4. The client and/or designate/responsible party pay the total cost for the duration of the admission on the date of admission.
- 2.5. If the respite admission cannot be accommodated, a facility representative contacts the referral source as soon as possible.
- 2.6. The referral source will try to make other arrangements in consultation with the client and/or designate/responsible party.

- 2.7. If the Director of Health Services/designate and local Chief of Staff determine that an acute care facility has reached its capacity; respite care may be cancelled and plans for admission to another facility may be explored.

### 3. Respite Care in a Designated PCH Respite Bed

- 3.1. Applications for respite admission to a designated respite bed are initiated through the Home Care Case Coordinator (CC) ideally at least 4 weeks in advance of requested respite dates.
- 3.2. The CC, in consultation with the client and/or their designate/responsible party, explores designated bed availability to determine dates, frequency, and duration of the respite stay.
- 3.3. The CC confirms bed availability for potential dates at the desired site or by reviewing Collaborative Worksite calendar and advises client and/or their designate/ responsible party. The CC then contacts the PCH to confirm respite dates.
- 3.4. Once the dates are confirmed the CC completes the Respite Care in a Respite Bed Referral Form (CLI.5411.PL.005.FORM.02) and forwards it to the respite PCH.
- 3.5. If the client **has not been accepted for personal care home admission** by the Long Term Care Panel, the CC:
  - 3.5.1. Completes Page 1 of the Provincial Application/Assessment form (A/A) for Long Term Care. This form only needs to be completed on the first respite admission, not subsequent respite admissions, unless admitted to a different facility.
    - Part A:
      - Complete identifying data including Residence Section.
      - Omit PCH preferences of applicant.
      - Have client and/or designate/responsible party sign and date the form.
      - Complete responsibility for payment.
    - Part B:
      - Under Disposition of Application check off Respite.
      - Fill in the designated respite facility for admission under 'Comments'.
      - The CC will complete "Date" and "Signature" Section.
  - 3.5.2. The CC forwards Page 1 of the A/A to the Manitoba Health Services Commission (MHSC) for eligibility approval no later than two (2) weeks prior to the respite admission date.
  - 3.5.3. The CC forwards Page 1 of the A/A along with chest x-ray results (if needed) to the PCH no later than 2 weeks prior to the respite admission date.
- 3.6. If the client **has been accepted** for PCH admission by the Long Term Care Panel:
  - 3.6.1. It is not necessary to complete another A/A;
  - 3.6.2. The CC forwards Page 1 of the A/A to the respite PCH as well as the current Home Care assessment and care plan.
- 3.7. The CC notifies the Resource Coordinators and other service providers (as applicable) of the respite dates as soon as possible post confirmation of respite.
- 3.8. The facility representative is responsible for arranging details of the admission with the client/responsible party and for obtaining a signed Facility Respite Admission Agreement (CLI.5411PL.005.FORM.01) as to the terms of and payment for admission.

- 3.9. Prior to admission, the facility representative faxes a copy of Respite Care in a Designated Respite Bed Physician's Notification and Standing Orders Form (CLI.5411PL.005.FORM.03) to the client's physician (or other primary care provider, e.g. Nurse Practitioner or Physician Assistant) for completion. If this form is not completed the client will not be admitted for respite.
- 3.10. The facility representative updates the respite schedule as needed on the CWS calendar (where applicable).
- 3.11. The facility nurse completing the admission initiates the Medication Reconciliation process (see Policy CLI.6010.PL.009 Medication Reconciliation).
- 3.12. The facility representative completes an Admission/Separation form upon admission.
- 3.13. Upon discharge the facility representative completes the Respite Care in a Designated Respite Bed Communication Form (CLI.5411.PL.005.FORM.04) and refers it to the appropriate member of the health care team along with a copy of the most recent Medication Administration Record (MAR).

#### **4. Respite Care in a Facility outside the Region**

- 4.1. Requests for respite care outside the region can be facilitated by the CC. The CC will contact the region where respite is requested, confirm the respite booking and utilize that region's respite application process where the respite has been requested.

#### **5. Respite Requests from Outside the Region for Regional Respite Beds.**

- 5.1. The use of Southern Health Santé Sud respite beds is for the management and care of Southern residents only. Approval for non-residents is based on regional needs and availability. The PCH receiving application from out of region will check with local Case Coordinators to determine whether the respite bed will be needed by a regional client prior to booking an out of region client.

#### **SUPPORTING DOCUMENTS:**

<a href="#">CLI.5411.PL.005.FORM.01</a>	Facility Respite Admission Agreement Template
<a href="#">CLI.5411.PL.005.FORM.01.F</a>	Facility Respite Admission Agreement Template – French
<a href="#">CLI.5411.PL.005.FORM.02</a>	Respite Care in a Respite Bed Referral Form
<a href="#">CLI.5411.PL.005.FORM.03</a>	Respite Care in a Respite Bed Physician's Notification and Standing Orders Form
<a href="#">CLI.5411.PL.005.FORM.04</a>	Respite Care in a Respite Bed Communication Form

#### **REFERENCES:**

Manitoba Health, Seniors and Active Living (2009). Policy HCS.207.19: *Respite Care in Personal Care Homes*.

Manitoba Health, Seniors and Active Living (2014). *Communicable Disease Management Protocol: Tuberculosis*.