



<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 – West</p>	<p>Reference Number: CLI.6410.PL.010</p> <p>Program Area: Personal Care Home</p> <p>Policy Section: General</p>
<p>Issue Date: August 14, 2018</p> <p>Review Date:</p> <p>Revision Date:</p>	<p>Subject: Specialized Personal Care Home Environments</p>

POLICY SUBJECT:

Specialized Personal Care Home Environments

PURPOSE:

In compliance with the Frank Alexander Inquest recommendations FAI-07, FAI-10a and FAI-10c this policy has been developed to provide direction about:

- Entry and exit criteria for Specialized Care Environments in Personal Care Homes (PCH);
- How to access Specialized Care Environments in PCH; and
- Reporting of wait lists for Specialized Care Environments in PCH.

BOARD POLICY REFERENCE:

Executive Limitation (EL-02) Treatment of Clients

POLICY:

- Any resident living in a Specialized Care Environment in PCH must have been paneled by the Regional Long Term Care Panel (see Policy CLI.5410.PL.002).

Alternative Care Environment Entrance Criteria

- Priority is given to current residents of the PCH with the Alternative Care Environment (ACE) who require a specialized environment.
- Residents in the ACE:
 - Have a diagnosis of cognitive impairment, or a mental illness (e.g. dementia or schizophrenia);
 - Exhibit mild to moderate behavioral or psychological symptoms of dementia (BPSD) or a mental illness which may include calling out, physical resistance, disruptive or unusual sleep patterns, and wandering resulting in high risk of elopement, room entering, needing frequent redirection and staff intervention;

- May require frequent one to one interventions to maintain wellbeing;
- Do not have reversible conditions (e.g. delirium secondary to infection);
- Are independent or require stand-by assist only for ambulation;
- Can manage some self-care with assistance, i.e. cueing;
- Are able to eat on their own or with minimal assistance; and
- Are able to follow simple instructions.

Alternative Care Environment Exit Criteria

- When a resident’s behavior becomes dangerous to other residents or staff and cannot be managed in the ACE.
- A resident is transferred to a Behavioural Treatment Unit (BTU) or Behavioural Support and Special Care Environment (BSCE).
- When a resident no longer meets the entrance criteria.
- Residents whose cognitive impairment makes them incapable of participating in the specialized activities in the ACE.
- Increased assistance required for activities of daily living that cannot be provided for effectively with the staffing pattern in the ACE.
- Improvement in behaviors which prompted the move into the ACE.

DEFINITIONS:

Alternative Care Environment (ACE)	See “Specialized Personal Care Home Environments Descriptors” CLI.5410.PL.002.SD.02.
Behavioural and Psychological Symptoms of Dementia (BPSD)	Refers to symptoms of disturbed perception, thought content, mood or behavior that frequently occur in patients with dementia.
Behavioral Support and Care Environment (BSCE)	See “Specialized Personal Care Home Environments Descriptors” CLI.5410.PL.002.SD.02.
Behavioral Treatment Unit (BTU)	See “Specialized Personal Care Home Environments Descriptors” CLI.5410.PL.002.SD.02.
Representative/Designate	A person chosen or appointed to act or speak on behalf of the resident.

IMPORTANT POINTS TO CONSIDER:

- Not all PCHs have Specialized Care Environments. This policy is not intended to create an expectation that a resident who may benefit from living in a Specialized Care Environment will be moved if the home he/she is presently in does not have a Specialized Care Environment.

- The BSCE in Southern Health-Santé Sud is located at the Heritage Life Personal Care Home in Niverville MB.
- The BTU in Southern Health-Santé Sud is located at Salem Home in Winkler MB.

PROCEDURE:

Moving into an ACE

1. When a room in the ACE becomes available, or is anticipated to become available, the Admissions Committee at the PCH that has an ACE discusses individual resident needs and determines if any residents in the home would benefit from moving into the ACE.
2. The Admissions Committee also reviews individuals who have applied to the PCH to determine if any on the waitlist would benefit from moving into the ACE and meet the entrance criteria.
3. The Admissions Committee reviews entrance criteria for the ACE for the identified resident(s) and completes any needed assessments or consults (e.g. Seniors Consultation Team – Referral Form (CLI.5610.PL.001.FORM.04)).
4. The Admissions Committee involves the resident and his/her representative/designate in the decision to move the resident into the ACE. These discussions are documented in the resident’s health record in the Integrated Progress Notes (IPN).
5. The resident moves into the ACE when the room becomes available.
6. If there are no residents in the home who either meet the criteria for the ACE or who would benefit from the ACE, the Admissions Committee reviews applications to the PCH to determine if any applicants would benefit from the ACE.
7. If there are applicants to the PCH on the waiting list who would benefit from the ACE and meet the entrance criteria, the PCH may prioritize those applicants to move into the ACE.

Moving out of an ACE

1. When a resident meets the exit criteria for the ACE, the Admissions Committee reviews the resident’s clinical status and discusses the move out of the ACE with the resident and his/her representative/designate.
2. The resident moves out of the ACE into either the PCH’s regular environment, or into another environment as determined by the resident’s needs (such as a BSCE or BTU) and in collaboration with the Seniors Consultation Team as needed.

Moving into a BSCE or BTU

1. These environments are accessed through the Southern Health-Santé Sud Seniors Consultation Team using the Seniors Consultation Team – Referral Form (CLI.5610.PL.001.FORM.04).
2. All referrals are reviewed by the Seniors Consultation Team. If the services of the BSCE or BTU are considered, an Outreach Worker from either environment contacts the referral source to arrange for an assessment of the individual referred.
3. Following the assessment, the Outreach Worker presents the individual at either the weekly BTU meeting, or bi-weekly BSCE meeting.

4. The BTU or BSCE teams determine if the individual is eligible to move into the respective environment, or if the individual can be managed in his/her present environment with supports.
5. In either scenario, the Outreach Worker can provide the individual's present care team with recommendations for assisting this person within their current environment.
6. If required, a consultation with a psychiatrist can be scheduled either in person or via telephone consultation with the individual's physician. This consultation is facilitated through the Seniors Consultation Team.
7. The Outreach Workers for the BSCE and BTU work within the admissions processes at the homes (either Heritage Life PCH or Salem Home) to prioritize the waitlists for these environments.
8. Prior to moving into one of the environments:
 - The individual must be paneled and approved by the Regional Long Term Care panel to move into a PCH.
 - There must be a disposition plan (i.e. discharge plan) in place. This is usually in the form of a take-back agreement. This usually includes the stipulation that when either the BSCE or BTU notifies the sending PCH or facility that the individual is ready to move out, the individual must be given the first available bed in the PCH or other facility.

Moving out of a BSCE or BTU

1. The BSCE or BTU notifies the sending PCH or facility when an individual is ready to move out of the BSCE or BTU.
2. The sending PCH or facility must move the individual in to the first available bed.
3. The BSCE or BTU works with the receiving PCH or facility to transition the individual successfully. This can include sharing detailed care plan information, meetings, follow-up for a period of time, and support by the Outreach Worker.

Specialized Care Environment Wait Lists

1. The Admissions Committee tracks any residents who would benefit from the ACE and meet the entrance criteria. This includes residents presently in the PCH and individuals who have applied to live at the PCH and are either in the community, a hospital or another PCH.
2. Each PCH with an ACE reports this wait list to the Seniors Program on a quarterly basis using the Specialized Personal Care Home Environments Wait List Report (CLI.6411.PL.010.FORM.01).
3. PCHs that do not have an ACE do not report the number of residents who may benefit from an ACE and meet the eligibility criteria.

SUPPORTING DOCUMENTS:

[CLI.6410.PL.010.FORM.01](#) Specialized Personal Care Home Environments Wait List Report

REFERENCES:

Southern Health-Santé Sud policy - Seniors Consultation Team – Referral Form
CLI.5610.PL.001.FORM.04

Manitoba Health, Active Living and Seniors (2015). Frank Alexander Inquest:
Recommendation Implementation Plan. Retrieved November 30, 2016:
http://www.gov.mb.ca/health/documents/fai_report.pdf.