



Team Name: Seniors Team Lead: Regional Director Seniors/Palliative Care Approved by: Executive Director West	Reference Number: CLI.4110.PL.005 Program Area: Transitional Care/Personal Care Home Policy Section: Across Care Areas
Issue Date: June 20, 2017 Review Date: Revision Date:	Subject: Supplemental Staffing, Equipment and Supplies Transitional Care and Personal Care Home

POLICY SUBJECT:

Supplemental Staffing, Equipment and Supplies Transitional Care and Personal Care Home

PURPOSE:

On March 28, 2011, Mr. Frank Alexander who was a resident of a personal care home died following an injury he sustained after being shoved to the floor by a fellow resident. On March 29, 2011, the Medical Examiner determined that Mr. Alexander’s cause of death was the result of blunt head trauma. On October 16, 2012, the Chief Medical Examiner for the Province of Manitoba called for an inquest to be held. On May 26, 2015 the Provincial Court of Manitoba released the “Report on Inquest and Recommendations of Judge Michel Chartier”.

The purpose of this policy is to establish and maintain a consistent process to make and respond to requests for supplemental staffing, equipment and supplies for patients/residents in transitional care sites and personal care homes, in compliance with Frank Alexander Inquest recommendation FAI-10d which requires that regions develop and implement a protocol that outlines how personal care homes apply for funding for residents with aggressive/violent incidents.

BOARD POLICY REFERENCE:

Executive Limitation (EL-02) Treatment of Clients
 Executive Limitation (EL-01) Global Executive Restraint & Risk Management

POLICY:

- It is recognized that there may be times when supplemental staffing, equipment and supplies may be needed to provide safe and quality care to patients in transitional care centers or residents of personal care homes in Southern Health-Santé Sud.
- Southern Health-Santé Sud has a standardized process for the request and approval of supplemental resources to:
 - Meet care needs that cannot be met with existing resources;
 - Ensure the appropriate level of supervision is established for the protection and safety of the resident/patient and/or other residents/patients, staff, or visitors;
 - Ensure that a decision making process is used which includes consideration of alternatives, ongoing assessment, documentation, reassessment and monitoring.
- Southern Health-Santé Sud will be responsible for the cost of supplemental staffing, equipment and supplies.
- When the family of a resident requests supplemental staffing, equipment or supplies for a patient/resident but it is not clinically indicated by the interdisciplinary team, it is the responsibility of the patient/resident or his/her legal representative to provide and pay for any staffing, equipment or supplies.

- Staff may choose to initiate the request for supplemental staffing, equipment, and supplies when the patient/resident exhibits behavior or has needs that are beyond the facility's ability to problem solve or manage including if/when the patient/resident:
 - Has made a serious suicide attempt, self-harm, or is at high risk of doing so based on behavior or history;
 - Frequently/persistently elopes from the facility when cognitively impaired and is a potential risk to him/her self;
 - Discontinues or interferes with essential medical treatment as the result of temporary or permanent lack of judgment or insight (e.g. the patient/resident with dementia who has fractured a hip will not maintain bed rest);
 - Is combative, aggressive and/or poses potential harm to the safety of staff, other residents/patients or visitors;
 - Needs specialized medical/surgical supplies; or
 - Needs specialized equipment.

DEFINITIONS:

Supplemental care	Consists of one to one monitoring and use of alternative techniques to provide safety and diversion to protect the wellbeing of the individual and others in the patient/resident care environment.
Alternative interventions	Interventions attempted prior to requesting supplemental staffing, which are directed at identifying underlying causes for behavior and observed symptoms. These are listed on the Supplemental Staffing, Equipment and Supplies Request Form (CLI.4110.PL.005.FORM.01).

PROCEDURE:

1. Prior to requesting supplemental staffing, alternative interventions are trialed.
2. Requests for equipment and supplies do not require alternative interventions be tried.
3. The Supplemental Staffing, Equipment and Supplies Request Form (CLI.4110.PL.005.FORM.01) is completed with input from the interdisciplinary team for supplemental staffing when alternative interventions are not successful.
4. All requests are discussed with the Director of Health Services (DHS).
5. The DHS will approve or deny the request.
6. All approved requests for supplemental staffing, equipment and supplies will be forwarded to the appropriate Executive Director (ED) for information and further approval if required. If further approval is required the ED will sign the form and return to the site. If further approval is not required the ED will retain the form for tracking purposes.
7. All documentation is completed on the supplemental staffing, equipment and supplies request form.
8. All interventions are documented on the Integrated Progress Note (IPN) and the care plan.
9. Supplemental staffing will be reviewed every 3 days by the interdisciplinary team to determine ongoing need to continue.
10. Tracking of supplemental staffing, equipment and supplies is the responsibility of the site leadership and reported through monthly variance meetings.

SUPPORTING DOCUMENTS:

[CLI.4110.PL.005.FORM.01](#) Supplemental Staffing, Equipment and Supplies Request Form

REFERENCES:

Manitoba Health Frank Alexander Inquest: Recommendation Implementation Plan