



# LTC Placement Policy: Phase II Changes

Fall Forums

October/November 2017

# History

- 2006 Continuing Care Strategy:
  - Recognized that new LTC beds alone would not address the needs of the aging population.
  - Investments in LTC beds and expanding Home Care and Community Programs enabling seniors to stay home longer
- Despite these efforts, the waitlist continued to grow.
  - April 1, 2006: 915
  - April 1, 2011: 1580
  - April 1, 2015: 2480
- Since 2012, DHW and NSHA have focused on maximizing home and community-based resources

# What have we done?

- Since 2013: discussing planned changes to the placement policy with you
- 2015: Phase 1 changes- focus on home first and removal of deferral option
- Planning work/engagement has been ongoing:
  - DHW and NSHA have been working together
  - Discussions with DCS
  - 2015/2016: Client advisory council
  - 2015: meetings with the Régroupement des années de la Nouvelle-Écosse and the Réseau Santé - Nouvelle-Écosse
  - 2016: presentation of policy changes at the Spring forum

# Goals of Policy Change

## Phase I:

- Maximize home-based options prior to LTC
- Removal of deferrals
- New response time standards

## Phase II:

- Prioritize based on urgency (risk) while respecting client choice
- Maintain mechanisms for health system flow

1. Timely access to LTC when needed; and
2. Effective and fair management of health care resources

## Key Messages:

Ensure timely access to long-term care for people with the most urgent needs  
Ensuring system responds appropriately to client care needs

# Key Changes:



Commitments to provide access to LTC made to current clients will be honored while also maintaining placement based on urgency and risk

# Key Messages:

- Changes to the long-term care placement policy will ensure more timely access for Nova Scotians with the most urgent needs.
- A person's place on the waitlist may change depending on their care needs and will be adjusted as their needs change.
- Clients will be contacted by the NSHA with more information about the placement process when the policy comes into effect.

As always, clients should contact their care coordinator if their needs/situation change, to inform assessment of urgency and risk

# Monitoring and Outcome Measurement

- DHW is responsible to monitor compliance with policy and measure its effectiveness
- A formal evaluation will be conducted – framework to be developed in coming months
- Potential measures could include:
  - Response time standards for placement
  - Appeals processes for placement decisions
  - Transfer quota average of 25% per year per facility
  - Notification of clients/SDMs of placement decisions
  - Service providers receive up-to-date and sufficient information for the purposes of placement.

# LTC Placement Policy: Phase II Implementation





# Urgency and Risk

- If the person is eligible for long term care (as per Service Eligibility Policy), placement on the waitlist will be based on care needs and this critical question: **how quickly does the person need it?**
- And the question of how quickly she/he needs it is based on the **level of risk** to the client in their current situation. That is, how quickly the person needs to be removed from their current environment.
- It is a triage system to determine who needs care *first*.

# Prioritization

## Priority 1

- **URGENT**
  - Extremely high level of risk
  - Imminent threat of catastrophic events
  - Needs placement within 1 to 2 weeks
  - Lack of caregiver and formal / informal supports
  - Home environment not safe

## Rankings

### NH

- A. Adult Protection needing LTC
  - B. Clients unable to self-perform life sustaining activities
  - C. Demonstrating behaviours such as wandering or aggression
- OR
- Sudden changes in caregiver's status

### RCF

- A. Adult Protection needing LTC
- B. Client needs prompts / supervision to take life-sustaining medications with no caregiver / supports

# Prioritization

## Priority 2

- **SEMI-URGENT**

- High level of risk
- Sudden change in client functioning and/or support system
- Needs placement within 2 weeks to 3 months

## Rankings

### NH

- A. Caregivers at risk for burnout
- B. Formal supports no longer available
- C. Sudden or accelerated decline in functioning

### RCF

- A. Clients require 24 hour supervision
- B. Formal and caregiver supports not available

# Prioritization

## Priority 3

- **NON-URGENT**

- Moderate level of risk
- Progressive decline in cognitive / physical functioning
- Needs placement within 3 to 6 months

## Rankings

### NH

- A. Socially isolated with unsafe decision making / behaviours
- B. Caregivers' health / well-being significantly impacted
- C. Clients living in DCS / DHW facility who require increased level of care  
OR  
Clients assessed at RCF level with no beds within 100 kms  
OR  
Clients assessed at RCF level with approved accommodation for family reunification

### RCF

- A. Clients with recent falls / hospitalizations
- B. Clients socially isolated with a progressive decline in functioning and living at a moderate level of risk



# Accommodations

- At the time of assessment, clients are informed they may request an accommodation for placement based on:
  - Family Reunification
  - Aging in Place
  - Culture
  - Language
  - Social Needs
  - Ethnicity

Family reunification is prioritized over other accommodations.

# Waitlist Order / Prioritization

Clients are placed in order of:

- Priority (1, 2, 3)
- Ranking (A, B, C) within each priority group
- Approved Accommodation
- Date entered on waitlist

# Key Messages

- Home First Philosophy
- The timeframes for placement are based on urgency of need and risk not where the client is located.
- Being in hospital does not expedite placement.
- All clients are assessed for urgency and risk to determine priority for placement

# System Flow

- NSHA will set criteria for the interruption of normal placement processes
  - e.g. such as restricted bed capacity in hospitals, clients who have been displaced from long term care (DHW) facilities and in urgent need of placement.
- To support system flow, clients may be placed in the **First Appropriate Bed** that meets their needs
  - Within 100 km of their preferred community
  - In exceptional circumstances consideration will be given to first appropriate bed in the province





# Facility Choice

- Preferred facility:
  - Minimum of three
    - Unless less than 3 within 50 km of preferred community
  - All three considered FIRST CHOICE
  - Within 50 km one-way of preferred community
  - Inter-facility transfer can be requested at any time



# Transfers

- Minimum average of 25% of overall placements per facility per year must be transfers
- Transfer Priorities:
  - A. Approved accommodation for placement not met
  - B. Subject to First Appropriate Bed
  - C. Not initially placed in a preferred facility
  - D. Resident request



# Refusals

- As always, providers and NSHA will work together during the placement process
  - This includes information sharing, discussions about client-specific needs, etc.
- All providers have the ability to refuse a placement
- Providers will be asked to communicate placement decisions in writing to the NSHA and clients

# Implementation

# Planning Process

- LTC Policy Implementation Working Group
  - Care Coordination, Placement, Leadership, Planning Team
  - Collaborative with DHW
- Sub-Groups
  - LTCF Consult Group
    - Refusals, Transfers (review, quota), Forms, Process
  - SEAscape Requirements & Testing
  - Accommodations

# Policy Implementation Timelines

Timeline	Key Activity
October – November	Staff Education (Transition) Stakeholder Communication Client Communication
November – February	Priority Assessments SEAscape Development & Testing
February	Staff Education Client and Stakeholder Communication
March 2018	Waitlist Integration Policy Effective

# Implementation Planning

- Two core issues we need to consider in transitioning to the new policy:
  - 1. Existing clients on the waitlist**
    - Initial Placement
    - Transfer
  - 2. New Assessments** in the time period leading up to the implementation date

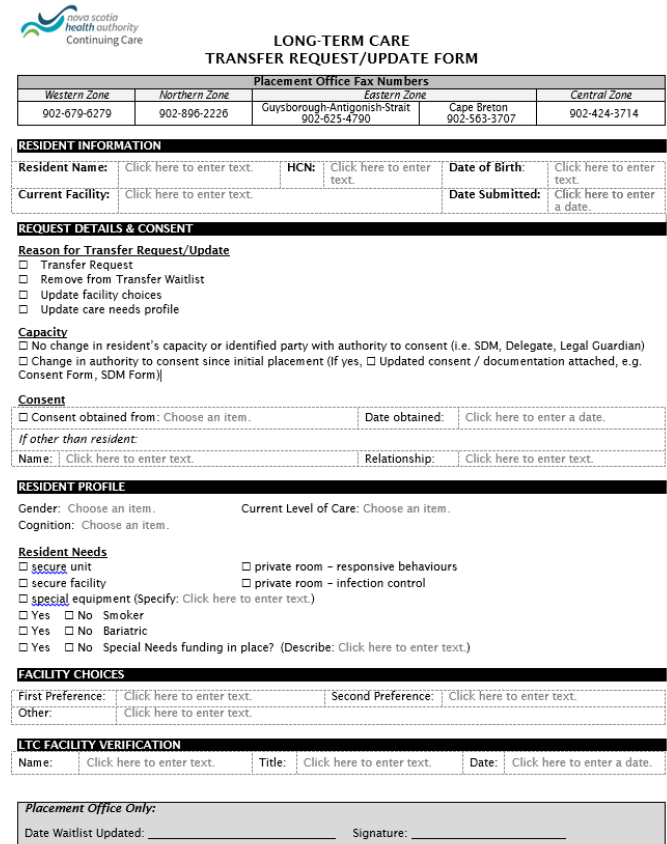
# Clients Currently on LTC Waitlist

- All existing waitlisted clients waiting for initial placement will still be eligible for placement.
- Waitlist integration process will consider:
  - **Priority ranking**
  - **Preferred facilities**
  - **Accommodations**



# Clients Currently on Waitlist

- All existing waitlisted clients waiting for transfer will be assigned a transfer priority
- A Transfer List Review will be initiated within the coming weeks
- A new standardized *Transfer Request/Update Form* is almost finalized



**LONG-TERM CARE TRANSFER REQUEST/UPDATE FORM**

Placement Office Fax Numbers				
Western Zone	Northern Zone	Eastern Zone		Central Zone
902-679-6279	902-896-2226	Guysborough-Antigonish-Strait 902-625-4790	Cape Breton 902-563-3707	902-424-3714

**RESIDENT INFORMATION**

Resident Name:  Click here to enter text. HCN:  Click here to enter text. Date of Birth:  Click here to enter text.

Current Facility:  Click here to enter text. Date Submitted:  Click here to enter a date.

**REQUEST DETAILS & CONSENT**

**Reason for Transfer Request/Update**

Transfer Request  
 Remove from Transfer Waitlist  
 Update facility choices  
 Update care needs profile

**Capacity**

No change in resident's capacity or identified party with authority to consent (i.e. SDM, Delegate, Legal Guardian)  
 Change in authority to consent since initial placement (If yes,  Updated consent / documentation attached, e.g. Consent Form, SDM Form)]

**Consent**

Consent obtained from: Choose an item. Date obtained:  Click here to enter a date.

*If other than resident:*

Name:  Click here to enter text. Relationship:  Click here to enter text.

**RESIDENT PROFILE**

Gender: Choose an item. Current Level of Care: Choose an item.  
 Cognition: Choose an item.

**Resident Needs**

secure unit  private room – responsive behaviours  
 secure facility  private room – infection control  
 special equipment (Specify:  Click here to enter text.)  
 Yes  No Smoker  
 Yes  No Bariatric  
 Yes  No Special Needs funding in place? (Describe:  Click here to enter text.)

**FACILITY CHOICES**

First Preference:  Click here to enter text. Second Preference:  Click here to enter text.  
 Other:  Click here to enter text.

**LTC FACILITY VERIFICATION**

Name:  Click here to enter text. Title:  Click here to enter text. Date:  Click here to enter a date.

**Placement Office Only:**

Date Waitlist Updated: \_\_\_\_\_ Signature: \_\_\_\_\_

# New Clients Eligible for LTC During Transition

- No change in waitlist practice
  - People are waitlisted based on management review approval date
  - P2/accommodations are applied/ approved as they are now under current policy

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# Next Steps

- We need to work together to support this transition for individuals and families.
- Maintaining confidence in the health care system is important.
- How can we ensure individuals and families have all the information they need to make informed decisions?
- How can we support you through this transition/implementation?