Ministry of Health

Long-Term Care Access

Guidelines

Supplement to Policy 6.A, General Description and Definitions, and Policy 6.D, Access to Services in the Home and Community Care Policy Manual

July 15, 2019

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1 - Purpose

The primary purpose of the Long-Term Care Access Guidelines is to standardize the information health authorities will provide to clients and to establish criteria to manage the waitlist for long-term care homes in a fair and transparent way. These guidelines support Policy 6.A, General Description and Definitions, and Policy 6.D, Access to Services in the Home and Community Care Policy Manual.

2 - Information to be Distributed to Clients

As per Policy 6.A, General Description and Definitions, health authorities must provide information to the client about the long-term care services available at the long-term care homes appropriate for the client's care needs. This must include information about care and services that applies to all long-term care homes, such as the benefits and chargeable items identified in 6.F Long-Term Care Services – Benefits and Allowable Charges, as well as the following standard information and care home-specific information:

2.1 - Standard information

Standard information about care and services that applies to all long-term care homes, in accordance with policy, including:

- clients are required to pay the income-based, assessed rate;
- clients can access other medical and dental services, although these services may not be provided onsite and will involve a fee (if not covered by the Medical Services Plan);
- palliative and end-of-life care services;
- clients' rights are set out in the Residents' Bill of Rights, which is required to be posted in every care home;
- all care homes are required to comply with the Residential Care Regulation's "Use of Restraints" provisions (more information can be provided upon request); and
- there are ways to make a complaint (internal complaint process, Community Care Facilities Licensing, and Patient Care Quality Office).

2.2 - Care home-specific information

Care home-specific information about care and services (differs between care homes), including:

- location, and contact information for care home;
- approximate wait time for admission for each care home;
- types of accommodation (shared occupancy, single occupancy);
- availability of other services (such as hair dressing, foot care and nail care);
- availability of spiritual/denominational/pastoral services and activities;
- frequency and type of social and recreational activities;
- whether the care home allows eligibility assessment and the provision of medical assistance in dying (MAiD) on site;
- what additional services are available for a fee, and the amount of these fees;
- security at the care home; and
- accessibility of the care home.

2.3 - Additional information

It is recommended that the additional information listed below be available to interested clients or family members. A few examples of available information are:

- Ministry of Health Guide: "Planning for Your Care Needs: Help in Selecting a Residential Care Facility". February 2013. https://www.health.gov.bc.ca/library/publications/year/2013/planning-for-your-care-needs.pdf ;
- British Columbia "Home and Community Care Policy Manual, Long-Term Care Services, 6.D, Access to Services". https://www2.gov.bc.ca/assets/gov/health-safety/home-community-care/accountability/hcc-policy-manual/6_hcc_policy_manual_chapter-6.pdf;
- Quick Facts Directory. Office of the Seniors Advocate. https://www.seniorsadvocatebc.ca/quickfacts/

3 - Bed-Matching Criteria

As per Policy 6.D, Access to Services, when there is a vacancy in a long-term care home, each health authority will use the following principles and criteria set out in this section to match the vacancy with a client on the waitlist:

3.1 Principles

- Client involvement: Clients and/or substitute decision maker(s) are active participants in decisions about access or transfer to a LTC home.
- Stewardship: The efficient use of resources should be balanced with clients' and/or substitute decision maker(s)' preferences for access and transfer, to ensure sustainability and the best match between the client and the LTC home.
- Equity: Clients should be treated equitably, taking into consideration each individual's unique circumstances. The facility-matching criteria and their application should be rational and relevant, including making decisions on LTC access and transfer.
- Transparency: Facility-matching criteria for LTC access and transfer should be available to the public.
- Consistency: Facility-matching criteria for LTC access and transfer, and their application, should be consistent across the province, with an appropriate level of flexibility to address regional service delivery objectives.
- Cultural Sensitivity: Facility-matching policies and processes for LTC access and transfer should take into account that the individual client's unique cultural beliefs, values, and language may affect their perceptions and preferences.

3.2. Predetermined criteria

A client from a specific population (such as a Veterans Affairs or First Nations, etc.) corresponding to a bed designated for that population, if the care home meets the client's care needs.

3.3. Client prioritization criteria (ranked order)

1. Intolerable client risk (see definition description below).
2. A request by a client for spousal reunification for the same service.
3. Length of time on the waitlist.

- "Intolerable client risk" is usually a situation where:
    - a client's caregiver becomes incapacitated and incapable of caring for the client;
    - a client living under dangerous conditions, including wandering, that cannot be mitigated; or

- a client is being admitted to care home as an emergency measure under section 59 of the *Adult Guardianship Act*.

- Only clients residing in the community (not in a hospital or a long-term care home) can be categorized as "intolerable client risk".

3.4. Exceptional situations that may result in a higher ranking for a client (not in ranked order):

Situations that may result in a higher ranking for a client, under exceptional circumstances only, include:

- repatriation - returning a client, temporarily admitted to a care home outside of their community or to a hospital, to their community of origin or a preferred community;
- care home closure – when a care home is closing, and the existing clients need to be placed in an alternate care home which may require flexibility to support clients to relocate to other care homes;
- temporary pressures in the health authority that require exceptional measures, for example, to comply with emergency measures, such as wildfires or floods; or
- to alleviate significant hospital pressures, on a short-term, time-limited basis, which must be approved by a senior health authority executive or their delegate.
    - As per Policy 2.D, Assessments, health authorities are expected to discharge clients home from hospital prior to conducting an assessment to determine eligibility for access to long-term care services, except in cases where discharge home, even with supports, would result in safety and risk concerns for the client and/or their caregiver that cannot be mitigated. Therefore, it is expected that the majority of clients waiting in hospital, who may be considered as a higher priority in an exceptional circumstance, are only those who cannot be discharged to the community.

4 - Determining and Publishing Wait Times

As per Policy 6.D and Section 2.2 of these Guidelines, the following instructions about care home wait times will guide the provision of information to be given to clients and families, at the time they are choosing their preferred care facilities:

4.1 - Wait times to be reported in intervals

Care homes wait times to be reported in intervals as follows:

- Up to three months (0-90 days)
- three to six months (91-181 days)
- six to nine months (182-270 days)

- nine months to 12 months (271-365 days)
- 12 – 18 months (366-547 days)
- 18 – 24 months (548-730 days)
- Greater than 2 years (730+ days)

4.2 - Wait time information considerations

Clients and families should be reminded that wait time information is:

- Dependent on individual care needs (e.g., specialized unit or equipment)
- Fluctuates based on demand, turnover, waitlist changes
- Affected by exceptional circumstances as identified in Section 3 of these Guidelines
- Provided to enable clients to compare relative wait times site-to-site (which can change); not a guarantee of individual wait time

Wait time calculations will be based on all routine admissions only and will not include priority admissions (mentioned in the Bed-Matching Criteria section of this document) to avoid skewing the data. The calculations will be based on the last 10 admissions, after exclusion of priority admissions, and will be reflected as averages. Additionally, the wait times will be posted online in a public-facing location. The website will be refreshed at least monthly and will note that the information is "as of" a certain date.

5 - Processes:

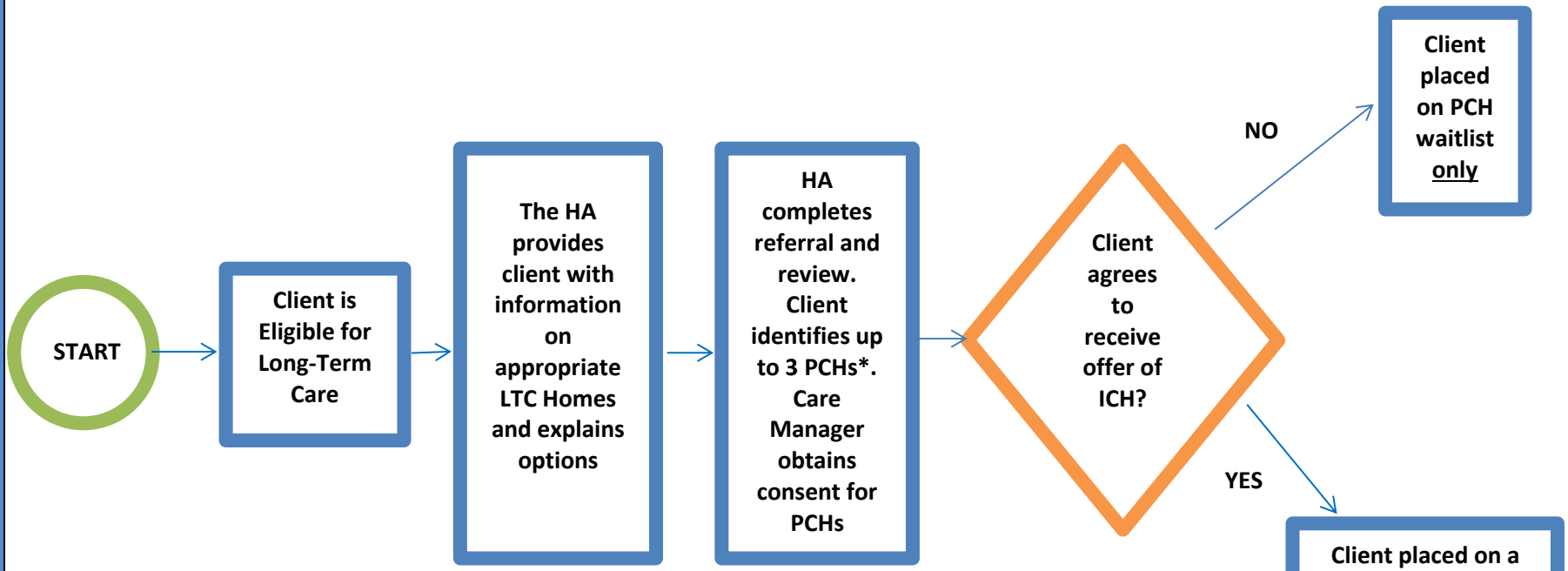
The following flow charts provide health authorities with a standardized process for decision making when waitlisting clients, offering care and accommodation to clients, allocating vacancies and helping clients to understand the next steps if they decline an offer. The flow charts represent one process, divided into three separate pages to enhance clarity.

The timeline provides a linear view of the steps in the admission process and the time allocated for decisions.

Note: PCH = Preferred Care Home, ICH = Interim Care Home

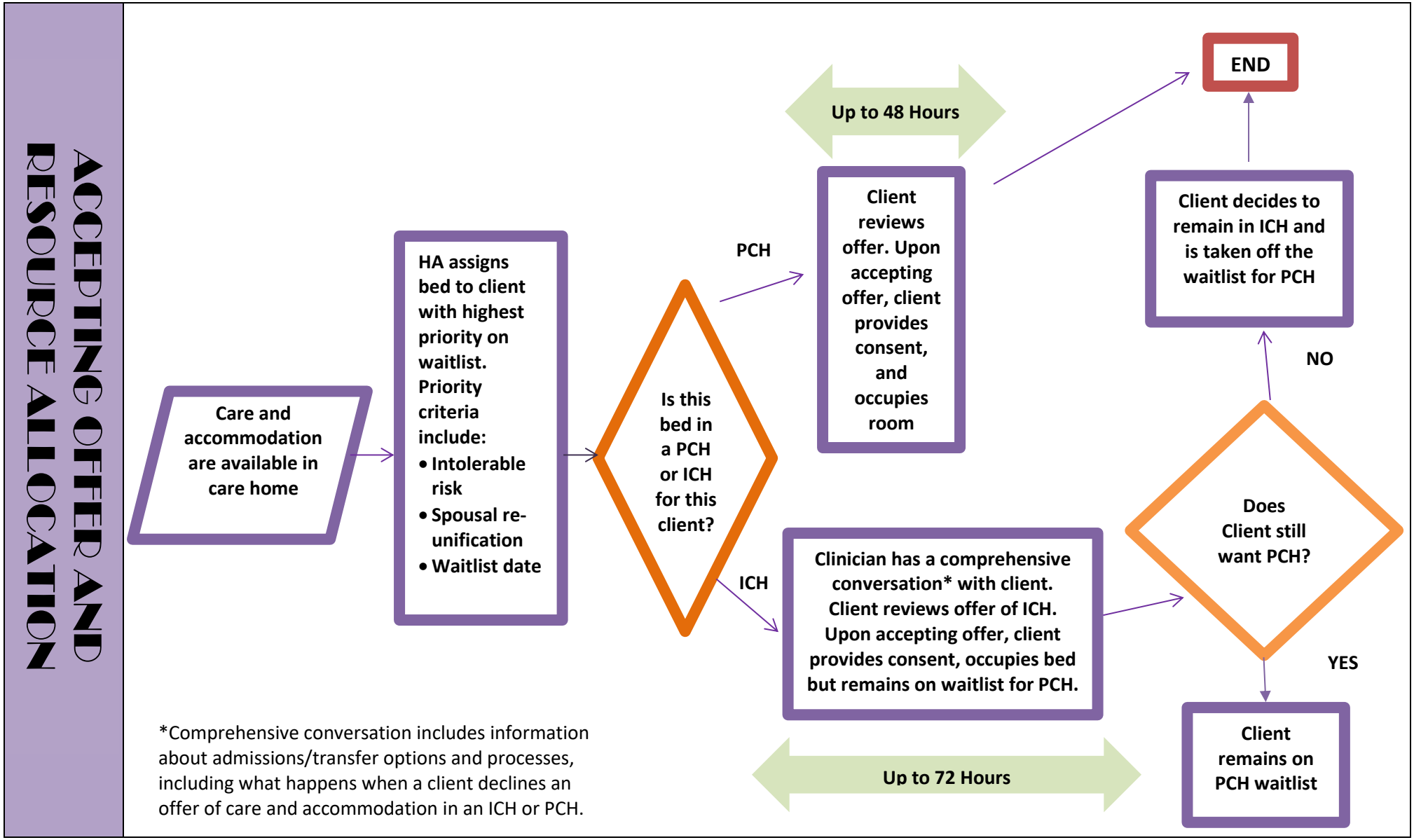
5.1 - LONG-TERM CARE - WAITLISTING

WAITLISTING

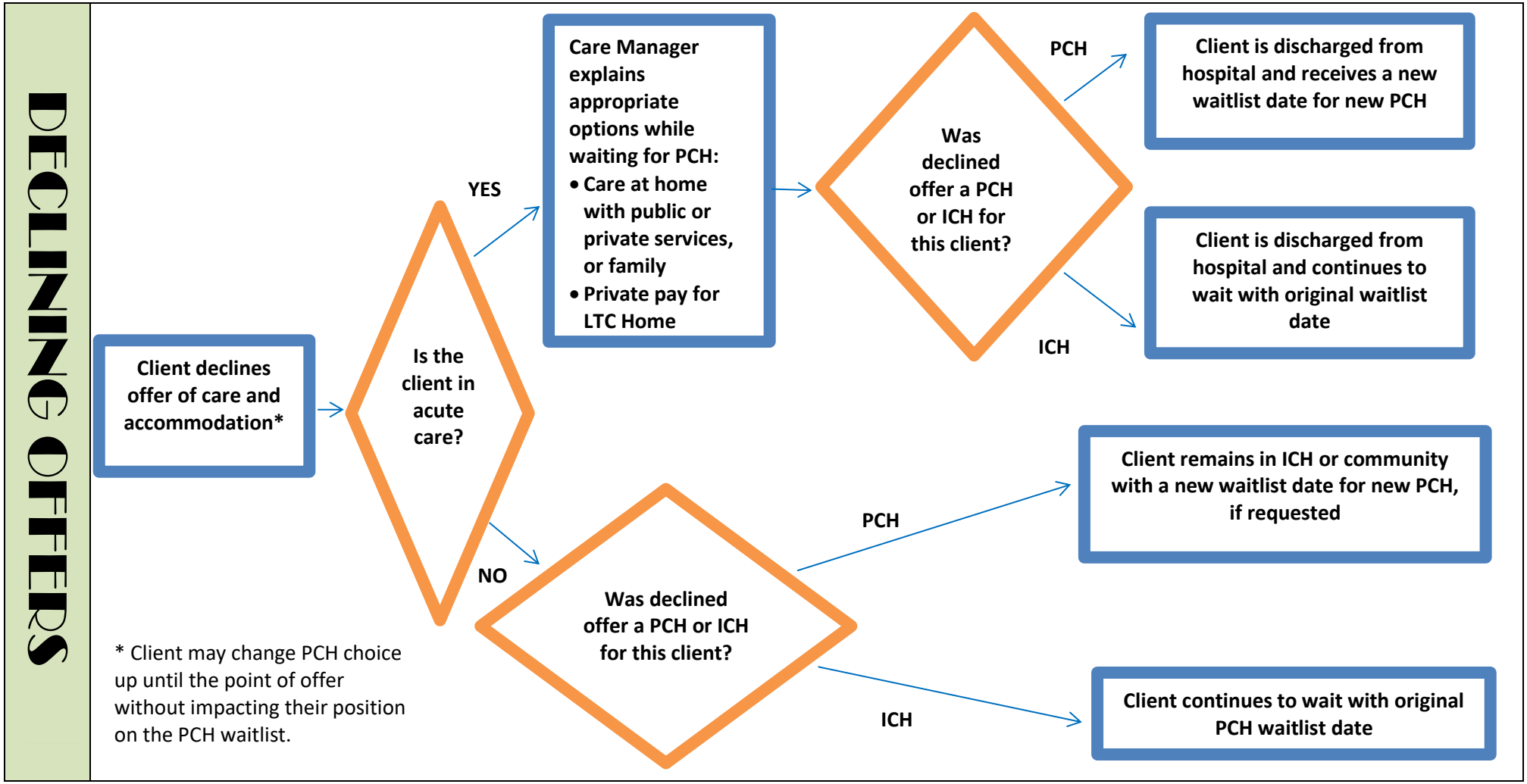


*Allow client to change their choices of PCHs up until they are offered care and accommodation in one of their PCHs with no impact to their original waitlist time.

5.2 - LONG-TERM CARE ADMISSIONS – ACCEPTING OFFER AND RESOURCE ALLOCATION

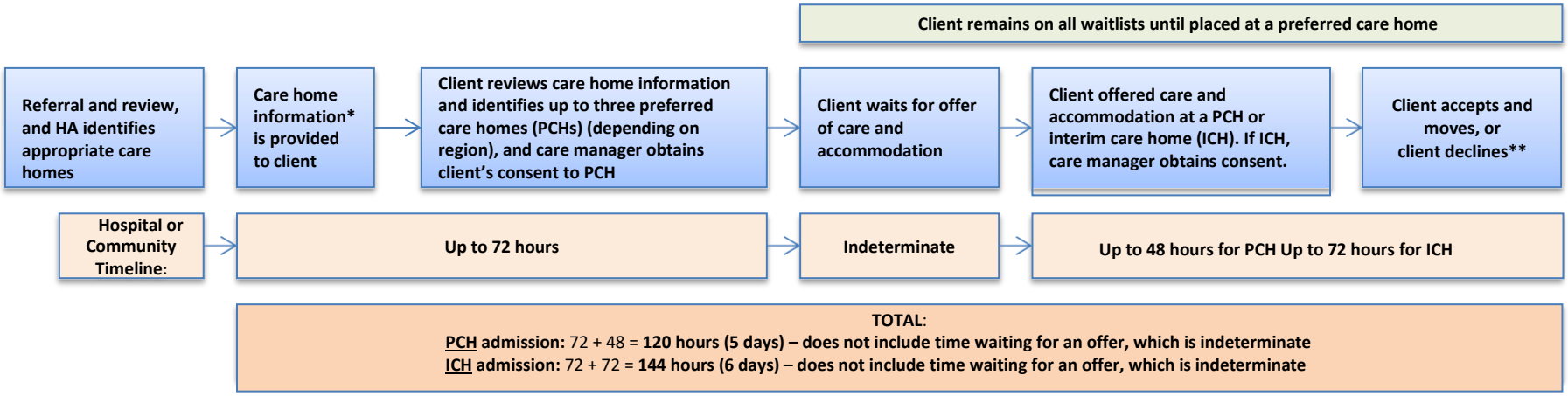


5.3 - LONG-TERM CARE ADMISSIONS – DECLINING OFFERS



5.4 – Timeline for Clients Moving to Long-Term Care

TIMELINE FOR CLIENTS MOVING TO LONG-TERM CARE



Assumptions: Clients are ready, willing, and able to move into long-term care. Clients are not offered care and accommodation at an ICH until after they have identified up to three PCHs. If person is offered an ICH while identifying their PCHs, that time must be taken into account, as it may affect quality of decision-making.

*= Information to client (hardcopy and online) includes: characteristics of care home (including services offered), average wait time, costs, and access process.
** = If client declines care and accommodation at a PCH or ICH, client is offered choice of 1 or 2 below:
(1) care at home with public and/or private pay home support, or
(2) care and accommodation at a private pay care home.