Policy: Policy for the Operation of Short-Stay Beds Under the Long-Term Care Homes Act, 2007

Date: 2010-07-01

1.0 Introduction and Definitions

The short-stay program provides flexibility to the long-term care homes (LTCH) sector to meet the needs of diverse resident populations. This program ensures that care and services are in place to allow clients to convalesce and return to the community, provide relief to caregivers and to provide appropriate options to alleviate hospital ALC pressures.

This “Policy for the Operation of Short-Stay Beds” sets out new or updated requirements for licensed or approved LTC home beds that are operated as Short-Stay Program (SSP) beds under the Long-Term Care Homes Act, 2007 (LTCHA or Act), Ontario Regulation 79/10 (General Regulation) under the Act (Reg. or regulations), and the Local Health Integration Network (LHIN) Service Accountability Agreement between the LHINs and Long-Term Care Home licensees (L-SAA).

The “short-stay program” is defined in the regulations as a program in which a person is admitted to a LTCH for a definite number of days (Reg., section 1). There are three (3) short-stay programs (SSP) under the regulations, each having a specified purpose. These SSPs are:

- “Convalescent Care Program beds (CCP)” refers to beds under the convalescent care program formerly, under the Nursing Homes Act, the Charitable Institutions Act and the Homes for the Aged and Rest Homes Act (the previous LTCH legislation), the CCP was referred to as a supportive care program under the New Convalescent Care Program Application Package dated October 2005);

- “Interim Bed Program beds (IBP)” refers to beds under the interim bed short-stay program (under the previous LTC home legislation, interim beds were long-stay beds that existed for a temporary time under the terms of a service agreement); and,

- “Respite Care Program beds (RP)” refers to beds under the respite care program.

This policy sets out requirements for the operation of SSP beds that are in addition to applicable requirements set out in the LTCHA, its regulations and the L-SAA. This policy does not set out:

- All statutory and regulatory requirements that are specifically applicable to SSP beds.
- Requirements under the Act and regulations that are applicable to the operation of all long-term care (LTC) home beds, whether short-stay or long-stay, or provisions that are applicable to all residents, whether short-stay or long-stay.
- How short-stay beds are designated/ authorized.
- Funding and Financial Management policies for SSP beds.

As set out in the LTCHA, “licensee” means the holder of a licence issued under the Act, and includes the municipality or municipalities or board of management that maintains a municipal home, joint home or First Nations home approved under Part VIII of the Act (Act, section 2).

Licensees who operate SSP beds must be knowledgeable of and comply with all requirements of this policy, the LTCHA and its regulations, the L-SAA and all other relevant Ministry of Health and Long-Term Care (MOHLTC/ ministry) policies and other applicable legislation.

“Requirements under the Act” has the same meaning as “requirement under this Act” as set out in subsection 2(1) of the LTCHA.
2.0 Policy Requirements of Short-Stay Programs

Policy requirements relevant and/or common to more than one SSP are set out in subsection 2.1 of this policy under “Common Requirements of SSPs.” This is followed by three sections that set out requirements for a licensee of SSP beds that pertain to a specific SSP, namely:

- 3.0 Convalescent Care Program (CCP)
- 4.0 Interim Bed Program (IBP)
- 5.0 Respite Care Program (RP)

2.1 Common Requirements of SSPs

2.1.1 Financial Rules and Requirements for Funding Short-Stay Programs

The applicable LTCH Funding and Financial Management Policies for specific funding and financial management rules for SSP beds are listed in “Schedule F” to the L-SAA.

2.1.2 24-hour Admission Care Plan (Reg., section 24)

The licensee shall ensure that the following are used to develop the 24-hour admission care plan, required under section 24 of the regulations, for every resident in a CCP bed, IBP bed or RP bed:

- The Resident Assessment Instrument-Home Care (RAI-HC) assessment completed by the placement coordinator under the Act, the Community Care Access Centre (CCAC), as part of the admission process and current within three (3) months of admission;
- Other assessments and relevant information provided by the CCAC;
- Relevant hospital reports; and,
- Assessments by the licensee’s staff.

The Resident Assessment Instrument Minimum Data Set 2.0 (RAI-MDS 2.0) shall be used to assess the care needs of residents of RP beds whose stay exceeds 14 days and support the revision of the 24-hour admission care plan, as required, for those residents. Requirements for the use of RAI-MDS 2.0 are set out in the “RAI-MDS 2.0 LTC Homes - Practice Requirements”, as amended from time to time, and which is listed in “Schedule F” to the L-SAA.

2.1.3 Initial Plan of Care and Plan of Care (Act, section 6 and Reg., sections 25 and 26)

The RAI-MDS 2.0 shall be used to assess the care needs of residents and support the revision of the 24-hour admission care plan, as required, and to develop or revise (as the case may be) the initial plan of care or plan of care, respectively, as required under the Act and regulations for residents of CCP beds and IBP beds (Reg., sections 25 and 26).

2.1.4 Waiting List

Nothing in the regulations precludes a person who is on a waiting list for a CCP bed or RP bed from also being placed on a waiting list for a long-stay bed, if the CCAC determines that the person meets the eligibility criteria in the regulations for long-stay admission.

The requirements governing a person’s placement on the Interim Bed SSP waiting list are set out in subsection 192 (1) of the regulations. This provision stipulates, amongst other things, that the person must be eligible for LTCH admission as a long-stay resident and must be on at least one waiting list for admission to a long-stay program bed.

2.1.5 Performance and Accountability

The licensee shall operate SSP beds under the following performance and accountability requirements or risk termination of the authorization or designation of the SSP beds:

(a) Must comply with requirements under the Act and requirements under this policy, the L-SAA and other applicable legislation and regulations;

(b) Must have a satisfactory history of compliance with requirements under the Act and requirements under a previous Act (as “requirement under a previous Act” is defined in subsection 302(12) of the Regulation). Satisfactory history of compliance means that inspections must show either no findings
of non-compliance or findings of non-compliance only in areas of low or no risk of harm to residents; and,

(c) Must collect and report data on SSP residents and provide documentation of all services delivered in accordance with the "RAI-MDS 2.0 LTC Homes - Practice Requirements", as amended from time to time, and which is listed in “Schedule F” to the L-SAA.

3.0 Convalescent Care SSP Requirements

3.1 Program Description and Rationale
The Convalescent Care Program (CCP) is a short-stay program for persons who need time to recover strength, endurance or functioning and who are anticipated to return to their residences after admission to the CCP [Reg., subsection 156 (2)]. The maximum CCP stay that can be authorized by the CCAC for an eligible person is up to 90 continuous days at one time, with a total maximum of 90 days in a calendar year (Reg., section 188). Licensees receive additional funding to provide the supplementary services, supplies and equipment that are required by CCP bed residents.

The rationale for the program is to:
- Expand the range of options for persons who do not need acute care but cannot yet manage at home.
- Improve the flow of persons throughout the health care system to help:
  - Reduce unnecessary/ avoidable ER visits and / or wait times;
  - Reduce the length of hospital stay for individuals who can be cared for in a setting that can provide the right level of quality care; and,
  - Reduce unnecessary/ avoidable LTCH long-stay admissions.
- Provide more cost-effective choices for hospital patients and/ or people in the community who require a period of convalescent care in a residential setting.

3.2 Program and Services
CCP residents generally have higher acuity levels than long-stay LTCH residents and require a mix of services with a strong rehabilitative focus. The type and level of care for CCP residents is expected to differ from long-stay residents. The licensee of CCP beds is required to provide a staff mix, staffing levels and the programs and services needed to address the assessed care needs and acuity levels of the CCP residents served in the LTCH.

The licensee is required to provide, in addition to the relevant accommodation, care, services, programs and goods required for all LTC home beds and residents, the following to CCP residents based on their assessed care needs:
- A “core interdisciplinary team” which means a core team of qualified practitioners including medicine, nursing, physiotherapy, recreation therapy, occupational therapy, dietetics, social work, and personal support;
- Care coordination, interdisciplinary team planning and discharge planning;
- Specialized and therapeutic equipment and supplies;
- Diagnostic laboratory services; and,
- Wellness and self-care services that strengthen Activities of Daily Living (ADL) and Instrumental ADLs with practice opportunities to support returning residents to the community.

3.3 Review Plan of Care
The licensee shall ensure that a case conference is held by the Core Interdisciplinary Team at least weekly to review each CCP resident’s 24-hour admission care plan, initial plan of care or plan of care (as the case may be) and revise the 24-hour admission care plan, initial plan of care or plan of care (as the case may be) accordingly, if required.

3.4 Admission Process

3.4.1 Approval by Licensee of a Resident Admission
The licensee shall ensure that it is available to approve and admit CCP applicants every day, including Saturdays, Sundays, and holidays, and for no less than eight (8) continuous hours during the day-time between the hours of 8 a.m. to 6 p.m.

3.4.2 Admission
The licensee and the hospital (if applicable) with the CCAC’s assistance will coordinate the transfer of the CCP applicant to the LTCH on the day the applicant agrees to move into the home.

3.5 Structural Specifications
The licensee shall ensure that every CCP resident resides in a room that meets the following minimum structural specifications:
- One or two beds;
- A bathroom shared with no more than one other person;
- A bathroom that must be able to accommodate a resident in a wheelchair and a staff person at the same time; and,
- That is wheelchair accessible.

3.6 Discharge
The licensee shall upon discharge of every CCP resident:
(a) Complete, within 7 days of the resident’s discharge from the CCP, an interdisciplinary Discharge Summary; and,
(b) Forward a copy of the Discharge Summary to the resident’s family physician and/or to the CCAC, as applicable, as necessary for the purpose of providing or assisting with the provision of health care to the person following discharge.

“Discharge Summary” means a report that provides relevant information on the resident’s plan of care, including the care provided to the resident, the resident’s progress in achieving goals and objectives, health status, and recommendations on follow-up and service needs at discharge. The report is intended to strengthen continuity of care and support the resident’s continued progress.

4.0 Interim Bed Program (IBP) Requirements

4.1 Program Description and Rationale
The Interim Bed Short-Stay program (IBP) is only for individuals who (amongst other requirements) occupy a bed in a public hospital, no longer require acute care services provided by the hospital, require an alternate level of care (ALC), are eligible for long-stay admission to a LTCH, and are on a waiting list for a long-stay bed in a LTCH. This Short-Stay Interim Bed program replaces the long-stay interim bed program under the previous LTC home legislation.

Residents in the IBP are considered to be long-stay residents for the purposes of most provisions set out in the LTCHA regulations, except as otherwise provided for in the regulations.

The intent of the IBP is to:
- Provide a mechanism to assist LHINs in addressing hospital ER wait-time and ALC pressures.
- Facilitate earlier and faster discharge of hospital patients seeking admission to a LTCH.
- Provide a safe and suitable care setting for LTCH applicants to live as a temporary measure while they wait for a long-stay bed.
- Ensure a continuous “flow through” so that interim beds are constantly freed-up for new applicants from hospitals.
5.0 Respite Care Program (RP) Requirements

5.1 Program Description and Rationale
The Respite Care Program (RP) provides care to persons [Reg., subsection 156 (1)]:
- Who are anticipated to be returning to their residences within 60 days after the admission; and
- Whose caregivers require temporary relief from their caregiving duties or
- Who require temporary care in order to continue to reside in the community and are likely to benefit from a short-stay in the home.

Individuals who require admission to the RP can be new or existing CCAC clients. The maximum RP stay that can be authorized by the CCAC for an eligible person is up to 60 continuous days at one time, with a total maximum of 90 days over the calendar year (Reg., section 188). A RP bed may be reserved, through the CCAC, up to one year prior to the start of the stay (Reg., section 187).

The rationale for the program is to:
- Provide temporary support for caregivers who require relief from their caregiving obligations.
- Support and maintain informal caregiving in the community.
- Provide a cost-effective care option for persons who do not need a long-stay admission, but require temporary support so that they are able to return to their home in the community.