Alberta Health Services

Alberta Health Services Designated Supportive Living 101

Alberta Continuing Care Association
Understanding Designated Supportive Living Workshop
Calgary, Alberta
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AHS Seniors - Players

AHS Provincial Seniors Health Team

- Responsible for facilitating one region (the province) integration across continuing care health services
- Responsible for strategic implementation and policy development, including defining supportive living
- Responsible to set the provincial targets for proportion of living option spaces/population
- Responsible to set the Activity Based Funding Model
- Responsible for creating, auditing and reporting within the quality framework for continuing care health services
- Responsible for communicating issues and information sharing with contracted providers through the Collaborative Committee

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AHS Seniors - Players

Five Zone Seniors Health Teams

- Responsible to Zone Operations
- Responsible for health services operations across continuing care settings either through contracted arrangements or direct care delivery
- Determine the need for living options spaces and types based on analysis of their population
- Lead service provider contract activities at the Zone level
- Lead Zone provider accountability audit activities

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Continuing Care

An integrated range of services supporting the health and wellbeing of individuals living in their own home or in a supportive living or long-term care setting. Continuing care clients are not defined by age, diagnosis or the length of time they may require service, but by their need for care.

Source: Streamlined Process for Entry to Continuing Care Committee (2010)

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Supportive Living

A home-like setting where people can maintain control over their lives while also receiving the support they need. The buildings are specifically designed with common areas and features to allow individuals to "age in place."

Supportive living services promote residents' independence and aging in place through the provision of services such as 24-hour monitoring, emergency response, security, meals, housekeeping and life-enrichment activities.

Publicly-funded personal care and health services are provided to supportive living residents based on assessed unmet needs.

Source: ASCS Supportive Living Framework, 2007

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Designated Supportive Living

Spaces contracted from an operator (or operated by AHS) for sole access of Alberta Health Services within a congregate living setting. The spaces are used for individuals assessed to require continuing care health services in a congregate living environment.

Living Options within AHS contracted spaces include:

- Supportive Living Level 3
- Supportive Living Level 4
- Supportive Living Level 4D
- Long Term Care Facilities

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Origins of Supportive Living

Out of the Broda Report (1999) – 4 actions contributing to the concept of supportive living:

1. **Care close to home as possible**
2. **Fill the gap between long term care facilities and home care services – set standards for service delivery within any new service environments**
3. **New generation of supportive living environments for selective populations – programs of care not just environments**
4. **Unbundle health services from hospitality and support services to create flexibility in service delivery**

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Principle Based SL

- Person-centred
- Involvement
- Capacity Enhancing
- Wellness
- Supporting Resilience
- Respecting Autonomy
- Affordable
- Unmet Need – Needs Based Services
- Case Management
- Coordinated Access
- Integrated Collaborative Teams
- Home-Like Environment
- Cost Effective

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Core DSL Health Services

- Single point of entry, coordinated access provided through AHS
- Case management oversight and care coordination provided through AHS
- Coordinated client status assessment using the InterRAI Home Care suite of tools (InterRAI-HC)
- Supervision of personal care support in activities of daily living
- Access to socialization and engagement activities in and outside the site
- Medical care provided by the client's personal physician or designate

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Core SL Health Services

- Scheduled Professional Nursing assessment, care oversight, and treatments including access to unscheduled 24/7 on-call availability of a Registered Nurse
- Professional rehabilitation therapists' consultation, assessment and treatment plan oversight
- Dietician consultation, assessment, and nutritional status monitoring
- Access to other professional health specialists, (e.g. Speech language pathologists, mental health consultants, specialized geriatric services) diagnostic, and emergency services
- End of life supportive care

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Selection of Living Option – RAI HC

Client Status Based in Identified Outcomes

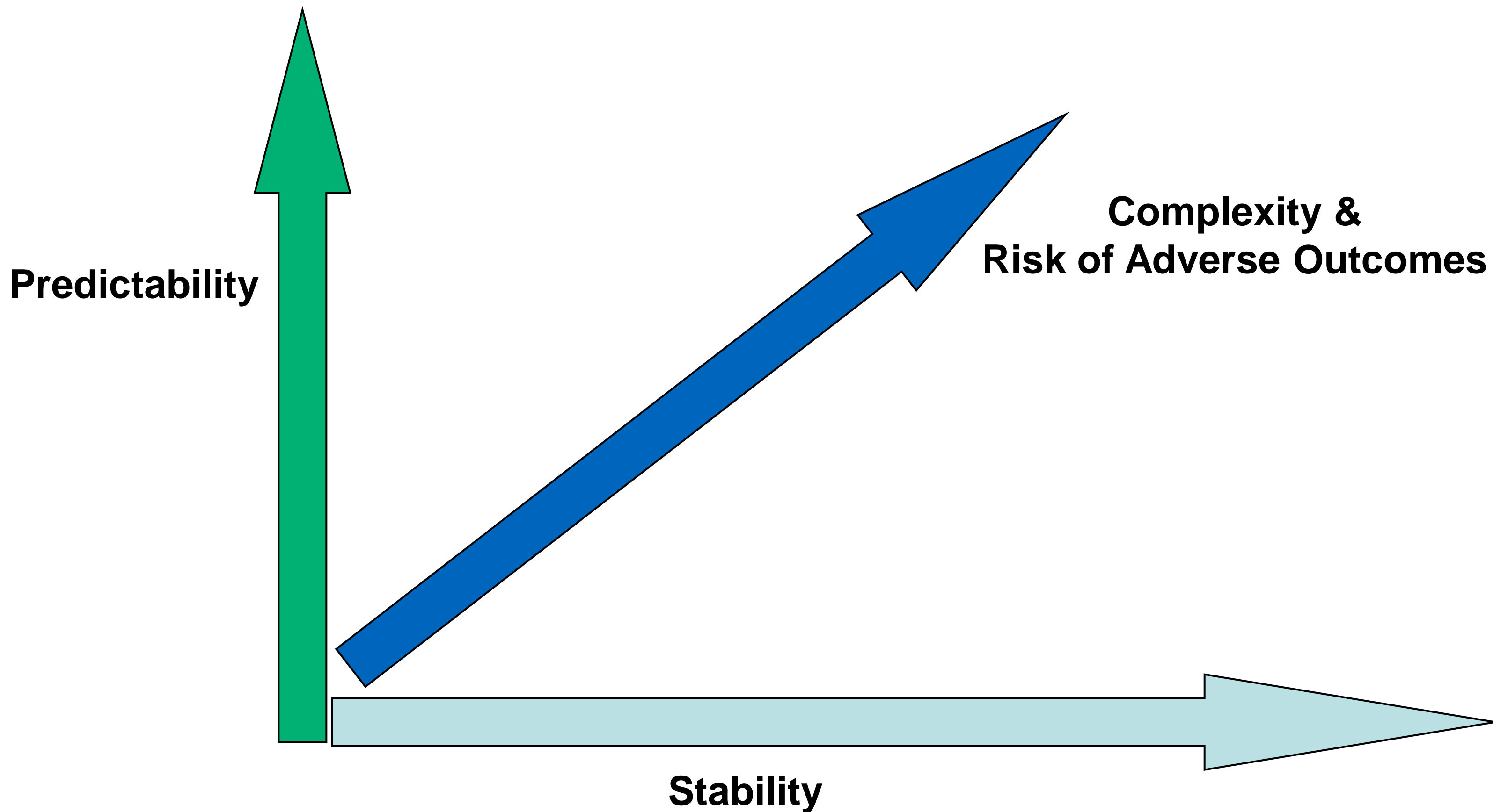
Specific Site-Based Quality Indicators

InterRAI Home Care Assessment Instrument

Cues Further Assessment

Individual Resource Utilization Group

Response to Client Need - Supporting the Possible



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Coordinated Access

Coordinated Access underpins continuing care and describes a province-wide, person-centred, integrated service access and delivery approach that provides Albertans with reasonable, timely and appropriate access to publicly-funded continuing care health services based on availability and determination of unmet need.

Coordinated Access includes the following elements: inquiry for information; intake and screening; assessment; service needs determination; negotiation of individual service options; service recommendation and referral; service delivery, monitoring and reassessment; transition; discharge; and waitlist management.

The Coordinated Access process is supportive by case management and integrated information management.

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Clients Served – DSL Level

The Client

- Predictable, stable, simple, low risk of adverse outcomes
- Need for scheduled and unscheduled assistance to meet personal care and safety needs
- Selects own engagement activities

The Response

- 24/7 availability of Health Care Aide assistance
- Scheduled oversight from AHS Case Manager
- Availability of RN on-call support

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Clients Served DSL4

The Client

- Predictable, stable/unstable, complex, low risk of adverse outcomes
- Need for scheduled and unscheduled interventions related to health status once care plan is established
- Assistance to carry out chosen daily care and social activities

The Response

- Availability of supportive personal care
- 24/7 presence of a Licensed Practical Nurse for team leadership and on-site health decision making, assessment and intervention

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Clients Served in Program Specific DSL4D

The Client

- Living with Dementia; predictable, stable/unstable, complex, low risk of adverse outcomes
- Requires 24/7 support to safely carry out daily activities, interact with and understand the living environment
- Meaningful engagement with others

The Response

- Care team provides care with understanding of dementia and anticipated client response to disease process and the environment; lead by LPN (24/7 presence)
- Secure, smaller environment

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Collaborative Response

Site Leadership

Client and Family

AHS Case Manager

Physician

Pharmacist

Other Health Services

Professional Consultants

Direct Care Providers

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Client and Family

From the AHS perspective -

- **Designated Supportive Living is a community health service – an extension of the health and support services one would have in one's own home**
- **Focus on maintaining or regaining independence – physical activity; autonomy; accountability**
- **Health care and support services are intended to meet assessed "unmet" needs – not an "all or nothing" approach**
- **Unmet needs can only be identified in conversation and interaction with the client**
- **Assessment is based in the interRAI HC suite**
- **Supporting possibilities takes creative engagement**

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Physician Support

From the AHS perspective

- **Each client maintains connection with their primary physician or obtains a physician upon moving**
- **Directs client's medical care including medication reconciliation activities**
- **Physician visits can take place in the office, clinic or if necessary at the site in the client's own room (billing issue for home visit)**

Dr. Jim Silvius Medical Director for Provincial Seniors Health Team

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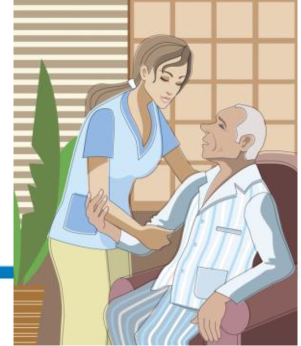
Case Management



Case management is a collaborative, person-centred strategy for the provision of quality health and supportive services through the effective and efficient use of available resources in order to support the client's achievement of goals.

Adapted from the Canadian Home Care Association (2005)

Case Management

From the AHS perspective case management supports both the client and the health system by:

- enabling clients to achieve and maintain their highest level of functioning, independence and quality of life possible.
- ensuring a smooth flow through the continuum of health care services by facilitating seamless transitions between care providers and settings.
- supporting system sustainability through effective and efficient resource utilization to address unmet needs while supporting self-care and self-management through capacity building efforts.

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Case Management Principles

- Person centred
- Informed choice
- System wide
- Relationship based/building
- Promotion of health, illness prevention, independence
- Stewardship
- Accessible
- Timely engagement
- Flexible, creative, innovative
- Ethics driven
- Advocate for client and system

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Case Management Activities

From AHS perspective system case managers will participate and lead activities such as:

- Intake and screening
- Assessment and reassessment
- Negotiating health and support service options
- and organizing care delivery across the
- continuum of health and community based services
- Monitoring health services
- Assisting through transitions
- Discharge from health services

Successful case management requires an active collaboration and communication between the case manager, the site, other involved home care consultants, physician, client and family.

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Site Clinical Leadership

From AHS perspective supportive living site clinical leadership provide the day to day oversight for delivery of client health and support services

- **Supervise non-regulated staff**
- **Contribute to service planning and individualized delivery**
- **Pick up and respond to client changes, perspectives, choices**
- **Act as active ears and eyes for ongoing input into quality and safety**

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Pharmacy Services

Clinical pharmacy services are part of the Health Standards

Medication management includes every activity from the physician's assessment of need for a medication, through pharmacy activities, site storage and delivery, client access and assistance, medication administration, and client response, and catching and reporting medication errors

In designated supportive living as in any continuing care environment, medication management requires understanding and collaboration between the client, site, physician, community pharmacist, case manager, and direct care staff

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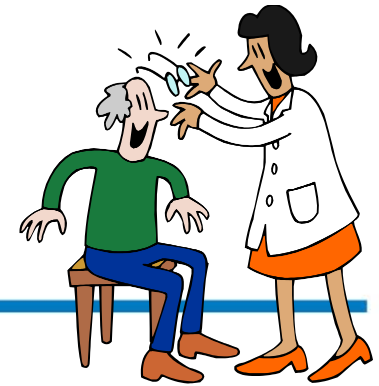
Consultants



- Supportive Living clients access the required allied health professionals who can assist them in meeting their unmet needs
- The case manager assists the client to access other health professionals – either through AHS or other sources
- The health consultant develops the care plan and either provides direct service or instructs site staff in supporting service delivery

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Direct Care Providers

Direct care providers are the backbone of continuing care including designated supportive living

- **Health care aides – certification processes are in place**
- **Understanding of their role as important to engage with the client and communicate their client concerns or observations**
- **Variety of ways to use direct care providers (cross-training, rehabilitation assistants, social engagement)**

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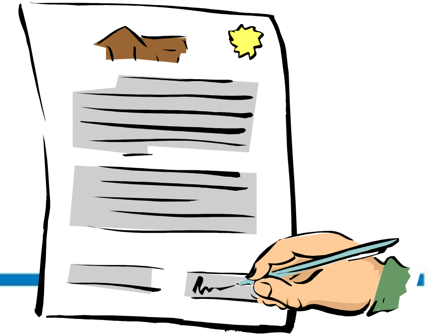
Service Contracts



- Community need based
- Joint process led by Central Procurement, Supply Management in response to requests from Zone Seniors Health
- RFP or EOI process
- Response is tailored to population need and available resources

- Provincial Seniors Health is contributing to standardized contract language and process across continuing care

Accountability

Contracted supportive Living organizations are accountable to AHS to assist in meeting public expectations of quality, safety, and judicious use of public resources

Evidence of meeting this accountability comes through:

- Standards – Accommodation and Health Services
- AHS Quality Framework
- Auditing processes
- Adverse Event reporting
- Collaboration with Alberta Seniors and Community Services and Alberta Health and Wellness

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Still Issues for Health Services Delivery in Designated Supportive Living

- **Making Changes in the Context of Greater Change**
- **Getting the RIGHT Staff and ENOUGH Staff**
- **Accommodation Fees**
- **Capital Costs**
- **Equipment Costs and Acquisition**
- **Clinical Pharmacy Services**
- **Client Co-payments for Medications, Equipment, Transportation**
- **Collaborative Relationships and System Case Management**
- **When someone doesn't fit the "norm" – building in flexibility at the same time as operational sustainability**