



Transition to DSL from LTC



GSS Experience

- Before 1995: Residential services to seniors were based in either lodge or the nursing home/auxiliary hospital system



GSS Experience

- 1994: GSS opened their first assisted living project (Wedman House)
- Was developed to remain within the accountability of continuing care
- Driven by the concepts of shared responsibility, bounded choice and managed risk
- Designed to fill a gap that existed between lodge living and the nursing home.



GSS Experience

- Beginning in 2002 GSS partnered with Chinook Health in developing “Designated Assisted Living” and eventually operated programs in 5/7 regions prior to creation of AHS
- Currently operate 900 funded assisted living beds in urban and rural communities throughout Alberta.



GSS Experience

Developed programs under a wide range of circumstances:

- New projects/developments
- **Converting traditional nursing home beds to supportive living as part of closing outdated facilities**
- Developing combined nursing home and supportive living facilities
- Converting supportive housing to assisted living



Discussion Outline

- Definitions, Terminology and Services
- Admission/Discharge Criteria
- Role of the Registered Nurse
- Therapeutic Services
- Workforce/ OHS&W
- Funding Model



Definitions, Terminology & Services

Observations:

- Wide variety of service delivery models, terminology and programming.
- Not well understood by residents/families especially when transferring from CC to SL4/SL4D.
- Reassurance is not information.



Admission/Discharge Criteria

Observations

- Inconsistency in determination of who is assessed as appropriate for supportive living and who requires continuing care.
- System pressures results in assessment and admission of residents whose needs are beyond the available resources.
- Use of term “unscheduled RN care” for admission and discharge is not well defined.



Role of the Registered Nurse

Observations:

- RN plays a crucial role to success of program
- Many LTC residents/families have developed relationship/confidence in program RN
- Inconsistency in the role and “buy in” from community RNs may lead to poor communication, fragmentation of client care & documentation as well as lack of team cohesiveness



Role of the Registered Nurse

Observations:

- To be a successful partnership, clarity is required on ownership of client information to ensure safe care.
- Require clear guidelines on what policies are in play – the provider's or the AHS policies.



Therapeutic Services

Observations:

- Providers dependent on community resources to provide services such as OT, PT and SW.
- Approval of services and access to them by residents is variable and unpredictable.
- Providers do not have internal resources to provide.
- This is unfamiliar to residents/families who are used to in house therapeutic services.



Workforce/OHS&W

Observations:

- Dependence on the role of multi-skilled worker is challenging especially as resident complexity increases.
- Residents/families unfamiliar with role of the multi-skilled worker.
- Ability of the LPN to provide the necessary leadership and oversight to ensure standards of care is maintained varies.

Workforce/OHS&W

Observations:

- With increasing complexity of care there are environmental OHS issues that need addressed
 - equipment
 - furniture as provided by resident/family
 - med/surg supplies: availability, consistency
 - infection control practices



Funding Model

Observations (resident/family):

- Now responsible for accommodation fee plus a number of other expenses (supplies, medications, furniture, linens, etc.)
- May cost same or more then previous with a perceived reduction in service (RN, OT, PT)

Funding Model

Observations (operators):

- Discrepancies across the province in the funding of SL4/SL4D programs.
- No consistent way to address providing additional services for short and long term situations where care requirements are increased.