

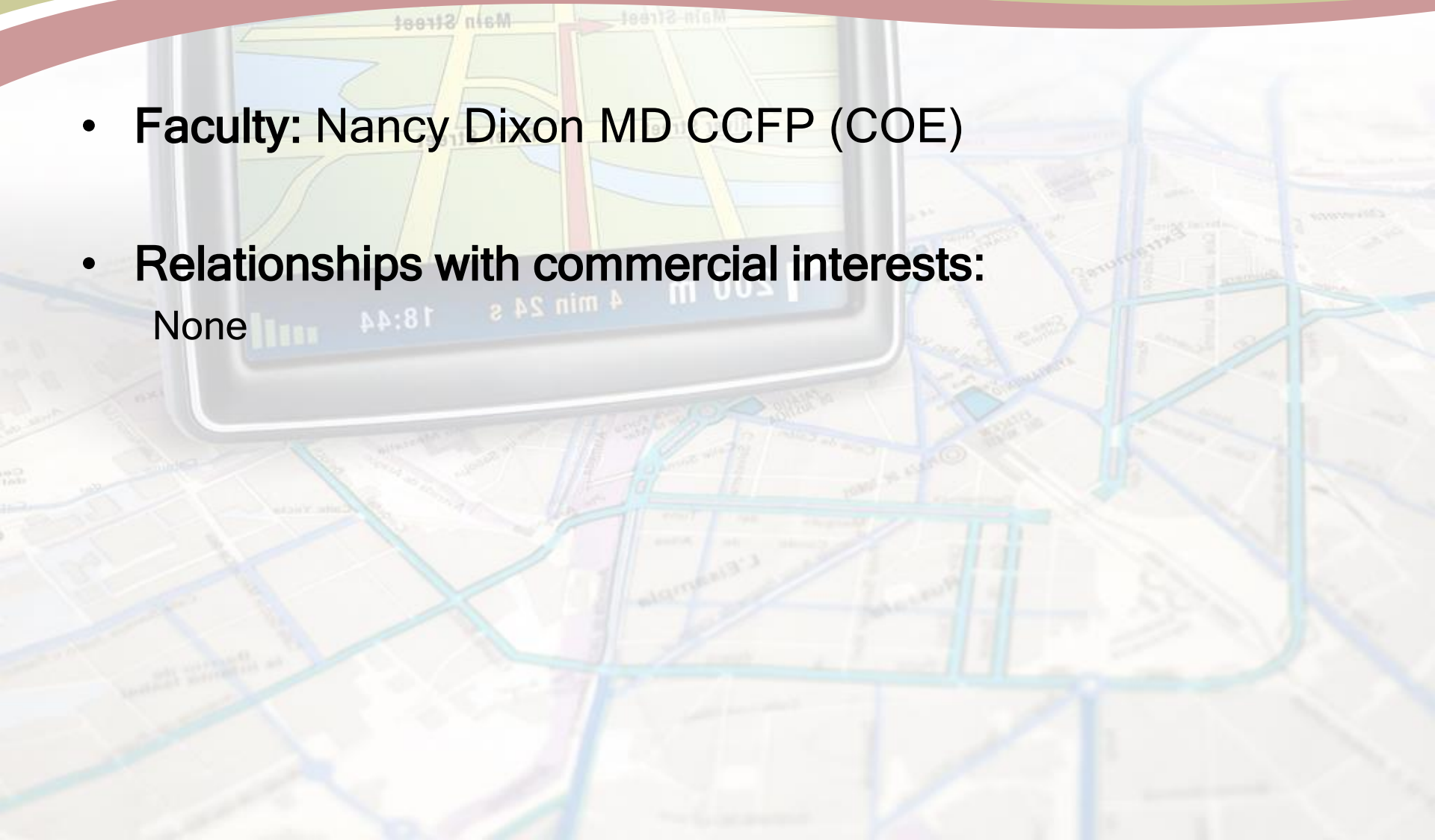


*Recalculating:
How to Arrive at the Right Housing
Destination for Your Elderly
Patients*

Nancy Dixon MD CCFP (COE)
Healthcare for the Elderly:
An Interprofessional Learning Event
April 7, 2017

Faculty/Presenter Disclosure

- **Faculty:** Nancy Dixon MD CCFP (COE)
- **Relationships with commercial interests:**
None



Mitigating Potential Bias

Not applicable

- **My perspective:**
 - Family medicine background
 - Attending physician – geriatric rehabilitation
 - Panel physician
 - Attending physician – PCH
 - Chief Medical Officer at Deer Lodge Centre

Objectives

1. Describe the different housing options for the elderly
2. Review the eligibility criteria and admission process for Long Term Care
3. Understand the role of the primary care provider in the Long Term Care application process

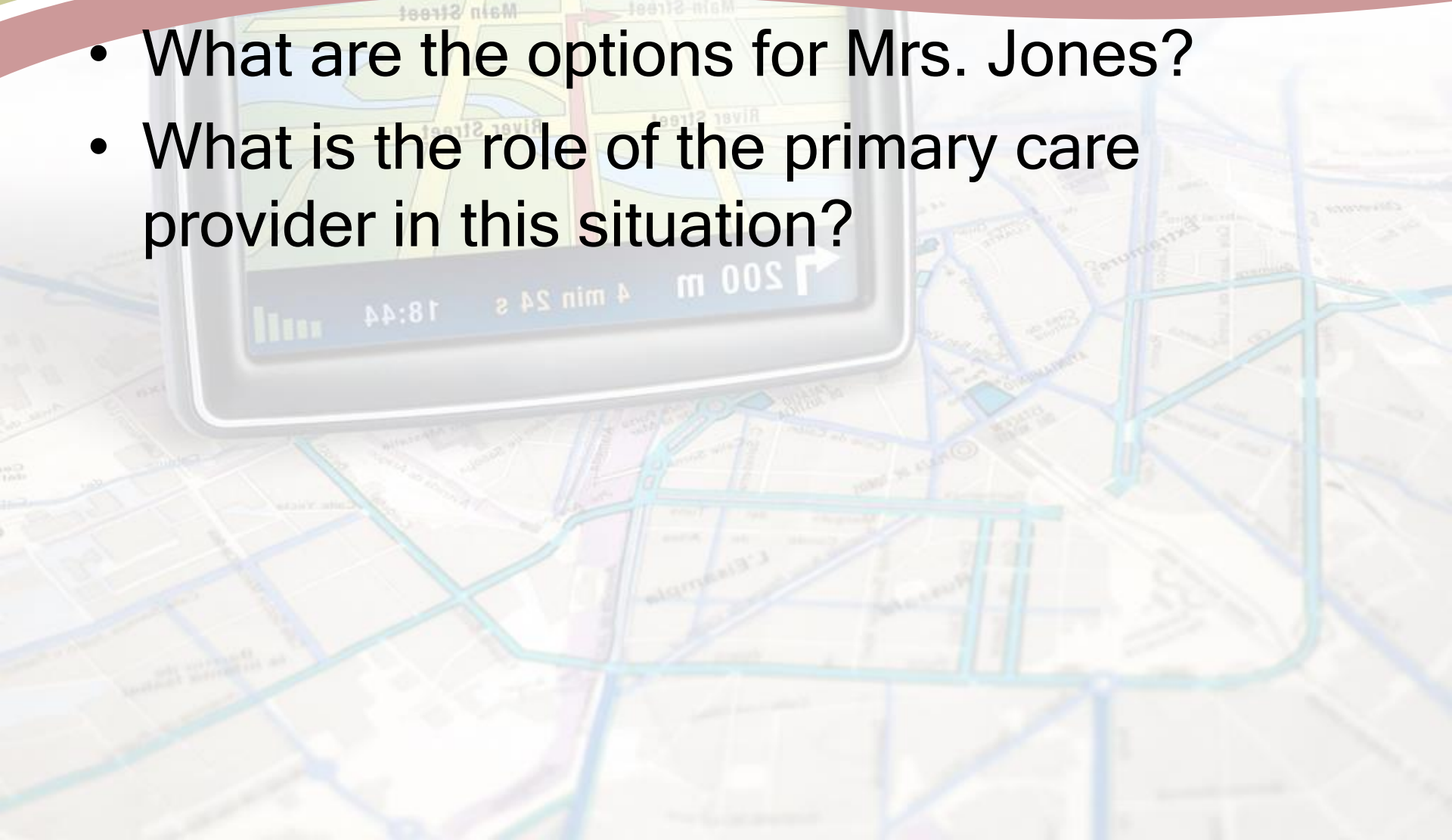


Mrs. Jones

- 85 year old widow, lives alone in bungalow in St. James
- PHx: osteoarthritis, hypertension, hypothyroid, left hip fracture, depression
- Daughter visits from Calgary after call from Home Care Case Coordinator
 - Concerns include gradually worsening cognition, falls, incontinence
 - HCCC suggests that Panel for LTC should be considered, daughter thinks this may be premature
- Daughter brings her mother to see her primary care provider
“What do you think? Should my mother be placed in a nursing home?”
- Mrs. Jones states that she is doing “fine” at home
 - “I’m just slowing down a bit”

Mrs. Jones

- What are the options for Mrs. Jones?
- What is the role of the primary care provider in this situation?



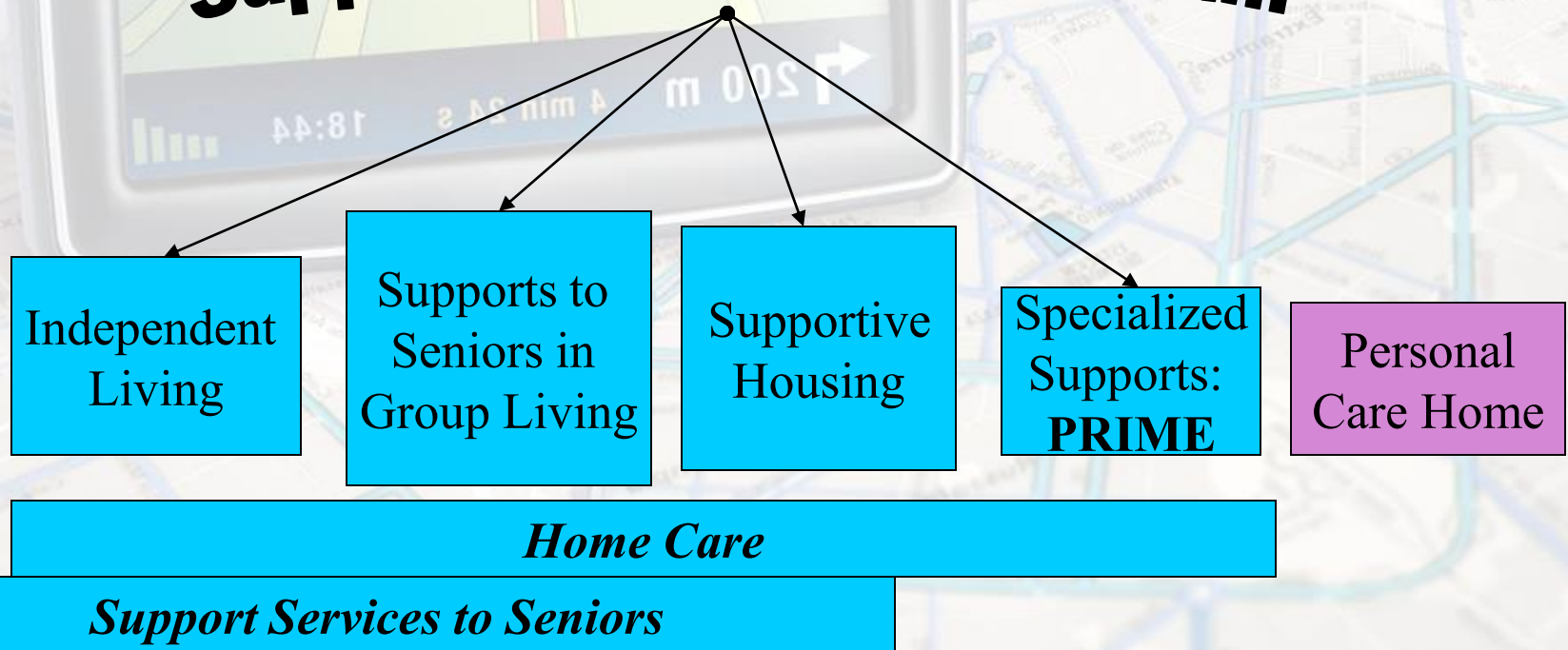
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Housing Continuum

Supportive Living Continuum



Housing Continuum

Independent Living

- (House, apt, EPH, Assisted Living)*
- Family/friends*
- Support Services to Seniors*
- Home Care*
- Meals, recreation in AL*
- “Assisted Living Plus”*



Supportive Housing

- Landlord tenant agreement*
- \$800-\$2200+ (excludes meds, toiletries, etc.)*
- Family physician provides care*
- Tenant companion*
- 24-hour support and supervision in secure facility*
- Home Care in some cases*



Personal Care Home

- “Last resort”*
- Explore all appropriate community options*
- All residents of WRHA access LTC through the Long Term Care Access Centre (Panel Review Board) to determine eligibility*

Supportive Housing

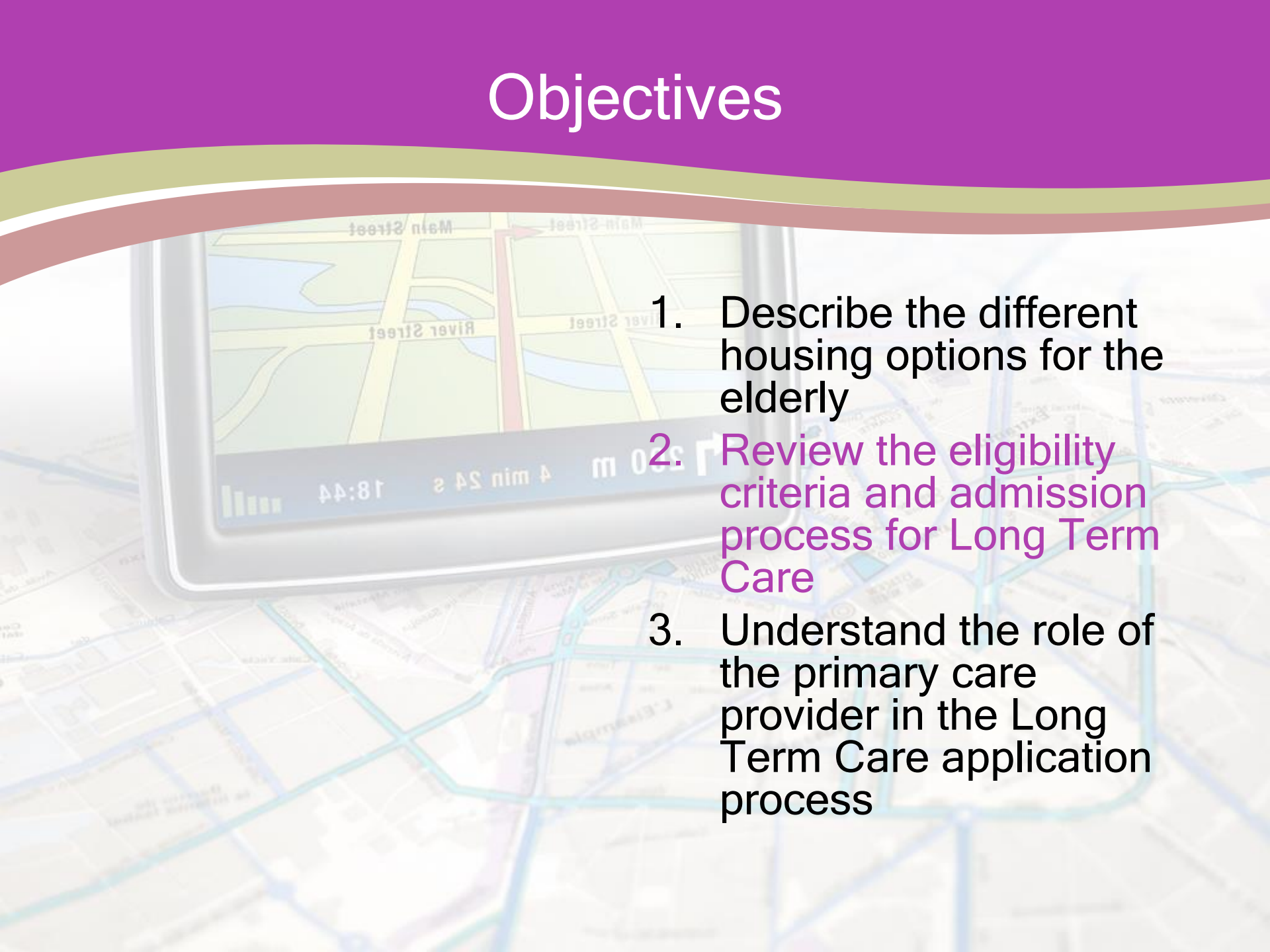
Entry Criteria

- Require some assistance with ADL & needs can be met by one assistant
- Ambulate independently \pm gait aid
- Continent or able to manage supplies
- Socially appropriate, function in group setting, not present significant risk
- Have family member/advocate who agree with philosophy of the program and available to support the client

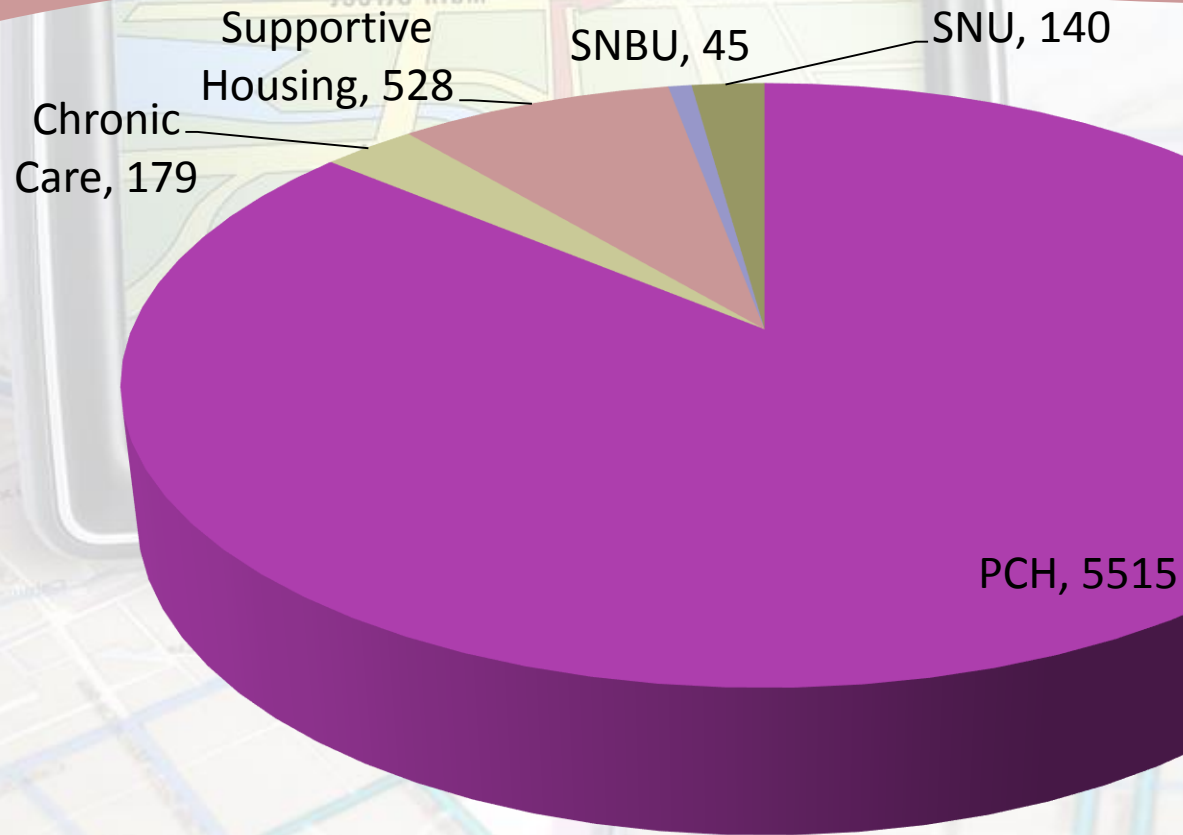
Exit Criteria

- Inappropriate behaviours towards self, others, or the environment
- Unable to ambulate independently
- Unable to manage ADL with support available
 - Toileting
- Not medically stable

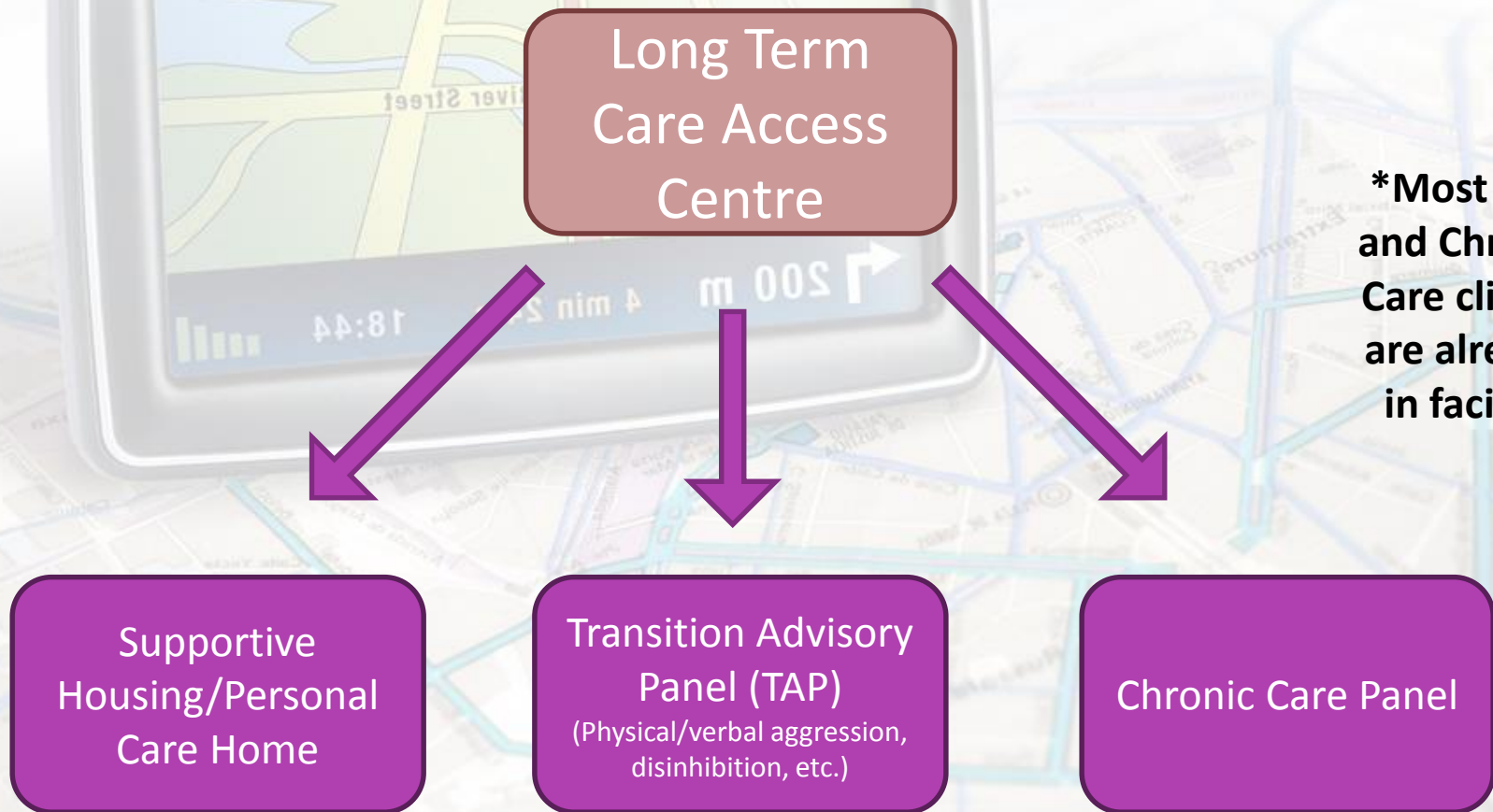
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WRHA Long Term Care




Panel Review Board



***Most TAP and Chronic Care clients are already in facility**

Panel Process

- 
- Presented by Home Care CC to Panel chairperson and physician
 - Care plan summary
 - RAI-HC (MDS) -> MAPLe score (low to very high risk)
 - Dependency Assessment
 - Why LTC?
 - Summary from other resources
 - GPAT, GMHT, etc
 - Panel Physician:
 - Review medical data form
 - Identify any missing info
 - Recommendations to Family Physician if applicable

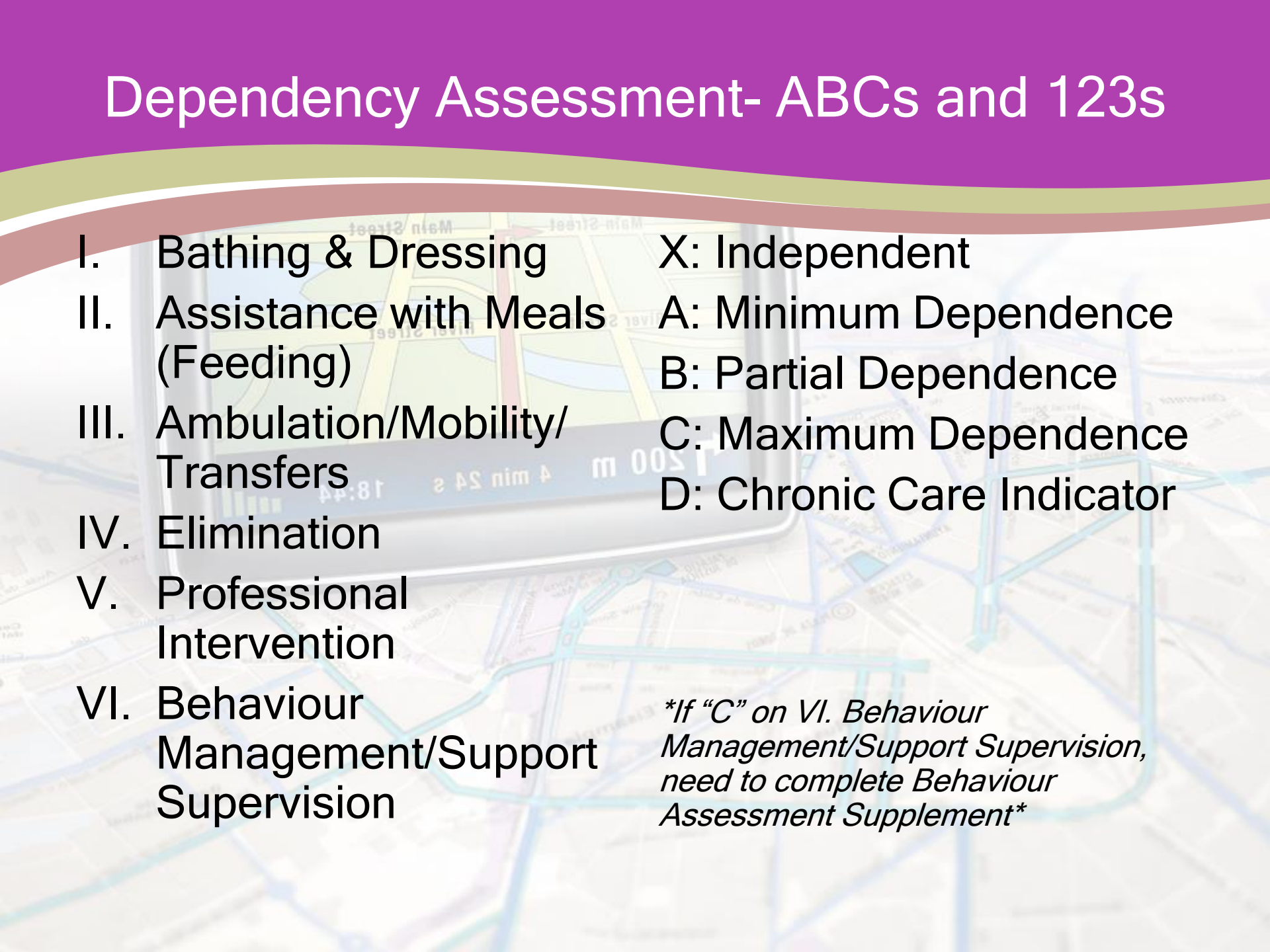
Panel Process

- Requirements to qualify for Personal Care Home:
 - Require 24 hour care
 - Medically, functionally, behaviourally stable
 - Can no longer be safely supported in the community by formal or informal supports, not appropriate for Supportive Housing
 - Meet Manitoba Health residency requirements

Panel Process

- **Medical/Functional/Behavioural Stability**
 - Care plan can be supported by PCH
 - Medical profile is current
 - In hospital - IV therapy d/c, follow-up related to chronic conditions documented
 - Skin/wound care/continence management/nutrition plan established
 - Cognition/competency assessed, if applicable
 - Responsive Behaviour Plan in place

Dependency Assessment- ABCs and 123s

- 
- I. Bathing & Dressing
 - II. Assistance with Meals (Feeding)
 - III. Ambulation/Mobility/Transfers
 - IV. Elimination
 - V. Professional Intervention
 - VI. Behaviour Management/Support Supervision
- X: Independent
A: Minimum Dependence
B: Partial Dependence
C: Maximum Dependence
D: Chronic Care Indicator
- *If "C" on VI. Behaviour Management/Support Supervision, need to complete Behaviour Assessment Supplement**

Dependency Assessment: ABCs and 123s

Level 1: At least one A and no B's, C's or D's

Level 4: Four or more C's

Level 3: Two or three C's OR one C under "Support Supervision" and at least two B's

Level 2: Any other combination of A's, B's, C's



Just to keep it interesting....

Let's add a "Y" and an "N"

Y: \geq "C" under Behaviour Management/Support Supervision (e.g. 2N, 3Y)

Panel Process - Outcome

1. Acceptance

- Typically $\geq 2Y/3N$, seeing more 2N accepted
- Client's care needs can be best met in LTC

2. Rejection

- Care needs can be met in an environment other than LTC
- Deficiencies in required documentation
 - **Incomplete medical** (missing signature, CXR report)
- Appropriate follow-up (e.g. GPAT recommendations) needs to be completed

3. Deferral

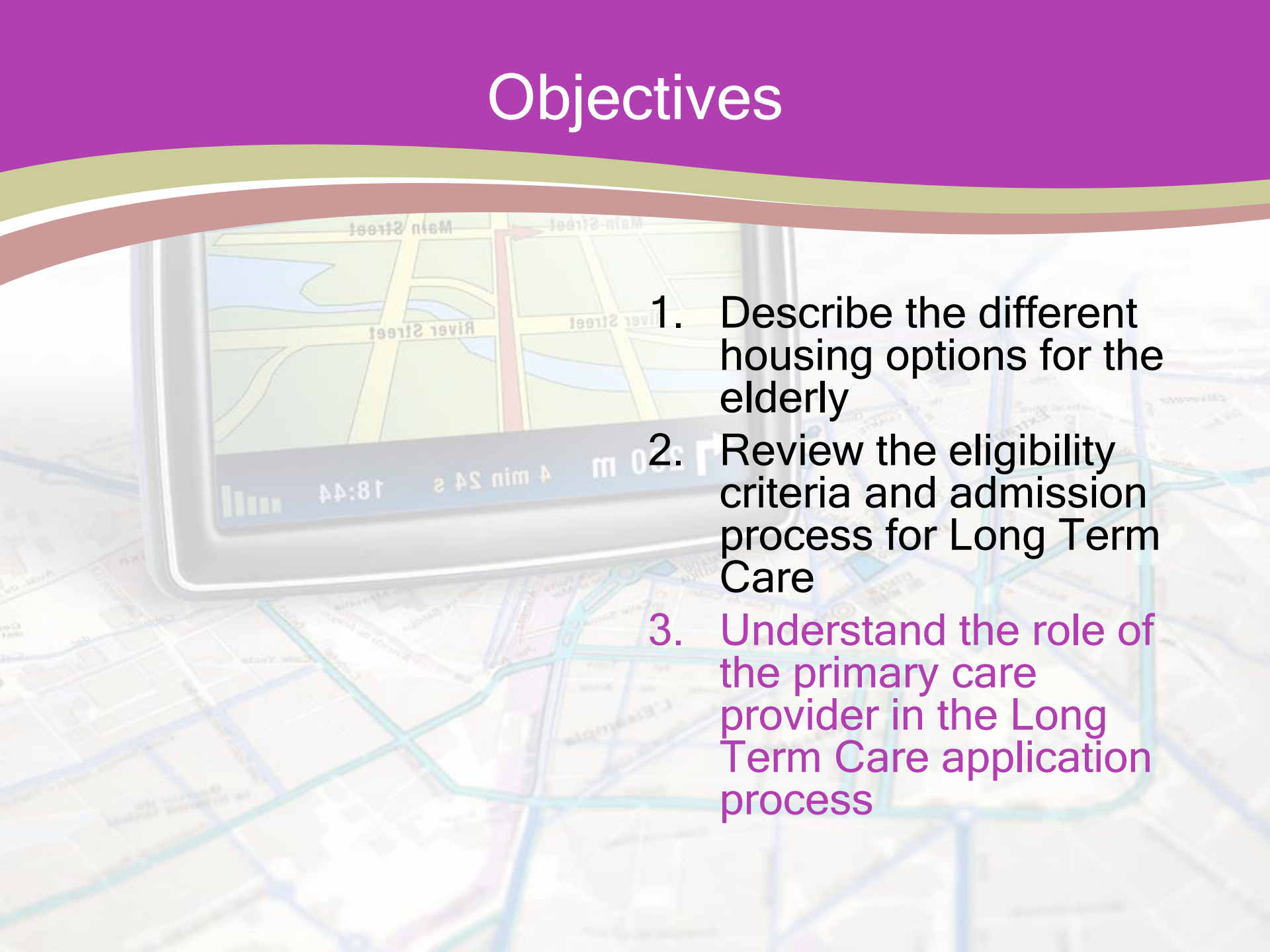
- Supplementary information required to determine if the client is appropriate/eligible for LTC placement (eg. Consult to GPAT)
- When application is approved, original panel date used

Mrs. Jones

- What are the options for Mrs. Jones?
 - Assisted Living? Supportive Housing? PCH?
 - Need more information

Tip: Your opinion carries weight and should be given carefully

Objectives

- 
1. Describe the different housing options for the elderly
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Role of Primary Care Provider

- Liaise with Home Care Case Coordinator
- Advocate
- Assess underlying medical conditions
 - Optimize medical management
- Refer for further assessment as indicated
 - Interprofessional team approach
- Timely completion of Medical Data Form
- Awareness of resources/limitations in PCH

Top 5 Issues to Consider:

1

Functional Status

2

Cognition/Behaviours

3

Competency/Risk

4

Medical comorbidities

5

Social – finances, supports

1. Functional Status

- **Basic ADLS**
 - Bathing & Dressing, Assistance with Meals (Feeding), Ambulation/Mobility/Transfers, Elimination
- **Instrumental ADLs**
 - Medication, Cleaning, Laundry, Shopping, Food prep, Transportation (driving)
- **Home Care** - QID calls, bath assistance, cleaning + laundry, respite

2. Cognition/Behaviours

- Has cognition been assessed? Mood?
 - MMSE, MoCA
- If cognition impaired, what is the diagnosis?
 - Medical investigations as indicated
- Behaviours documented? Management plan?
 - GMHT/Geriatric Psychiatry

3. Competency/Risk



- Home Care Risk Policy
 - High, medium, low
- How do you measure risk?
 - Possible consequences
 - Associated uncertainties
 - **Risk is subjective**
- May vary with social or cultural group
- For those who are competent and can understand risk, choice is a right
 - Must accept some level of risk
- **Do they need a substitute decision maker?**

4. Medical Comorbidities

Can medical issues be managed in their housing destination?

- Chronic Care Indicators
 - ≥3 persons to assist with care (e.g. bariatric)
 - Feeding tube
 - ≥2 persons to assist with transfer/positioning
 - Specialized assistance with elimination
 - Professional intervention for suctioning/trach care/IV meds/complicated ulcer(s)/dialysis/respiratory treatments/frequent lab tests
 - Diseases requiring specialized intervention/monitoring (ALS, seizure disorder)
- Respiratory therapy and/or monitoring must be assessed by regional manager if:
 - Oxygen, CPAP/Bi-level Therapy, Ventilator, Tracheostomy, Aerosol treatments, dyspnea and/or anxiety, numerous ER visits/admissions

APPLICATION/ASSESSMENT FOR LONG TERM CARE

MEDICAL DATA TO BE COMPLETED BY PHYSICIAN, PHYSICIAN ASSISTANT or NURSE PRACTITIONER

Date of Examination: <table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td> </td><td> </td><td> </td></tr> </table> Must be current within 12 months											D	M	M	Y	Y	Y	Y				Client Phone: <table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>										
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1) WHAT IS THE MAIN MEDICAL REASON LONG TERM CARE IS REQUIRED? (check all that apply)

Cognitive Impairment
 Severe Mobility Impairment (despite reasonable attempts to diagnose, treat and rehabilitate)
 Other: _____

2) MEDICATION (drug, dose, route, frequency) (Avoid banned abbreviations)

3) ACTIVE DIAGNOSES IMPACTING FUNCTION OR REQUIRING TREATMENT (dates)

All abnormalities/acute processes must be supported by documentation/treatment plan

Must include documentation should further or ongoing treatment plan(s) no long er be required (eg: blood transfusions)

4) INACTIVE/PAST DIAGNOSES, SURGERIES

5) EXPLAIN ABNORMAL RESULTS & THERAPY RATIONALE (attach consult letters/discharge summaries).

6) DRUG ALLERGIES/SENSITIVITIES None If there are any, specify the reaction:

- Your patient **will not be accepted at panel** without a complete Medical Data form
- Opportunity to:
 - Review medications
 - Review ACP
 - Update immunizations
 - Discuss smoking cessation

APPLICATION/ASSESSMENT FOR LONG TERM CARE

- Must attach **CXR report**, or note the result
- MD/NP/PA must **sign the form**
- Tariff 8541/8542

<p>7) HAS THE PERSON COMPLETED ADVANCED CARE PLANNING GOALS OF CARE FORM OR A HEALTH CARE DIRECTIVE?</p> <p><input type="checkbox"/> No. If not, please consider doing so. <input type="checkbox"/> Yes. If so, please attach a copy of the document(s).</p>	<p>8) INFECTION CONTROL ISSUES <input type="checkbox"/> None</p> <p><input type="checkbox"/> C-Diff <input type="checkbox"/> ESBL <input type="checkbox"/> MRSA <input type="checkbox"/> VRE <input type="checkbox"/> Other</p> <p>If done, date of Tuberculin skin test: <input style="width: 100%;" type="text"/></p> <p>If done, date of Influenza vaccine: <input style="width: 100%;" type="text"/></p> <p>If done, date of Pneumococcal vaccine: <input style="width: 100%;" type="text"/></p> <p>If done, date of Tetanus: <input style="width: 100%;" type="text"/></p>																								
<p>9) COGNITION/COMPETENCY – assessed and documented:</p> <p>Baseline Score: _____ Date: <input style="width: 100%;" type="text"/></p> <p><input type="checkbox"/> MMSE <input type="checkbox"/> MoCA <input type="checkbox"/> Other</p> <p>Has competency assessment been done? <input type="checkbox"/> No <input type="checkbox"/> Yes, competent <input type="checkbox"/> Yes, incompetent. If yes, attach report.</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, provide</p> <p>Recent Score: _____ Date: <input style="width: 100%;" type="text"/></p> <p><input type="checkbox"/> MMSE <input type="checkbox"/> MoCA <input type="checkbox"/> Other</p>																								
<p>10) RECENT LAB INVESTIGATIONS – CXR required in last year – note result and date, or attach report:</p> <p>CXR - less than 1 year old Lab work - less than 6 months old Date: <input style="width: 100%;" type="text"/></p> <p>Attach any lab or diagnostic test results in past 6 months, if done: BUN/CR, Na/K, Hgb, Urinalysis, ECG, TST, Drug Levels (e.g. anticonvulsant), Other (e.g. TSH, HgbA1C, etc.)</p>																									
<p>11) SOCIAL FACTORS - history of alcohol or other substance abuse/dependence: <input type="checkbox"/> No <input type="checkbox"/> Yes: _____</p> <p>Past Smoking: <input type="checkbox"/> No <input type="checkbox"/> Yes Current Smoking: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide details of tobacco reduction plan: _____</p>																									
<p>12) OTHER</p> <p>Height: _____ <input type="checkbox"/> feet and inches <input type="checkbox"/> cm Weight: _____ <input type="checkbox"/> lb <input type="checkbox"/> kg Body Mass Index: _____ Date: <input style="width: 100%;" type="text"/></p>																									
<p>Print Name & Designation: _____ Signature: _____</p> <p>Date: <input style="width: 100%;" type="text"/> Address: _____ Phone Number: <input style="width: 100%;" type="text"/></p> <p style="text-align: right; font-size: small;">All medicals must be completed by a Physician, Nurse Practitioner or Physicians Assistant</p>																									
<p>FORM COMPLETION GUIDELINE & LEGEND:</p> <ul style="list-style-type: none"> • What is the main medical reason long-term care is required? Check all that apply. Most people enter long term care due to dementia, severe mobility impairment, or both. In the case of immobility, rehabilitation should be considered first. • Medication: List current medications, dose, route and frequency. Avoid banned abbreviations. • Active diagnoses impacting function or requiring treatment: There should be a current diagnosis for each medication. A single-word diagnosis should be supplemented with qualifiers and dates if relevant (e.g. 'stable angina' or 'MI 2003' rather than 'IHD'). • Inactive/past diagnoses, surgeries: List inactive past problems (e.g. remote cholecystectomy). • Explain abnormal results & therapy rationale: Explain abnormal test results, specialist recommendations, EDS criteria or confirmation of status, etc. Relevant failed therapies should be mentioned (e.g. Alzheimer disease – failed Donepezil; Clopidogrel post-stent, may discontinue June 20XX – or, Clopidogrel, stroke while on ASA). • Cognition/Competency: Check appropriate boxes. Cognition documented using objective tests if applicable (e.g. Mini-Mental Status Examination [MMSE], Montreal Cognitive Assessment [MoCA]), or another type of test). If 'Yes' is checked, provide a baseline score with date, as well as the most recent score with date, and add a check mark beside either MMSE, MoCA or Other to indicate which test was completed. • Recent Lab Investigations: The only investigation required is a Chest X-Ray (current within the last year/12 months); note the result here or attach a copy of the report. This is for Tuberculosis screening and baseline in the event of subsequent exposure to an active case. Also attach any other recent results such as those listed, in support of any active medical problems. • Social Factors: Check appropriate boxes and provide details of any tobacco reduction plan that may be in effect. • Other: Indicate the client's last recorded height, weight, and Body Mass Index. <table style="width: 100%; font-size: x-small;"> <tr> <td>ASA = Acetylsalicylic Acid</td> <td>ECG = Electrocardiogram</td> <td>K = Potassium</td> <td>MRSA = Meticillin Resistant Staphylococcus aureus</td> </tr> <tr> <td>BUN = Blood Urea Nitrogen</td> <td>EDS = Exceptional Drug Status</td> <td>kg = Kilograms</td> <td>Na = Sodium</td> </tr> <tr> <td>C-diff = Clostridium Difficile</td> <td>ESBL = Extended Spectrum Beta Lactamase</td> <td>lb = Pounds</td> <td>TSH = Thyroid Stimulating Hormone</td> </tr> <tr> <td>cm = Centimetres</td> <td>Hgb = Hemoglobin</td> <td>MI = Myocardial Infarction</td> <td>TST = Tuberculin Skin Test</td> </tr> <tr> <td>CR = Creatinine</td> <td>HgbA1C = Hemoglobin A1C</td> <td>MMSE = Mini Mental Status Exam</td> <td>VRE = Vancomycin Resistant Enterococci</td> </tr> <tr> <td>CXR = Chest X-Ray</td> <td>IHD = Ischemic Heart Disease</td> <td>MoCA = Montreal Cognitive Assessment</td> <td></td> </tr> </table>		ASA = Acetylsalicylic Acid	ECG = Electrocardiogram	K = Potassium	MRSA = Meticillin Resistant Staphylococcus aureus	BUN = Blood Urea Nitrogen	EDS = Exceptional Drug Status	kg = Kilograms	Na = Sodium	C-diff = Clostridium Difficile	ESBL = Extended Spectrum Beta Lactamase	lb = Pounds	TSH = Thyroid Stimulating Hormone	cm = Centimetres	Hgb = Hemoglobin	MI = Myocardial Infarction	TST = Tuberculin Skin Test	CR = Creatinine	HgbA1C = Hemoglobin A1C	MMSE = Mini Mental Status Exam	VRE = Vancomycin Resistant Enterococci	CXR = Chest X-Ray	IHD = Ischemic Heart Disease	MoCA = Montreal Cognitive Assessment	
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5. Social - finances, supports

- Who is supporting this person at home?
 - Are they willing/able to keep supporting this person?
- Home environment?
- Financial resources?
 - Assisted Living, Supportive Housing \$\$
 - PCH residential charge depends on income
- Do they have a POA?
 - Are they/should they be acting?



Manitoba Health, Seniors and Active Living

Get Started

Personal Care Services in Manitoba

Questions and Answers about Personal Care Services and Charges

Questions and Answers about Reduced Charges

▶ Residential Charge Calculator

Definitions

Forms

Personal Care Services Guide

Information Manual

Personal Care Services A Guide to Services and Charges in Manitoba

Residential Charge Calculator — 2016/2017

Rates in effect August 1, 2016 to July 31, 2017

This calculator is provided for estimating a residential charge. Click on one of the following options, based on your circumstances. Are you:

- [Single, widowed, divorced or separated?](#)
- [Married and your spouse/partner lives in the community?](#)
- [Married and your spouse/partner also resides in a health care facility?](#)

1: You are Single, widowed, divorced or separated

Please enter your information in both boxes below to calculate your Residential Charge.

Your Net Income * Line 236 of your 2015 CRA Notice of Assessment

Taxes Payable: * Line 435 of your 2015 CRA Notice of Assessment

*Please do not enter spaces

ALL FIELDS ARE MANDATORY. The information you enter is strictly for your personal use and will not be recorded.

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2: Married and your spouse/partner lives in the community

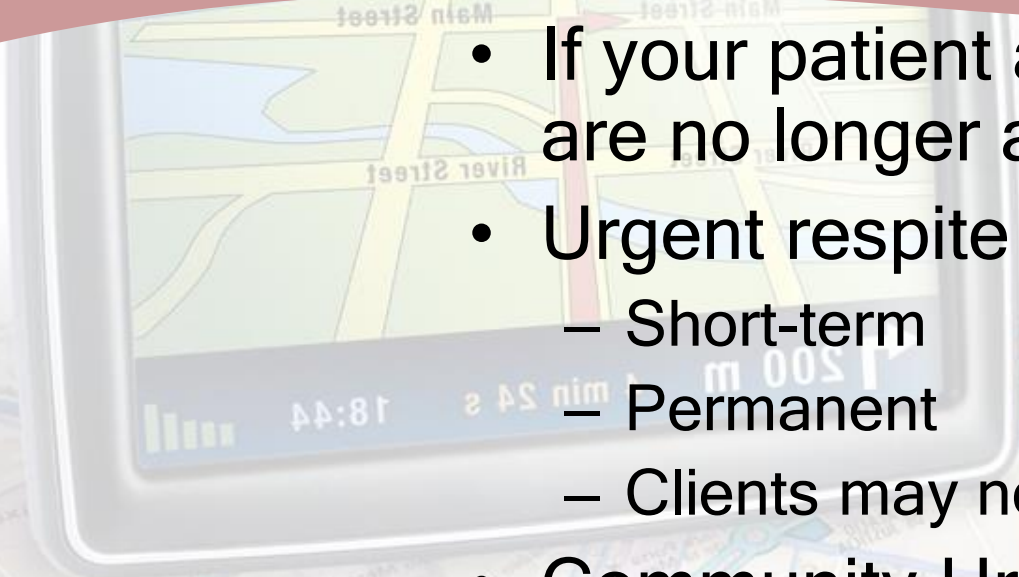
Please enter your information in both boxes below to calculate your Residential Charge if you are married and your spouse/partner lives in the community.

OPTION 2: Married and your spouse/partner lives in the community


Enter your information here*

Your spouse/partner's information

Detour?

- 
- If your patient and/or caregivers are no longer able to manage...
 - Urgent respite
 - Short-term
 - Permanent
 - Clients may not be paneled
 - Community Urgent status
 - Other resources
 - Private care
 - GPAT, PRIME

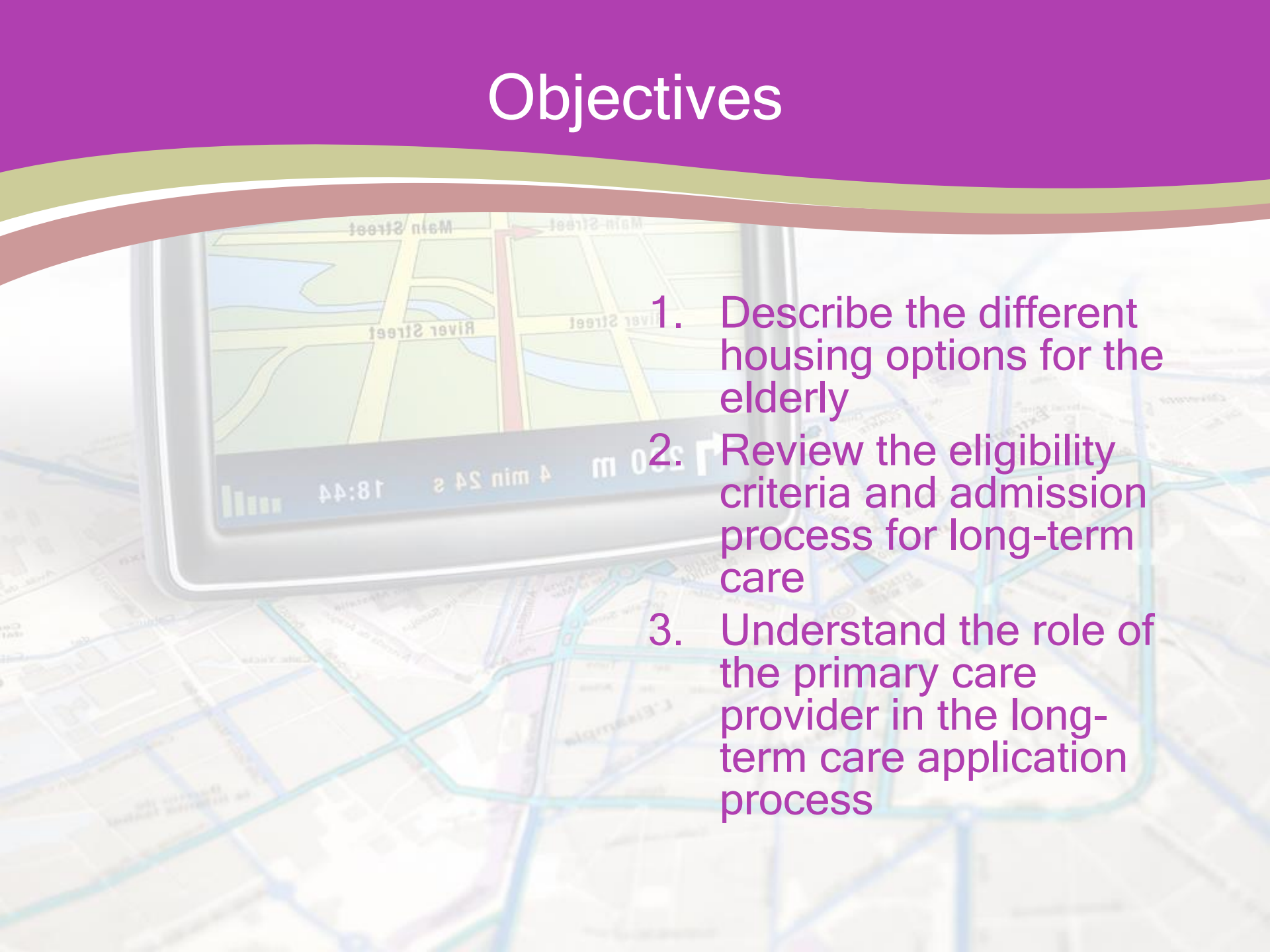
Not Sure? Help is Available!!

- 
- Home Care Case Coordinator
 - GPAT
 - GMHT
 - Geriatric Clinic/Day Hospital
 - St Boniface, Seven Oaks, Deer Lodge, Riverview Day Hospitals
 - Inpatient Geriatric Rehabilitation
 - Competency Assessment
 - Family physician
 - Geriatric psychiatry
 - Geriatrician

Mrs. Jones

- Assist for most ADLs, difficulty managing incontinence, impaired mobility/falls
- Assessed by GPAT + Geriatrician, MMSE 21/30, recommend PCH
- Limited informal supports in Winnipeg, maximum Home Care
- Mrs. Jones agrees to PCH
- Level 2N -> accepted at panel

Objectives

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 2. Review the eligibility criteria and admission process for long-term care
 3. Understand the role of the primary care provider in the long-term care application process

Take Home Messages

- Documentation from the primary care provider is crucial for Long Term Care placement

*Please provide as much information as possible
on the Medical Data Form*

- If you're not sure, ask!
 - Home Care Case Coordinator
 - GPAT/GMHT/Geriatrics/Geriatric Psychiatry

References

- WRHA website
- Manitoba Health website
- Panel Physician Manual, Long Term Care Access Centre
- Nancy Mohr, Educator/Specialist, Long Term Care Access Centre
- MedTalks: “Aging in Place or Aging in Different Places”, presentation by David Strang and Susan Vovchuk

Questions?

