

UPCOMING CHANGES TO RESIDENTIAL CARE ADMISSION & PLACEMENT PROCESSES

ALIGNED WITH THE NEW COMPLEX CARE CRITERIA

What is happening?

Optimization Strategies Underway

Acute Care, Home Health, Community Access, Assisted Living and Residential Care are collaborating to better align their services with Fraser Health's focus on supporting people at home and delaying the demand for institutionalized care.

What's changing? When?

Key Initiatives:

- 1. Retooling Admission** – through the redesign and implementation of more rigorous screening processes, including the creation of local Review Panels to assess RC eligibility aligned with new Complex Care Criteria;
- 2. Increasing Capacity** – through the redesign and implementation of more effective client-facility placement processes to better meet client care needs and better utilize current bed inventory;
- 3. Improving Training** – updated programs designed to ensure quality assessment of patients along with broader awareness and prioritization criteria related to the full range of care settings options outside of RC;
- 4. Engaging Stakeholders** – through a series of upcoming community information and multi-stakeholder engagement sessions;

Project Timeline:

- **Nov/Dec 2016:** Process Redesign
- **Feb/Mar 2017:** Pilot Site Testing
- **Spring 2017:** phased implementation roll-out process across the Health Authority

Who is leading?

A Collaborative Multidisciplinary Team

- **Home Health** committed to working with RC/AL and Acute Care, conducting quality assessments and exhausting home supports prior to considering RC;
- **Acute Care Staff & Physicians** collaborating with Home Health supporting patients at home first;
- **Community Access** committed to appropriately matching new residents to the best sites;
- **Residential Care** committed to delivering quality care to a variety of resident populations whose needs can't be met at home or in any other care setting.

Why are these changes needed?

Status Quo - Not a Sustainable Option

Inappropriate and/or premature placements in RC are costly, for both patients and the health system. This also affects current/projected RC bed shortfalls.

A proportion of current residents in Fraser Health RC facilities are less complex than those in other health authorities and provinces.

Furthermore, preliminary project findings indicate that 4%-5% (approx. 300-400 residents) of Fraser Health's current RC population could be cared for at home with support, in Assisted Living, or other congregate housing with care settings.

This would mean freeing up beds and further creating system capacity for individuals whose needs can't be met at home and truly need RC services.

We must think/act differently now.

Project Contact Information

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