

Guidelines for Admission and Placement in a Long Term Care Home

Personal Care	Intermediate Care	Extended Care	Dementia Care
Professional Care Providers: • HSW/Night Care Attendant - 24 hrs on-site • RN – weekdays, on call afterhours • SLP by referral via telehealth • OT/PT by referral through Regional Therapies or YHC • TA on-site during the day, Tuesday to Friday	Professional Care Providers: • NHA 24 hr on-site • LPN 24 hrs on-site • Access to an RN on days • NP on-site during days, 7-days/week • SW on-site during week-days • OT, PT, SLP, RA by referral during week-days • RT on-site during the day, Monday to Saturday • RTA/TA on-site during the day, Monday to Saturday or Monday to Sunday	Professional Care Providers: • NHA 24 hrs on-site • LPN 24 hours on-site • RN 24 hrs on-site • NP on-site during days, 7-days/week • SW on-site during week-days • OT, PT, SLP, RA by referral during week-days • RT on-site during the day, Monday to Saturday • RTA/TA on-site during the day, Monday to Saturday or Monday to Sunday	Professional Care Providers: • NHA 24 hours • LPN 24 hours • RN 24 hours on site • Evening staff to support sun-downing • NP on-site during days, 7-days/week • SW on-site during week-days • OT, PT, SLP, RA by referral during week-days • RT on-site during the day, Monday to Saturday • RTA/TA on-site during the day, Monday to Saturday or Monday to Sunday
Medical Conditions: • Medical condition is stable and managed without a 24 hr on-site RN or LPN • Medication assistance available	Medical Conditions: • Requires daily monitoring and/or professional care • May be complex but stable and appropriately & safely managed with an interdisciplinary care plan • Unscheduled professional/therapeutic assessments may be required to adjust the care plan and may include medication management • May require support for complex end-of-life care	Medical Conditions: • May be clinically complex with multiple disabilities or diagnoses with limited potential for rehabilitation • Requires 24 hour monitoring • Requires scheduled and unscheduled support, nursing and therapeutic interventions for complex care needs • Unscheduled assessments are often required to address changing care needs • May require peritoneal dialysis • May require support for complex end-of-life care	Medical Conditions: • Primary diagnosis of dementia • May require support for complex end-of-life care • Requires scheduled and unscheduled support for complex care needs, medication management and nursing interventions
Cognitive Status: • May have mild cognitive impairment but is behaviourally stable • May require unscheduled reassurance • No known risk of elopement but may wander—is easily redirected • No known risk of harm to self or harm to others	Cognitive Status: • May have mild to moderate cognitive impairment but is behaviourally stable • May require cueing, redirection and/or prompts • No known risk of elopement; may wander but is easily redirected • Minimal risk of harm to self or others	Cognitive Status: • May have mild to severe cognitive impairment but does not require a secure environment • No known risk of elopement; may wander but is easily redirected • Minimal risk of harm to self or others	Cognitive Status: • Moderate to severe cognitive impairment due to dementia and requires a secure environment • Requires 24 hour monitoring • May have behaviours which put themselves or others at risk
Functional Status: • Requires unscheduled personal care (some monitoring or assistance with ADLs such as bath, dress, groom) • May require special access to toilet due to wheelchair use • Self-toilets without reminders or has rare incontinence • Independently mobile with or without mechanical aids (must be non-motorized for indoor use) • Able to transfer without supervision • May have visual and/or hearing impairments • Able to express needs but may communicate with difficulty • May require support to ensure medical appointments are kept • May require special diet, simple in nature	Functional Status: • May require unscheduled support from transdisciplinary team • May require moderate assistance with the following ADLs: ▪ Dress, grooming, bathing ▪ Reminders/ routine toileting/urinary catheter to promote continence ▪ One person transfer assistance ▪ Therapeutic oral dietary supports • Independently mobile with or without mechanical aids • May require therapeutic services and or programs • May have enteral feeding tubes but requires minimal assistance or self-manages	Functional Status: • Requires extensive or total care on a daily basis • Requires assistance with ADLs which include but are not limited to: ▪ Transfers ▪ Nutrition and feeding ▪ Personal hygiene ▪ Supporting continence ▪ Mobilization • May require medication management • May have complex nutritional intake requirements • May require assistance with enteral feeding tube • May require therapeutic services and or programs	Functional Status: • Maximum dependence for support and monitoring • May require therapeutic services and or programs
Exclusion Considerations: • Requires intensive or extensive rehabilitation services • Two person transfer or mechanical lift transfers • Unstable or acute conditions. • Diets that require dietician support	Exclusion Considerations: • Requires intensive or extensive rehabilitation services • Two person transfer • Unstable or acute conditions	Exclusion Considerations: • Requires intensive or extensive rehabilitation services • Risk of elopement moderate to high • Unstable or acute conditions	Exclusion Considerations: • Requires intensive or extensive rehabilitation services • Those with mechanical aids will be assessed on a case by case basis



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Continuing Care

Requires intensive or extensive rehabilitation services			- Unstable or acute conditions - Requires extensive behavioral supports that cannot be supported in this environment
RAI-HC Outcome Scales Desirable Range: IADL: greater than 1 MAPLe: 2+ CPS: 0-1 CHESS: 0-1	RAI-HC Outcome Scales Desirable Range: IADL: 6 + MAPLe: 3 + CPS: 2+ CHESS: 2+	RAI-HC Outcome Scales Desirable Range: IADL: 12+ MAPLe: 4+ CPS: 2+ CHESS: 2+	RAI-HC Outcome Scales Desirable Range: IADL: 12+ MAPLe: 4+ CPS: 3+ CHESS: any score

Hospice Care
Professional Care Providers:
Medical Conditions: Diagnosed with an advanced stage, life limiting, terminal illness that requires end-of-life care Expected to have less than 3 months to live Must have a signed DNR order
Cognitive Status: Same as for Extended Care, except:
Functional Status: Same as for Extended Care Recreational therapy is not available
Exclusion Considerations: Receiving curative interventions and therapies that are intended to prolong life. Complex behaviours that have not been stabilized
Palliative Performance Scale Score of 50% or less