Central Community Support Services Network

Report on Assisted Living Service Delivery Best Practice Guidelines

A key initiative for 2009/10 is to identify and document best practices for Seniors Assisted Living (supportive housing) based on evidence gathered through a literature review (provincial, national, international).

To complete this work, an Advisory Group comprised of representatives from agencies within the Central Local Health Integrated Network (Central LHIN) which provide Assisted Living Services to seniors and adults with disabilities was established. This collaborative approach to the development of service delivery best practice guidelines act as a valuable learning instrument for leadership in agencies, as well as a means for promoting quality improvements and exchanging best practice ideas.

The agency self-assessment was distributed to all 18 agencies that provide assisted living services within the CLHIN (including programs serving seniors and people with physical disabilities). Fifteen of the 18 agencies completed the assessment and provided an action plan to address gaps in meeting best practice guidelines.

Promoting Excellence and Quality Improvement: In addition to complying with the Service Delivery Best Practice Guidelines, Assisted Living agencies are encouraged to participate in activities to keep current on changing standards and legislation and sector best practices.

Initial feedback: Agencies that provide Assisted Living Services to Adults with Physical Disabilities and completed the self-assessment indicated that some aspects of the guidelines were not applicable for them; because these agencies participated in the self-assessment, overall results do not reflect the accurate status of all Central LHIN agencies providing seniors services only.

Across Ontario, there exists a diverse array of service delivery models within the 'middle space' between the end of CCAC's scheduled care delivery model and placement into a LTCH (MOHLTC, 2009). The Ministry of Health and Long Term Care will be releasing a new policy on Assisted Living Services for High Risk Seniors in the spring of 2010. Thus, it has been requested that more work be done around the different models and expectations on Best Practices for each model taking into consideration this new policy when it is available.

Overall success - *Knowledge Transfer - Information Sharing*

The Self Assessment provides easy access to resources, tools, and creates a venue for knowledge exchange on areas including sample policies, forms and templates, i.e. Best Practice Policy on Suicide Prevention.

The Advisory Group identified that work on the development of Supportive Housing Best Practice Guidelines has been attempted in the past but never completed. There was much enthusiasm around meeting as a group and being able to share resources.

Training Gaps Identified

Conducting the Self Assessment among agencies assisted in identifying Best Practice training gaps. The following gaps are identified:

InterRAI CHA - Agencies that have yet to implement the InterRAI CHA assessment tool have indicated interest in acquiring information and assessing agency requirements for successful implementation.

For agencies that have already implemented the InterRAI CHA for assessment, a major concern was brought forward. Assessors are concerned with the over-assessment that clients must undergo if sharing services with the local CCAC. The Central Community Support Services Network (CSS Network) is working with CCIM to develop practices around sharing the InterRAI-HC information with local agencies as well as sharing the InterRAI CHA assessment with the CCAC's involved.

Referral and Coordination - Although 67% of agencies met the practice 'A written policy is in place regarding the referral of ineligible applicants to other service providers', it is imperative to note the importance of encouraging Coordination and Referral Services within and across agencies. Further work will be required to provide training around referral services as well as coordinating with external agencies such as Doorways to Care.

Leadership in Continuous Quality Improvement - The Advisory Group put forth recommendations for Assisted Living agencies and their management team. These include ensuring that agency leadership participate in actions that:

- result in the creation of new sector best practices
- demonstrate responsibility and commitment to meeting the needs of both the sector and its residents in a more effective way;
- facilitate the increased respect for and credibility of the sector;
- facilitate new and/or increased access to information, skills training and personal development that leads to better qualified, more knowledgeable and/or more effective employees both individually and collectively.

Areas Identified for Policy Review

Medication Management Best Practice Guideline: Consistent practices around Medication Management have been an ongoing challenge among CSS Network Agencies due to the lack of standards around the issue. A Medication Management pilot project was established in Year 1 with the Central CCAC, CHATS and CSS Network to support implementation of Medication Administration Best Practice guidelines as outlined by CSS Network on Adult Day Programs. The

purpose of the pilot was to provide information, tools and systems that are intended:

- To reduce medication errors in agency facilities
- To improve the quality of care and quality of life for adults receiving services
- To increase the acceptance eligibility for community Adult Day Programs
- To outline strategies for prescribing, dispensing, delivering, storing, administering and monitoring medications
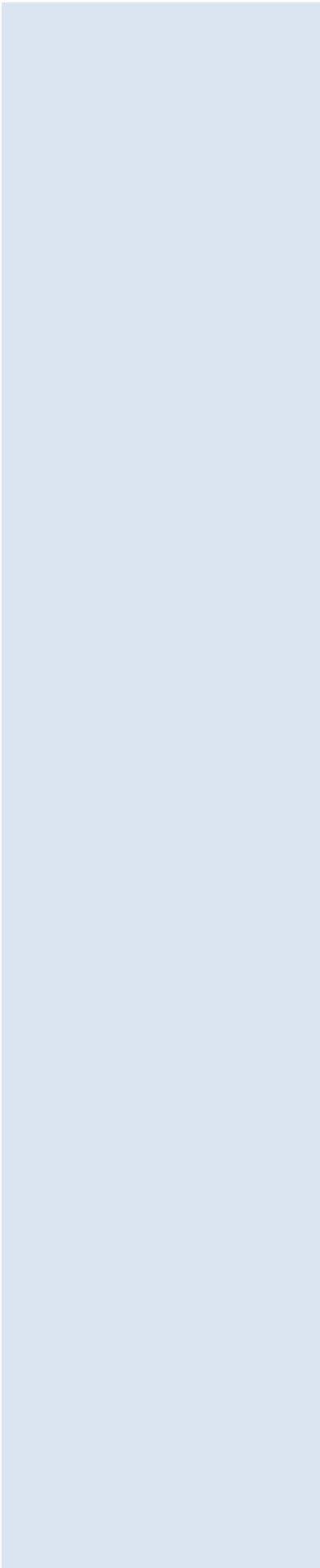- To reduce risk and professional liability

The Medication Management Pilot has been completed and a final report to address these needs will be communicated to the Central LHIN and Central CSS Network agencies.

The Good News

All 15 of the agencies met service delivery best practice guidelines with at least 80 per cent compliance rate. All agencies that provide Assisted Living services to seniors have committed to an action plan that is most suited for their organization around meeting unmet guidelines.

When the Advisory Group was first established, it was identified that there had been very little recent work around Assisted Living in Ontario. During the research phase, the Ministry began working on policy options to guide the development of assisted living/supportive housing initiatives in relation to the Aging at Home strategy. The policy options will consider a number of themes identified in a review of successful assisted living programs in other jurisdictions, including:

- Linkage/de-linkage to housing – new models are moving away from the traditional association to housing and are focusing on models that bring services to people at home (e.g., cluster care model)
- Level of care and flexibility of services – in Ontario, the current assisted living models for seniors tend to provide a lighter level of care than other Canadian provinces and do not always provide for 24 hour on call services or on site supports.
- Cost-sharing – while residents in most jurisdictions pay for their accommodation, assisted living recipients in some provinces and in Australia undergo an income test and are required to pay a fee for services beyond an established threshold.
- Clear eligibility criteria – in successful models, services are part of a continuum of care with defined eligibility criteria focusing on seniors with

physical and cognitive impairments. Assisted living services in Ontario are currently not integrated in a continuum of care.

- Centralized access – Many jurisdictions outside Ontario have a common entry point with multiple access channels to facilitate access with access centralized under a common authority.

- Coordination of care - The need for a valid, common assessment to support consistency in access and care planning and case management to help high risk seniors to navigate and optimize linkages and outcomes.

The CSS Network will forward a copy of these policy options once public documents become available and a decision to re-convene the Advisory Group will be needed.

General Service Delivery Best Practice Improvement Areas

1. Practice: Agency has a documented policy on Dealing with Suicide

|	
Yes	
Responses (5) Percentage (33%)	███████
No	
Responses (10) Percentage (67%)	█████████████
Total: 15	
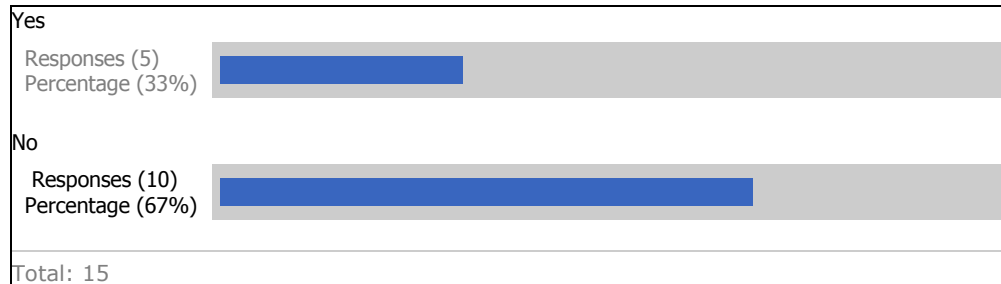
> *Action Plan:*   All 10 agencies not in compliance have committed to implementing a policy on Dealing with Suicide as well as training staff on the policy. A best practice policy was provided by CBI.

2. Practice: Agency conducts a random audit every six months of its client records to ensure they are complete, reliable and accurate

Agree Responses (9) Percentage (60%)	████████████
Disagree Responses (6) Percentage (40%)	████████
Total: 15	
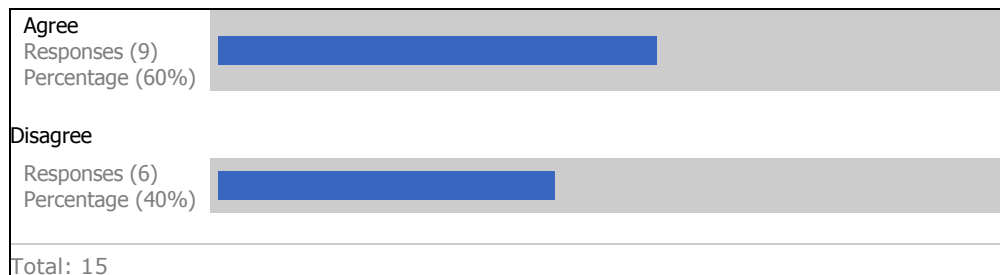
> *Action Plan:*   Agencies will agree to review internal policy and make revisions on meeting best practice.

3. Practice: Pertinent staff has taken the e-course "Serve-Ability: Transforming Ontario's Customer Service"

Agree Number (6) Percentage (40%)	████████
Disagree Number (9) Percentage (60%)	████████████
Total: 15	
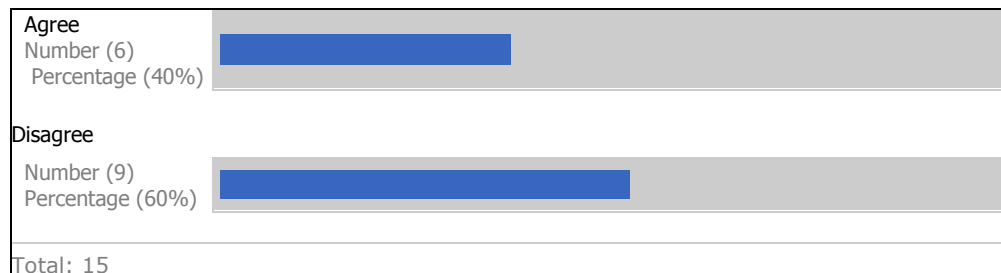
> *Action Plan:*   Due to recent launch of Serve-Ability program, agencies have not completed requirements. Most agencies have committed to completing by end of 2010.

Assisted Living Service Delivery Best Practice Improvement Areas

1. Practice: At time of referral, completed InterRAI-CHA's or RAI-HC personal health profiles are shared between CCAC and agency

Agree Number (1) Percentage (7%)	▇▇
Disagree Number (14) Percentage (93%)	▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇
Total: 15	
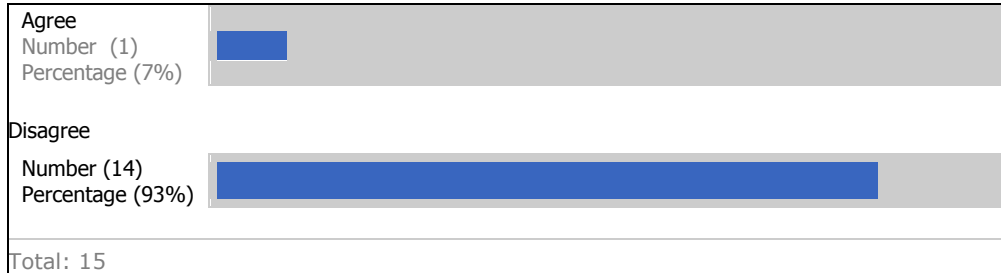
   Action Plan: CSS Network will work with CCIM to develop standards around sharing of information between CSS Network Agencies and local CCAC's.

2. Practice: Agency has policy in place to address same day service requirements (e.g. hospital discharge)

Agree Number (7) Percentage (47%)	▇▇▇▇▇▇▇
Disagree Number (8) Percentage (53%)	▇▇▇▇▇▇▇▇
Total: 15	
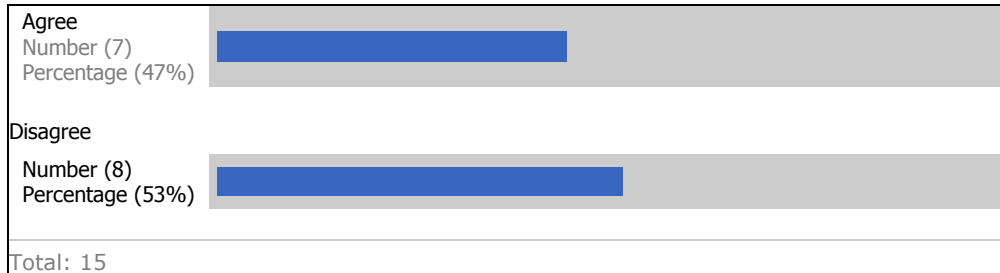
   Action Plan: Practice has been put forth to Best Practice Advisory group for recommendation in meeting compliance.

3. Practice: All medications are recorded on the safety and risk check list and updated at annual or follow-up reassessment visit.

Agree Number (8) Percentage (53%)	▇▇▇▇▇▇▇▇
Disagree Number (7) Percentage (47%)	▇▇▇▇▇▇▇
Total: 15	
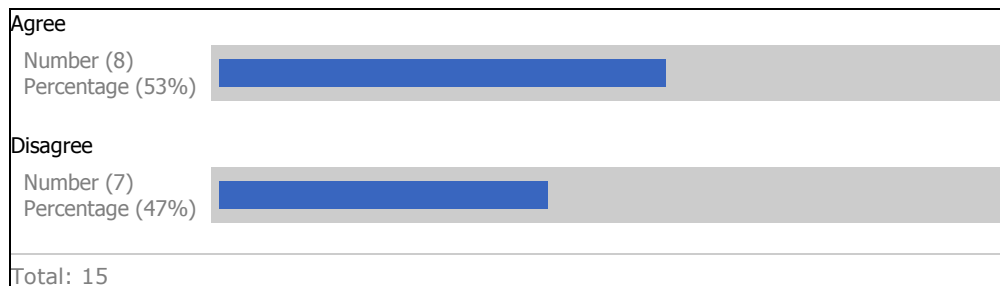
   Action Plan: CSS Network completing Medication Management Pilot with Central CCAC. Revised policy will be communicated to all Central CSS Network agencies

Agency Remarks:

'We require sector wide support and initiative that will enable the appropriate sharing of information between the CCAC and the CSS sector. Currently the sharing of Inter RAI-CHAs & RAI-HC is inconsistent often resulting in clients having multiple assessments.'

'CCAC Case Managers require consistent message regarding the sector's services & programs. Sector needs to encourage & assist the CCAC in developing an Information Sharing policy & procedures between themselves and the CSS Sector Using Best practices.'

'Our Assisted Living Program is brand new thus many policies, procedures and standards are not yet developed. It will be helpful if there's on-going networking opportunities is made available and information can be shared.'