

Long-Term Care Counselling Checklist for Hospital Patients

Patient name _____
(Last Name, First Name) _____ Health Card No. _____ Version Code _____

The purpose of this checklist is to ensure the patient - or power of attorney (POA), or substitute decision-maker (SDM) – receives counselling from our Care Coordinator about the most important factors involved in the patient’s placement in a long-term care home (LTCH). Each statement with a check mark beside it, below, applies to the patient’s situation.

At the end of this form, the patient, POA, or SDM provides their signature to acknowledge that we have provided this counselling to you. *Please keep this document for future reference.*

Contents

1) Planning for LTC Guide.....	1
2) Health Assessment.....	1
3) Smoking Policy	1
4) POA / SDM Documentation	2
5) LTCH Information and Special Needs	2
6) Short-Stay Interim Beds	2
7) Wait Times / Waitlists.....	2
8) Touring LTCHs	3
9) Number of LTCH Choices	3
10) Changes to LTCH placement for people in hospital who need ALC	3
11) Interim Placement	4
12) Cost, Subsidies and Financial Package	4
13) Application Requirements for Completion.....	4
14) Bed-Offer Process	4
16) Comments.....	5
17) Capable Patient / SDM / POA Signature & Information.....	5

1) Planning for LTC Guide

- I received the *Planning for LTC Guide* (also available on our public website at: healthcareathome.ca/champlain/en/care/patient/Documents/Publications/LTC_Planning).

2) Health Assessment

- I am aware that while in hospital, hospital staff complete my Health Assessments form to proceed with placement.
- I am aware that my Health Assessment results are valid for only three months.

3) Smoking Policy

- If I smoke, I understand the following:
 - LTCHs are not required to assist me with smoking.
 - If I need support to smoke, my visitors are responsible for assisting and/or supervise me.
 - To smoke, I need to get myself (without help from the LTCH employees) at least nine meters away from the LTCH property.
 - I am responsible for inquiring about nicotine replacement therapy with my primary care provider.
 - Nicotine replacement therapy is not financially covered by the LTCH.
 - It is my responsibility to verify directly with each LTCH what their smoking policy is.

Patient Name _____
(Last Name, First Name)

Health Card No. _____

Version Code _____

4) POA / SDM Documentation

- If as a capable patient, I want to make changes to my contact list, it is my responsibility to update that information on my *Application for Determination of Eligibility for LTCH Admission* form.
- If I'm found incapable to make LTCH decisions, I understand the following:
 - If I have a POA for Personal Care document, I am required to provide a copy of it to my Care Coordinator.
 - If no POA for Personal Care document exists, an SDM will be determined, according to Ontario's Substitute Decision Maker Hierarchy. For more information on the hierarchy, see page 6 of *Making Substitute Health Care Decisions from the Ontario Office of the Public Guardian and Trustee* at attorneygeneral.jus.gov.on.ca/english/family/pgt/ISBN-0-7794-3016-6.pdf.
 - I understand that my Care Coordinator requires the address(es) of the SDM(s) or POA(s) for Personal Care.

5) LTCH Information and Special Needs

- I received the following information:
 - Location
 - Accommodation types
 - Any special needs (i.e., secure unit, cultural designation)
 - Bed types (i.e., dialysis, veterans' priority-access beds, specialized veteran beds, short-stay interim beds.)
 - How to access important information online, including:
 - Individual LTCHs using champlainhealthline.ca.*

- Ontario Health's performance reporting on LTCHs at: hqontario.ca/System-Performance/Long-Term-Care-Home-Performance.*
- Ontario government's overall LTCH process and complaints process at: ontario.ca/page/long-term-care-ontario.*

6) Short-Stay Interim Beds

- I am aware of the following regarding short-stay interim (SSI) beds:
 - I am able to choose up to five SSI beds in LTCHs.
 - These choices are in addition to any of my permanent LTCH choices.
 - SSI beds are only accessible from hospital alternate level of care (ALC)-LTC patients. They are not available from the community.
 - They are temporary beds, and there is no option for me to permanently remain in one.
 - If I want to stay permanently in the same home as my SSI bed, I must identify this LTCH as one of my permanent choices and will join that waitlist.
 - I must always keep at least one permanent LTCH choice open while in the SSI bed.

7) Wait Times / Waitlists

- I am aware of the following:
 - LTCH wait times differ based on a number of factors including gender, types of rooms / accommodations or secure vs. non-secure units.
 - To support my transition from the hospital setting, the hospital encourages me to

Patient Name _____
(Last Name, First Name)

Health Card No. _____

Version Code _____

choose LTCHs with empty beds or short waitlists.

- To find the waitlist information for the LTCHs I am interested in, I need to contact my Care Coordinator.

8) Touring LTCHs

- As part of my process to choose LTCHs, I was advised to:
 - Visit / tour the LTCHs I am considering.
 - Use Champlainhealthline.ca to find and explore each LTCH's website, including viewing photos of the home.
 - Review the comparison chart available in the *Planning for LTC Guide*.

9) Number of LTCH Choices

- I understand that I may:
 - Choose a maximum of five LTCHs.
 - Make changes to my choices at any time, with the following conditions:

Within six weeks of signing my initial *LTCH Choice List*, if I want to change my LTCH choices: any new choice(s) are backdated to the waitlist date of when HCCSS receives the initial list.

After six weeks of signing my initial *LTCH Choice List*, if I want to make changes to my LTCH choices: my new choice(s) *will not* get a backdated waitlist date. They will have a waitlist date of when HCCSS receives the forms, confirming I made those choices.

10) Changes to LTCH placement for people in hospital who need ALC

- I am aware that:

Recently, the Ontario government implemented changes to LTCH placement through the *More Beds, Better Care Act, 2022*.

These changes enable the safe transition of people who no longer require treatment in hospitals to temporary care arrangements in LTCHs. The temporary care arrangements provide patients with the right care for their needs and a better quality-of-life while they wait for their preferred home(s).

- The hospital has informed me that I no longer require treatment in hospital, all other discharge options have been exhausted, and placement in a LTCH is the most appropriate care setting for me.
- If I do not consent, wish to participate or consider LTCHs with empty beds or short waitlists:
 - The new regulation enables my Care Coordinator to complete the following with or without my (or my SDM's) consent:*
 - Determine eligibility for admission to a LTCH
 - Select LTCH(s) that can meet my care needs and align with my (or my SDM's) expressed preferences and/or geographic parameters
 - Share my application and health information with LTCHs for the purposes of accepting or declining an application and expediting placement from hospital.
 - I (or my SDM) may provide consent during any stage of the process. If I wish to provide consent, I will contact my Care Coordinator.*
 - My Care Coordinator will continue to work collaboratively with me (or my SDM) to maintain a therapeutic relationship, and strive to consider my preferences when exploring additional LTCH choices.*

Patient Name _____
(Last Name, First Name)

_____ Health Card No.

_____ Version Code

11) Interim Placement

- I received and understand the following information:
 - Once admitted to a LTCH, I can choose to remain on the waitlist for my other choices. In this case, my first placement is considered an interim placement.
 - The LTCH that I selected as my first choice will remain waitlisted at a higher priority, and all of my other choices will be waitlisted at a lower priority.
 - I can modify the ranking of my choices at any time.

12) Cost, Subsidies and Financial Package

- I received information about the rates for LTCH, as indicated on the *LTC Choice List* form.
- I am aware that accommodation rates are subject to yearly increases.
- I am aware that subsidies or rate reductions are available for basic accommodation only, and that
- When applying for subsidy and at the time I am admitted into the LTCH, I need to bring my income tax Notice of Assessment.
- I can request a copy of the *Rate Reduction Application Package* from my Care Coordinator, or download it from Ontario's Ministry of LTC at:
health.gov.on.ca/en/public/programs/ltc/forms.
- After I am admitted to a LTCH, I am aware that changes in accommodation are managed by the LTCH.
- Before an internal transfer can be arranged, the LTCH I am admitted to may require that I temporarily remain in the semi-private / private accommodation.

13) Application Requirements for Completion

- My application for LTCH is considered complete only after I provide my Care Coordinator with all of these documents **completed, signed and dated**:
 - Health Assessment
 - Long-Term Care Choice List
 - Application for Determination of Eligibility for LTCH Admission.
- To determine my eligibility for LTCH placement, I must give my Care Coordinator the *Application for Determination of Eligibility for LTCH Admission* form as soon as possible. The form must be signed and dated by me (or my SDM).
- If my placement file is closed because I didn't submit the required documents in time, I can reapply when I am ready.

14) Bed-Offer Process

- When I (or my SDM) receive a bed offer by phone or during an in-person visit with my Care Coordinator, I am aware of the following:
 - I may receive a bed offer at any time for any of the LTCHs that I included in my application.
 - Based on provincial legislation, I have up to 24-hours to accept or refuse it.
 - If I am (or my SDM is) unreachable (e.g. away for vacation), we must inform my Care Coordinator and designate our replacement contact.
- Once I accept a bed, I am aware that:
 - I must move into the home as soon as possible. If my admission is delayed, bed-holding charges may apply to me (from the date the bed becomes available).

Patient Name _____
(Last Name, First Name)

Health Card No. _____

Version Code _____

- Depending on the LTCH, admissions are usually not possible on the weekend.
- To arrange my transportation to the LTCH, the hospital social worker may be able to help me.

- Once I have moved; a Placement Care Coordinator will contact me to determine if I still wish transfer to a home of my choosing.
- If I do not add other LTCHs for transfer *within the first six months* after my admission to my current LTCH, it means that my current LTCH has become my selected home.

15) Moving to a LTCH not of my choosing

- I am aware that, further to the changes cited in 10) above:
 - Once I or my SDM accepts a bed offer for a LTCH, I will have five days to move in.
 - I will advise my Care Coordinator at time of bed offer if I want to add or review choices currently on my waitlist.

16) Comments

17) Capable Patient / SDM / POA Signature & Information

Signature

Date

Printed name

Street Address Apt / Unit

City Province Postal Code

Care Coordinator Signature

Extension