Five Hills Health Region

Healthy People – Healthy Communities

ACCESS CENTRE

Five Hills Access Centre (FHAC) is a single point of entry for all Continuing Care Services including Home Care, Long Term Care, Palliative Care, Respite Care and Transition Care.

FHAC Intake Coordinator
Phone: 306-691-2090
Toll Free: 1-866-211-5696
Fax: 306-692-5758

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CONTINUING CARE SERVICES

Home Care, Respite Care, Palliative Care, Long Term Care, Convalescent Care

Many continuing care services provide community-based options to support a person's desire to remain at home for as long as possible. These services also help protect the health and well-being of family members who assist in providing care to their loved one at home.

Who can make a referral for services?

- Self
- Family members
- Neighbors or friends
- Physicians
- Health care professionals
- Other health regions

Referral for a service requires a full assessment by a Community Care Coordinator or Transition Coordinator (if in hospital) to determine what your care needs are and what service options are available to meet your needs.

There are standard criteria and different types of care provided by each service. All applications for beds are reviewed and approved by the Regional Continuing Care Access Committee (RCCAC) to ensure that people with the highest care needs and at highest risk of being institutionalized receive the services they need.

HOME CARE

Home Care provides health and personal support services that will assist the client to stay at home. All of the services are based on the assessed needs and a goal for service.

Services Available:

- Home Nursing
- IV Therapy
- Continuing Care Aide Services
- Respite
- Meals on Wheels
- Volunteer Services
- Physiotherapy, Occupational Therapy
- Palliative Care
- Wellness Clinics

ACCESS TO SERVICES

- **Call the Five Hills Access Centre (FHAC) Intake Coordinator at 306-691-2090 or toll free at 1-866-211-5696.**
- An assessment of your needs is required prior to the start of services.

HOME NURSING CARE

- Registered nurses provide a variety of services in the home under the direction of your doctor.
- Nursing visits are scheduled by priority of need. Visit times are approximate.
- There are no fees for nursing services.

CONTINUING CARE AIDE (CCA) SERVICES

- CCAs provide a wide range of services based on the assessment.
- Schedule of services may vary occasionally due to unforeseen events.
- The client must be at home when the service is provided.
- The client is responsible to provide necessary cleaning or personal care supplies for CCA.
- There is a cost for CCA services. Ask the Continuing Care Coordinator (CCC) for this amount.

All of our staff are registered or certified in their respective fields and are provided with ongoing training.

RESPITE IN HOME

- Respite services are available to families who cannot leave an individual unattended. Continuing Care Aides provide "relief" for caregivers for short periods of time. It can be regularly scheduled or as needed.
- Prior notice is required to set-up service.
- Not to be used to allow caregiver to go to work.

MEALS ON WHEELS

- Hot, nutritionally balanced meals are available, based on the assessed need.
- Meals in Moose Jaw are prepared by the Union Hospital. In rural areas they are prepared by a health facility or private provider.
- Meals are delivered by volunteers, Monday through Saturday, including statutory holidays. (Some variations in rural areas).
- The client **must** be home to receive the meal.

VOLUNTEER SERVICES

- Volunteers provide phone surveillance, companionship and practical assistance such as reading, grocery/personal shopping and transportation for medical appointments.
- Any reasonable request for volunteer services will be considered. Make your needs known by contacting your Community Care Coordinator.
- There is no fee for volunteer services.

PALLIATIVE CARE

- Referrals to the Palliative Care Program can be made by anyone calling the Five Hills Access Centre and will be reviewed by the Palliative Care Coordinator.
- Service availability may vary slightly throughout the health region.
- Palliative Care is the physical, emotional, social and spiritual care given to a dying individual and his or her loved ones where active treatment is no longer the goal. Such care may occur in a hospital ward or a long-term care institution, but is usually a service provided in the home.
- Five Hills Health Region's Palliative Care Services can help if it is your wish to die in the comfort and privacy of your own home with the support of your family. Physicians, nurses, continuing care aides, social workers and other healthcare professionals work together with you and your loved ones to make the last stages of life as meaningful as possible. We tailor help to your individual needs and offer on-going support throughout your terminal illness.
- Our goal is to relieve suffering and offer quality of life and personal dignity until death. If the time should come where transfer to a care facility is needed, your Palliative Case Manager will assist you to make as smooth a transition as possible

What services are provided by the Palliative Care Program?

- Physical, emotional, spiritual and social support for you and your loved ones.
- Assessment and coordination of services including Home Care and other agencies and institutions.
- Education for the dying individual and loved ones on palliative care and bereavement.
- Provision of certain dietary supplements, basic supplies (such as incontinence products), equipment needs (such as hospital beds, wheelchairs, commodes) and most medication expenses.
- Assistance with personal care and household chores, including meal preparation and laundry, by palliative trained home health aides.
- Respite for family members to provide them with a break from care giving.
- Consultation and coordination with other healthcare professionals, including physicians.
- Home Care Nurses available for ongoing care needs and for urgent health concerns.
- Volunteer services by specially trained Palliative Volunteers. This may include companion sitting, reading, music, writing, etc.

OTHER SERVICES

- Several Drop-In Wellness Clinics are available to rural residents. Dates and times vary.
- Palliative Care services are available to terminally ill clients. Staff is specially trained.
- Occupational therapy and physiotherapy are available in the home setting.

CANCELLATION OF SERVICES

- ***Please provide at least 24 hours notice to cancel services or you will be charged for visit.***
- *Contact the Home Care office if you must cancel by calling 306-691-2060.*

No Answer to Scheduled Visit by Home Care Staff

- *If there is no answer at the door for a scheduled visit, staff will phone or visit again as soon as possible the same day.*
- *If there is still no answer, staff will call the client's emergency contact number.*

HOME CARE OFFICES

Moose Jaw
131 1st Avenue NE (Crescent View Clinic)
Moose Jaw, SK S6H 0Y9
Phone: 306-691-2060

Assiniboia
501-6th Avenue East (Assiniboia Union Hospital)
Assiniboia, SK S0H 0B0
Phone: 306-642-9444

Office Hours:

- Monday to Friday, 8:30am to 4:30pm
- *Closed on Statutory Holidays & Weekends; Nursing and Continuing Care Aide Services may be scheduled seven days a week.*

After Hours:

- If possible, wait until the next business day.
- If urgent, leave brief message on the answering machine. Staff will return your call as soon as possible.

CLIENT FEES

- Fees are based on provincially established rates for each hour of service or meal. A meal is equal to one hour of service. Subsidies are available and are based on income. Income information will be updated annually.
- You will be billed for Continuing Care Aide Services, respite and Meals on Wheels. All other services are provided at no cost.
- If at least 24 hours notice is **not** given, the client will be billed for scheduled service.
- Bills are mailed monthly and are payable upon receipt, by mail, in person or by pre-authorized debit. If you are interested in the pre-authorized debit option, ask your coordinator or the office staff for the "Preauthorized Payment" form.

CLIENT RIGHTS

Clients have the right to:

- be treated with consideration, respect and full recognition of their dignity and individuality.
- fully participate in the assessment process.
- participate in the service delivery and make personal choices within the parameters of services available.
- receive safe, appropriate and timely service.
- appeal the service plan decisions.
- refuse service.
- live at risk.
- be referred to other appropriate services.
- freedom from abuse, neglect or exploitation from Home Care staff.
- be assured of confidential treatment of their care records and personal information.
- have a support person or advocate involved in their service.
- Clients or persons authorized to make health care decisions on behalf of the clients have the right to have their concerns heard, reviewed and where possible, resolved.

CLIENT RESPONSIBILITIES

Clients have the responsibility to:

- be at home for regularly scheduled visits.
- provide at least 24 hours notice of cancellation of a regularly scheduled visit.
- treat Home Care staff with respect and courtesy.
- maintain a safe and smoke/scent free environment while Home Care employees are present.
- advise the Home Care office about concerns on the quality of their service.
- to use equipment which is necessary for staff/client safety, in a safe and proper manner.

OCCUPATIONAL HEALTH & SAFETY

Home Care has a responsibility to comply with the Occupational Health and Safety Act and Regulations to ensure employees have a safe work environment. This applies to equipment used, harassment and abuse, as well as travel conditions. We ask for your cooperation in maintaining a safe, well lit entrance to your home and that you refrain from smoking while Home Care employees are present.

TRANSITION PROGRAMS

These programs offer temporary admission to a health care facility in FHHR.

Convalescence Care: when care needs no longer require acute care services but the person requires a period of convalescence to recover sufficiently to return home.

Palliative Care: when pain and symptom management or end stage care needs can no longer be met at home or in the community.

Waiting Placement Care: a person is approved for Long Term Care (LTC) placement and does not need hospital acute care services, but are unable to wait for their LTC bed at home.

Respite Care: when a caregiver requires temporary relief from care-giving.

TRANSITION PROGRAM SERVICES

- Personal care and nursing care
- Client and family support
- Laundry service
- All meals and nourishments
- Access to recreational activities and spiritual programs
- Limited diagnostic, physical therapy and occupational therapy
- Discharge planning

One or more of the Transition Program Services are provided at the following locations:

- Pioneers Lodge - Memory Lane East Wing (14 beds)
- Assiniboia Union Hospital (4 beds)
- Foyer d'Youville (1 bed)
- Providence Place - Guardian Grove (1 bed)

REFERRALS TO TRANSITION PROGRAM

- Referrals are made by calling the FHAC Intake Coordinator.
- Potential clients are assessed and presented by CCCs to the RCCAC *(see page 11)* for approval for admission to a Transition Program.

LENGTH OF STAY

- Each person receives an estimated length of stay based on their needs and care goals as identified by the RCCAC. These care goals are reviewed on an ongoing basis by the team of healthcare providers.
- Convalescent stay may vary from one to six weeks dependent upon the reason for the care.
- Palliative clients' length of stay will be reassessed on an ongoing basis and they will return to the community or transfer to LTC if their needs stabilize and they cannot return home.

- LTC clients waiting placement in a transition program bed are expected to accept the first LTC bed placement offered to them.
- Discharge home or to alternate care will occur as soon as the person reaches their potential.
- Clients who refuse the first available LTC bed will be discharged home.

DISCHARGE PLANNING

- Discharge planning will begin on admission to the Transition Program.
- A Community Care Coordinator will be assigned to each person admitted to a Transition Program, and will be the client's case manager.
- The Coordinator works with the person, family and the health care provider team to develop a plan for discharge.
- If a change in a client's condition requires transfer to hospital, the transition bed will be held up to 72 hours.

CHARGES FOR SERVICES

- The charge for any temporary stay is the minimum "LTC Resident Charge" set by Saskatchewan Health, and pro-rated for the length of stay.
- All costs for medications, incontinence products, grooming supplies and transportation are the responsibility of the client.
- The invoice for the stay and for incidental expenses is mailed out to the client/family by the FHHR or Foyer d'Youville following discharge.
- Clients admitted to a Transition Program bed must be admitted under care of a Five Hills Health Region physician, who has at least visiting privileges in that facility. This may mean choosing an alternate physician at time of admission.

MEDICATIONS

- For safety reasons, prescribed medication must be ordered from the pharmacies contracted by the facility. Initial orders must be filled by the contracted pharmacy and medications cannot be brought from home. All medication will be kept in the locked medication room and will be managed by staff.

CLIENT RESPONSIBILITIES

- All clothing and personal items should be marked with the client's name prior to admission.
- Client is responsible for jewelry, clothing, money and personal effects kept in his/her room. It is recommended to keep valuable items to a minimum.
- When going on outings, clients are expected to notify the staff of their destination and expected time of return.
- All transportation costs and arrangements to and from the facility are the client's responsibility.

- Clients can arrange temporary telephone and cable television hook-ups.
- All clients and their families must cooperate and participate in discharge planning.
- Scented products and heavily scented flowers/plants are not to be used in FHHR facilities.

RESPITE SERVICES

Respite Service is available at:

- Pioneers Lodge
- Craik Health Centre
- Assiniboia Union Hospital
- Central Butte Regency Hospital
- Providence Place
- Foyer d'Youville

WHAT IS RESPITE SERVICE?

- Respite service is temporary 24 hour/day institutional care in a LTC facility for a planned and agreed upon length of time for people who usually reside at home and who depend on family members for intermittent or continuous care.
- Respite is a service to support the individual's desire to remain at home in order to delay or prevent institutional placement.
- Respite helps to protect the health and well-being of the family members who provide the care. Respite helps extend the family members' ability to continue providing care by giving them periodic relief from the care giving responsibilities for specified periods of time.
- Respite may be approved for up to 30 days/year with no more than 2 weeks booked at one time. These days may be used by the individual through the course of the year to provide the care givers with several rest periods. Lengths of stay for emergency respite may vary in relation to the reason for admission.

REFERRAL AND ASSESSMENT PROCESS FOR RESPITE SERVICES

- All referrals for an assessment for respite services must be made through the FHAC Intake Coordinator.
- The Intake Coordinator asks for some basic information including the person's health number and sets up an appointment time. This information is given to the Community Care Coordinator who completes a home assessment.

ADMISSION CRITERIA FOR RESPITE

- The care provider requires temporary relief from care giving.
- The client is not a resident of a personal care home, group home or approved home.
- The client has a permanent residence and family agrees that he/she will be able to return to their residence at the end of the booked respite.
- The client may be waiting at home for their LTC facility of choice with their caregiver/s. The client can access respite as long as the caregivers are willing to take the client home to continue waiting LTC placement at the end of the booked respite.

- The client does not require acute care services or frequent medical interventions.
- Clients/families must be prepared to comply with the policies of the respite service facility including safety policies such as smoking regulations and use of mechanical lifts.

APPROVAL FOR RESPITE SERVICES

- The pertinent information needed to determine each person's care needs is presented to the RCCAC by the Community Care Coordinator.
- The RCCAC uses standard criteria to determine if the person's care needs are best met by respite services.
- The RCCAC ensures that across the entire health region, people with the highest care needs receive the appropriate services first.
- When approval for respite is received, the Community Care Coordinator notifies the client/ family and the Intake Coordinator. The CCC informs them of the number of days the client can access respite.
- The admitting LTC facility will ask the client/caregiver to sign an admission agreement for respite services. The agreement states that the family agrees to take the client home at the end of the agreed upon respite time. This is very important as other families are also booking respite time in the respite beds.

ADMISSION TO RESPITE SERVICES

- Admissions to respite care should occur during the day Monday to Friday and are booked through the FHAC Intake Coordinator.

LONG TERM CARE (LTC)

Individuals who require LTC services usually require significant assistance with personal care needs. Sometimes there is not much time for the person or the family to adapt to this sudden change in care needs. In other cases, there is a gradual decline in the person's ability to manage in a community based living situation.

ASSESSMENT FOR LTC

- The person being assessed or decision maker must understand and agree to having the assessment for possible LTC facility placement. The assessment is completed by a CCC in the person's place of residence, in the hospital, or in a transition bed.

APPROVAL FOR ADMISSION TO LTC

- The pertinent information required to determine each person's care needs is presented to the RCCAC by the CCC.
- Each application is reviewed by RCCAC using a standard set of criteria to determine if LTC is the most appropriate option.

- RCCAC ensures that all community based living options are considered prior to LTC placement and that across the entire health region, people with the highest care needs receive appropriate services first.
- RCCAC approves admissions to all LTC facilities in FHHR.
- The Community Care Coordinator will notify the person/family of the RCCAC decision. The coordinator continues to be the contact person for client/family.
- Individual/family can appeal the decision within 14 business days by requesting a appeal in writing and addressing it to: Chairperson, Regional Continuing Care Committee, Five Hills Access Centre, 131 1st Avenue NE, Moose Jaw, SK, S6H 0Y9

ACCEPTING A LONG TERM CARE BED

- Once approved for LTC the individual will be offered the next available LTC bed in FHHR.
- The individual is expected to accept the first available bed or wait at home for preferred facility.
- Individuals cannot wait in acute care for a LTC bed of choice when there are other LTC beds available within the health region. Acute care beds must be made available for people who are acutely ill and need the services of a hospital.
- Individuals cannot wait for a LTC facility of choice while in short stay transition beds when there are LTC beds available in the health region.
- As a result, someone may need to take a bed in another community until a LTC bed becomes available in the facility of their choice.
- Individuals may request a transfer to their facility of choice anywhere in the region at any time.
- Refusing to accept the first available LTC bed may result in discharge or financial penalties.
- Out of Region (OOR) residents may make an application for a LTC bed in FHHR and if approved, will be offered a bed when there are no FHHR residents available to fill existing vacancies. After a certain waiting period, the OOR resident is offered a LTC bed in the same chronological order as FHHR residents.

DISCHARGE FROM LTC

- Individuals may be discharged from LTC if their condition improves and their care needs are such that institutional care is no longer needed.
- The RCCAC reviews residents in LTC who no longer require this level of care, and recommend alternate living options to meet their needs. The Community Care Coordinator will work with the person and their family to arrange for a move back into a community based living situation. The client has a maximum of 60 days to find other living arrangements.

PHARMACY

- Each LTC facility contracts with different pharmacies. Please be aware that you may have to purchase a new supply of medications, if you transfer to another facility which contracts with a different pharmacy.

CHARGES FOR LTC

- When an individual is in hospital or a transition bed, waiting placement for a LTC facility, daily LTC bed charges begin the day the individual is approved for LTC. This fee is set by the Ministry of Health annually, and is income tested.
- Payments for LTC monthly rent, medical supply costs and trust accounts are made to the FHHR Finance Department and may be made automatically by pre-authorized payment through your bank or financial institution.

Note: Extendicare and Foyer d'Youville are affiliate agencies of the FHHR and as such, issue their own invoices for resident charges.

Smoking: FHHR does not allow smoking anywhere on FHHR property.

Scent Free Facilities: All FHHR facilities are scent free. The use of scented products and heavily scented flowers/plants is not allowed.

REGIONAL CONTINUING CARE ACCESS COMMITTEE (RCCAC)

RCCAC RESPONSIBILITIES

- Determine the transition needs and/or level of care of all applicants in a fair and consistent manner, using standardized guidelines and criteria.
- Make recommendations for the effective use of community and facility resources and programs (public and private).
- Meet on a weekly basis to review applicants.
- Recommend alternate living options for residents in LTC who no longer require this level of care.
- Ensure that all community based living options are considered prior to LTC placement.
- Ensure that people throughout Five Hills Health Region with the highest care needs receive priority service.
- Accountability: RCCAC is accountable to the Senior Executive Director Operations, FHHR

RCCAC DECISIONS

- The FHAC Community Care Coordinator discusses RCCAC's decisions with the client/family. The coordinator continues to be the contact person and case manager for the client/family.

- **Appeals:** Disputes regarding decisions made by RCCAC may be addressed in writing to:

  Executive Director, Home Care Services/Chairperson
  c/o Five Hills Access Centre
  131 1st Avenue NE
  Moose Jaw, SK S6H 0Y9
  Phone: 306-691-2097 Fax: 306-692-5758

COMMUNITY BASED LIVING OPTIONS

SENIORS HOUSING

- These are publicly owned housing units that are subsidized. Most seniors' housing units will offer housekeeping, laundry, meals and emergency call services as options for their residents.
- Available in Moose Jaw, Assiniboia, Gravelbourg, Kincaid, Lafleche, Rockglen, Avonlea, Rouleau, Craik, Central Butte, Riverhurst, Chaplin and Elbow. These are listed in the Yellow Pages under Housing Projects.

ASSISTED LIVING FACILITIES

- These are privately run (for-profit) housing units. They offer meals, housekeeping and bedding/towel laundry services to their residents at a cost. Their goal is to assist people to remain independent in their own apartment within the facility as long as possible.

PERSONAL CARE HOMES

- These are privately run (for-profit and non-profit) homes that can vary from 6 beds to over 40 beds. Personal Care Homes (PCH) provide personal care services, meals and housekeeping services in a more home-like setting. People must be able to do their own grooming, eating and manage their incontinence. People need to be mobile enough to go to the dining room for meals. PCH must be licensed by Saskatchewan Health. PCH in Five Hills Health Region can be found in Moose Jaw, Assiniboia, Avonlea, Gravelbourg, and Central Butte.
- There is a PCH benefit through the Ministry of Health to the client's that qualify. PCH benefit form can be located online or at the PCH.

OTHER COMMUNITY BASED SERVICES

WHAT IS THE MAGUIRE CENTRE SOCIAL PROGRAM (MCSP)?

It is an adult day program which offers recreation, socialization, personal care, family support and education with nursing supervised care. The purpose is to assist clients to continue living in their own homes.

WHO CAN BENEFIT FROM MCSP?

- Individuals who live alone or with a caregiver and would benefit from outside activity and care.
- Clients who need care while their caregiver works. Individuals who are cognitively impaired. Part of the program is devoted to the care of those persons with cognitive impairment to provide respite and support for the caregiver.

Services provided:

- Nursing supervised care
- Entertainment, activity and socialization, crafts and games
- Personal care
- Individual and/or family counselling (important when placement is considered)
- Meals and snacks
- Respite for caregiver
- Exercise/conditioning

Referrals may be self initiated or generated by a family member, physician or allied health care worker by phoning Maguire Centre at 306-694-8855. A trial day is established to give a client and family members an opportunity to decide if the program meets their needs. Attendance days are determined by the client and/or their family in collaboration with the Maguire Centre staff and depending on space available.

Hours of Operation: Monday to Friday, 8:00am to 6:00pm; closed on statutory holidays.

Cost of Program: Program fee applicable.

Transportation: Individuals are free to make their own transportation arrangements or if the Handibus is needed, arrangements are made through the Maguire Centre. If you have any questions, please call 306-694-8855.

Scent Free: Maguire Centre is a scent-free facility. Please refrain from using perfume when visiting.

Five Hills Health Region

Healthy People – Healthy Communities

Notes & Numbers:

Corporate Office
306-694-0296
Toll Free: 1-888-425-1111
Email: inquiries@fhhr.ca

Quality of Care
306-694-0294

HealthLine 811
HEALTHLINEONLINE.CA