Short-Stay Respite Program in Long-Term Care Homes

Counselling Checklist for Patients in the Community

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

The Short-Stay Respite in Long-Term Care Homes (SSR-LTCH) program includes important features that participants or their designate need to understand.

During the required counselling, the Care Coordinator uses this checklist to ensure the capable patient (patient), Power of Attorney (POA), or Substitute Decision Maker (SDM) fully understands the program.

For your future reference, **please keep this document**.

Contents

1) Required Documents & Expiry

☐ Within three months of my assessment with my Care Coordinator, I must submit the completed, signed and dated documents below to determine my eligibility and apply for the program:

a) Health Assessment from my primary care provider

b) Application for Determination of Eligibility for Long Term Care Home Admission

c) Short Stay Respite-Long Term Care Home Choice List.

☐ Once I am accepted into the program, my Care Coordinator will complete my needed reassessments for my continued participation:

- Prior to every stay and when I make additional bookings, the required assessments must not be older than three months.
- If more than three months have passed since my last assessment, I need to call my Care Coordinator to review my bookings and application status.

2) Primary Care Provider Health Assessment

☐ I am responsible for:

- Ensuring I get a completed Health Assessment from my primary care provider for my initial application.
- Emailing, mailing or faxing my completed Health Assessment to my Care

Coordinator, if not already done by my primary care provider.

3) Smoking Responsibilities

☐ 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 supervising me.
- Each time I want to smoke – and without help from the LTCH's staff - I need to get myself at least nine meters away from the LTCH property.
- If I can no longer smoke safely, I am responsible for inquiring with my primary care provider about nicotine replacement therapy.
- Neither the LTCH nor this program cover the cost of nicotine replacement therapy.
- It is my responsibility to verify with each LTCH their smoking policy.

4) POA / SDM Documentation & Contact Information

☐ As a capable patient: if I want to change my contact list, it is my responsibility to notify my Care Coordinator who will make those changes on my Application for Determination of Eligibility for LTCH Admission form.

☐ If I have a POA for Personal Care document, I must provide a copy of it to my Care Coordinator. This is required should I be later found incapable of making decisions about LTC, including this program.

☐ If I have an SDM or POA for Personal Care, I must provide my Care Coordinator with their address(es) and phone number(s).

☐ If I do not have a POA for Personal Care document, the Care Coordinator will use Ontario's SDM Hierarchy to identify an SDM for me. For more information, I can refer to *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.

5) Availability / Bookings

☐ I understand the following:

- Available beds in the program are often basic or semi-private accommodation
- Each booking's minimum stay is 7 days and maximum is 60 days.
- Each calendar year, I can book stays within the program for a maximum of 90 days.
- Up to one year in advance, I can make bookings as long as all of my documents are current at the time I book.
- After we receive your completed application and mandatory forms, the Care Coordinator will contact you to finalize your bookings.

☐ I understand that the LTCH accepts or denies bookings:

- If the LTCH accepts my booking, my Care Coordinator will call me 21 days prior to ensure I still want it.
- If the LTCH denies my booking, my Care Coordinator will work with me to find a suitable alternative LTCH.

☐ If I have questions about booking availability, I will contact my Care Coordinator (not the LTCH).

6) Stays Longer than 30 Days & Home Care Impacts

☐ Should I have active home care services and decide to book an SSR stay for longer than 30 days, my home care file and all active and/or waitlisted services will be closed.

☐ If I want my home care services reinstated when I return home from my more than 30-day stay, I need to get reassessed to determine my needs.

- There may be delays in reinstating care and/or changes in providers and services that I am eligible for.
- Depending on the outcome of my reassessment, the services I need may be waitlisted.

7) Admission Information for Stays

☐ I must have and share with my Care Coordinator a contingency plan if the LTCH is unable to accommodate the booked respite stay (for example, during a communicable disease outbreak or other safety concerns at the LTCH).

☐ I am aware that admissions for stay(s) only occur on weekdays.

☐ If the patient has dementia and the caregiver is going away during the patient's stay: I understand I need to book the patient's stay at least two days earlier so they have time to successfully adjust before I leave.

☐ Due to safety concerns in the LTCH, I am unable to keep my medications in my room with me. Instead, during my stay, the LTCH will order and dispense my medications for me. I will be charged dispensing fees and must pay for medications not covered under the Ontario Drug Benefit program.

☐ To support the LTCH managing my medications, I must bring with me a list of my medications or their containers to provide the LTCH with my updated list. Once the LTCH has my list, any medications I brought will go back home with my loved one.

☐ If I have a wound during my stay, the LTCH's nurses will provide me with wound care. I must bring my own medical supplies.

8) Discharge from Stays

☐ I understand that I must return home at the end of my stay(s). Remaining in the LTCH is not an option.

9) Change Notifications

☐ If my condition or situation changes, I know to contact and update my Care Coordinator.

☐ If I need to change or cancel a booking: within seven days prior to my stay, I need to notify the program's Care Coordinator at 613.745.5525 x 5791.

10) Fees

☐ I understand the following:

- I pay only for room and board costs. Nursing and personal support costs are provided by the LTCH.
- I must pay for the entire stay on the day of admission through arrangements I make directly with the LTCH. If I leave prior to the expected end of my booking, the LTCH will reimburse me for the days I am not there.
- I am responsible for paying for any transportation to and from the LTCH, including for any appointments.

☐ I received information about the LTCH rates, as indicated on the SSR-LTCH Choice List form.

☐ Accommodation rates are subject to yearly increases, as determined by the Ministry of Long-Term Care.

11) Other important information

☐ For LTCHs with secure units, the LTCH determines whether the patient requires one.

☐ Before my stay, it is important to visit participating LTCHs to ensure they meet my needs (including room dimensions that support mobility aids, if needed).

12) Comments

13) Patient / POA / SDM Signature & Information

Signature	Date
Printed Name	Street Address Apt / Unit
Status	City Province Postal Code
Care Coordinator Signature	Telephone Extension