

Supportive Funding in Assisted Living Clinical Guidelines and Process

Principle:

Supportive Funding provides short-term, enhanced staffing for eligible clients with specific care needs that cannot be accommodated within existing staffing resources in Fraser Health Assisted Living.

Supportive Funding can be considered to ensure client and staff safety in the following situations:

- Transition back to assisted living from acute care
- Awaiting transition to Long-Term Care
- Palliative/end-of-life care (e.g. LPN support in the “last days”)
- Short-term convalescence (e.g. pneumonia, fracture)
- During an outbreak (e.g. gastrointestinal, respiratory) to support additional housekeeping
- Other extraordinary circumstances in consultation with FH AL Managers

NOTE: All Supportive Funding requests must be pre-approved by Assisted Living Services in order to receive reimbursement. In rare circumstances when urgent supportive funding hours are required on evenings or weekends, the AL Provider proceeds with hours and notifies FH AL Clinician on next business day.

Clinical Considerations:

The Assisted Living Provider and Fraser Health Assisted Living Clinician discuss the need for Supportive Funding, including the following considerations:

- What is extraordinary about this situation? (Is it client-related or system/workload-related?)
- What is needed specifically? (What are the tasks required, when is the help needed, for how many minutes or hours per day and until what date?)
- Is this a temporary or permanent requirement? If permanent, consider a re-assessment for acuity funding level change
- If appropriate for the type of Supportive Funding task, such as companion services, who/what else has been explored to provide partial or full support in this situation?
 - Client family or friends
 - Volunteers
 - Other (e.g. private pay for companionship only)

1:1 Supportive Funding Clinical Considerations:

If 1:1 Supportive Funding is required, the Assisted Living Provider and Fraser Health Assisted Living Clinician discuss:

- Is the client at high risk for falls? What can be done to mitigate the risk (e.g. hip protectors, bedside commode, hourly checks during the day/night)? Has a falls risk assessment been completed?
- Does the client wander and/or exit-seek?
- Is the client impulsive and unsafe to get up on his/her own?

- **Note: If 1:1 Supportive Funding is approved, AL staff is required to complete the *Behaviour Trending Worksheet* which provides a record of care during the authorized time period. Refer to [Appendix A: Behaviour Trending Worksheet – Assisted Living](#).**

Staffing Considerations:

- Can the current staffing complement provide the services within the workload? There is a certain amount of buffer in the staffing model and most situations should be able to be addressed by the usual staffing model. Consider:
 - Are the current average # of care minutes for that site extraordinarily high?
 - Are all units full at the moment?
 - Are any clients in hospital during this time or on social leave?
 - Is there some unusual clinical situation going on in the building? (e.g. influenza)
- If no one else can meet the need, what amount of staffing would be needed just for this situation, in addition to the presence of the regular complement of staff?
- Does the client require additional care aide or LPN support? **NOTE:** If LPN is required, supportive funding requires explicit consultation and approval by an AL Manager with a time-limited, frequently reviewed plan.
- Are there casual staff from the site that can provide this extra service if it is authorized? (this is preferable for consistency)
- If no, which external agency will be used and how will the communication happen around the service provision, authorization, and payment?
- For respiratory or gastroenteritis outbreaks: To assist with staff resource costs associated with respiratory illness in 3 or more tenants and/or staff within a 4 day period or with gastroenteritis in 3 or more tenants and/or staff within a 4 day period. Funding is limited to 4 hours per day to a maximum 20 hours total for care. Reimbursement is for staff resources beyond the regular daily scheduled staff coverage. AL Provider consults directly with AL Manager for supportive funding as change from normal conditions due to respiratory illness or gastroenteritis must be confirmed.

Supportive Funding Approval Process: Refer to [Appendix B: Supportive Funding Process Algorithm](#). All invoiced Supportive funding hours will be submitted monthly to the Fraser Health Assisted Living Manager using [Appendix C: Supportive Funding Invoice Form](#). All documents can be found on the AL Extranet.



BEHAVIOUR TRENDING WORKSHEET
Assisted Living – Guidelines for Use

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Client Name: _____
Suite: _____

Title: Behaviour Trending Worksheet - Assisted Living

Purpose: To assess and record the client's activities and behaviours every 30 minutes when 1:1 Supportive Funding is approved. Provides data to determine the client's pattern of behaviour and time the client displays these target behaviour(s) during approved 1:1 supportive funding blocks of time.

Client Population: Any assisted living client.

Responsible Person: Any member of the healthcare team can initiate and complete the behaviour trending worksheet. The nurse is responsible for analyzing worksheets and tools and documenting in progress notes every shift.

Worksheet Placement: Dependent on AL site preference e.g. in client's suite, client file, binder. This worksheet is not a permanent part of the client record.

Detailed Instructions For Use:

- Initiate Behaviour Trending Worksheet whenever client behaviour needs to be observed, tracked and trended over time.
- Select a corresponding number/behaviour descriptor from the behaviour key that best describes the client's behaviour.
- Record the number in the behaviour column provided under the appropriate date, time and initials. If behaviour is observed at in-between times, enter this time in the time column adjacent to closest corresponding time.
- Update and Communicate Care Plan: Nurse to communicate care plan and any revisions to the AL Clinician as needed.

Definitions:

Aggression: A term often interchanged with "violence" The term used by WorkSafe BC (2010) that applies in healthcare settings as it identifies behaviours that have potential to harm. Aggression refers to physical and/or verbal behaviours that are disruptive and/or pose threat of physical harm to self or others.

Agitation: Excessive motor activity with a feeling of inner tension and is characterized by a cluster of related symptoms including anxiety, irritability, motor restlessness and abnormal vocalization (Howard et al., 2001).
Eloping: Attempting to or leaving the unit without permission.

Wandering: meandering, aimless or repetitive locomotion that exposes the individual to harm; frequently incongruent with boundaries, limits, or obstacles (North American Nursing Diagnosis Association, 2009)

Reference

Howard, R., Ballard, C., O'Brien, J., & Burns, A. (2001). Guidelines for Management of Agitation in Dementia. International Journal of Geriatric Psychiatry, 16, 714-717.

North American Nursing Diagnosis Association (2009). Wandering. In NANDA-1 nursing diagnosis: Definitions and classifications. Philadelphia: Author

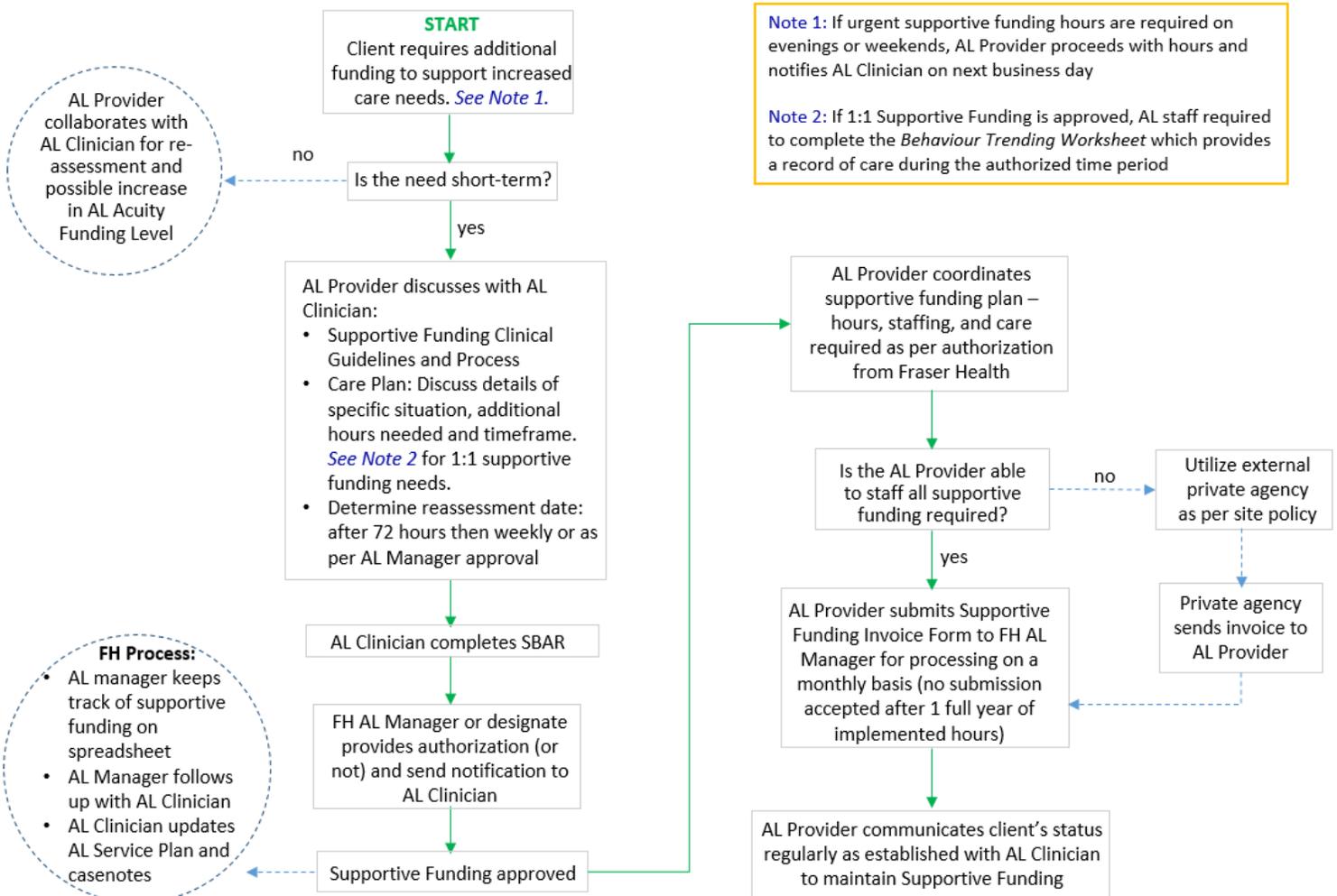
P.I.E.C.E.S. Consult Group (2010). Putting the P.I.E.C.E.S.™ Together. A learning resource for providers caring for older adults with complex physical and cognitive mental health needs and behavioural changes resource guide.

WorkSafe BC (2010). Dementia: Understanding risks and preventing violence. Retrieved June 13, 2012 from http://www.worksafebc.com/publications/health_and_safety/by_topic/assets/pdf/bki25.pdf

Original Acute: May 29/15
Adapted for AL: 30 Jan 2020

Appendix B: Supportive Funding Process Algorithm

Assisted Living Supportive Funding Process



Appendix C: Supportive Funding Invoice Form

ASSISTED LIVING SUPPORTIVE FUNDING INVOICE

Assisted Living Residence: _____ Invoice Date: _____

Address: _____

Additional staffing required for: (check only one)

Transition: Acute to AL
Transition: Home First

Transition: AL to LTC
Outbreak Support

Palliative Care
Other (please specify): _____

SERVICE START DATE	SERVICE END DATE	PARIS ID#	TENANT INITIALS	STAFF DESIGNATION	If Sub-Contracted Name of External Provider	HOURS / DAY	RATE / HOUR	TOTAL	
								External Agency (total cost)	Employee (total incl. benefits)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
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12									
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25									
26									
27									
28									
29									
30									
31									
TOTAL								\$0.00	\$0.00

Completed by : _____

Title: _____

E-mail address : _____

Date submitted: _____

FHA Approved by: _____ (printed name)

_____ (signature)

Date approved: _____

TOTAL INVOICE AMOUNT TO BE PAID
