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WORKING PAPER #92-10

**The Organization and Financing of Public and Private Sector
Long Term Care Facilities for the Elderly in Canada**

CHAPTER 8: SASKATCHEWAN REPORT

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*The Organization and Financing of Public and Private Sector
Long Term Care Facilities for the Elderly in Canada*

Chapter 8: Saskatchewan Report

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Preface

This report is one of ten provincial reports on long term care facilities for the elderly in Canada. The provincial reports are based on a nationwide survey of provincial ministries/departments of health and social services, long term care associations and university researchers. The survey was conducted during 1988 and 1989 and the information in the provincial reports reflect provincial contacts, data, guidelines and policies in 1988. Since updating this report would require an on-going survey of provinces, the information contained in these reports do not reflect any changes in each province which may have occurred since the survey was conducted. Although attempts were made to standardize the date for the collection and reporting of information, some information in the provincial reports were for different dates within the same reporting year.

Also available, but not part of this provincial report, is a national summary report (Report on Part 1: Survey of the Provinces) that describes in more detail the methods used in the survey and the comparative results after reconciling types of facilities and levels of care across provinces. It is highly recommended that the national summary report be used in conjunction with the individual provincial reports for more meaningful and accurate interpretation of the findings. A copy of the national report or copies of other provincial reports can be obtained from:

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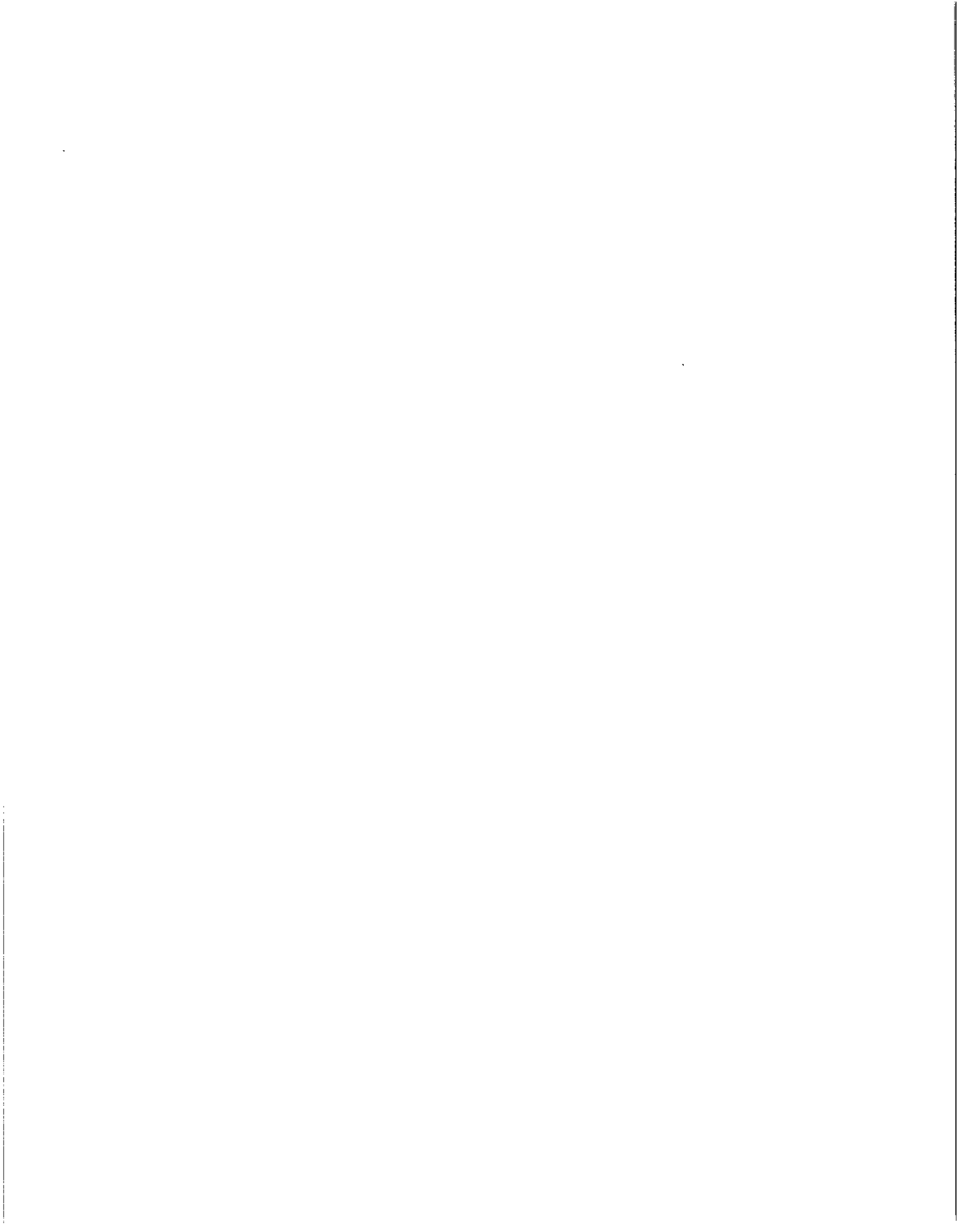
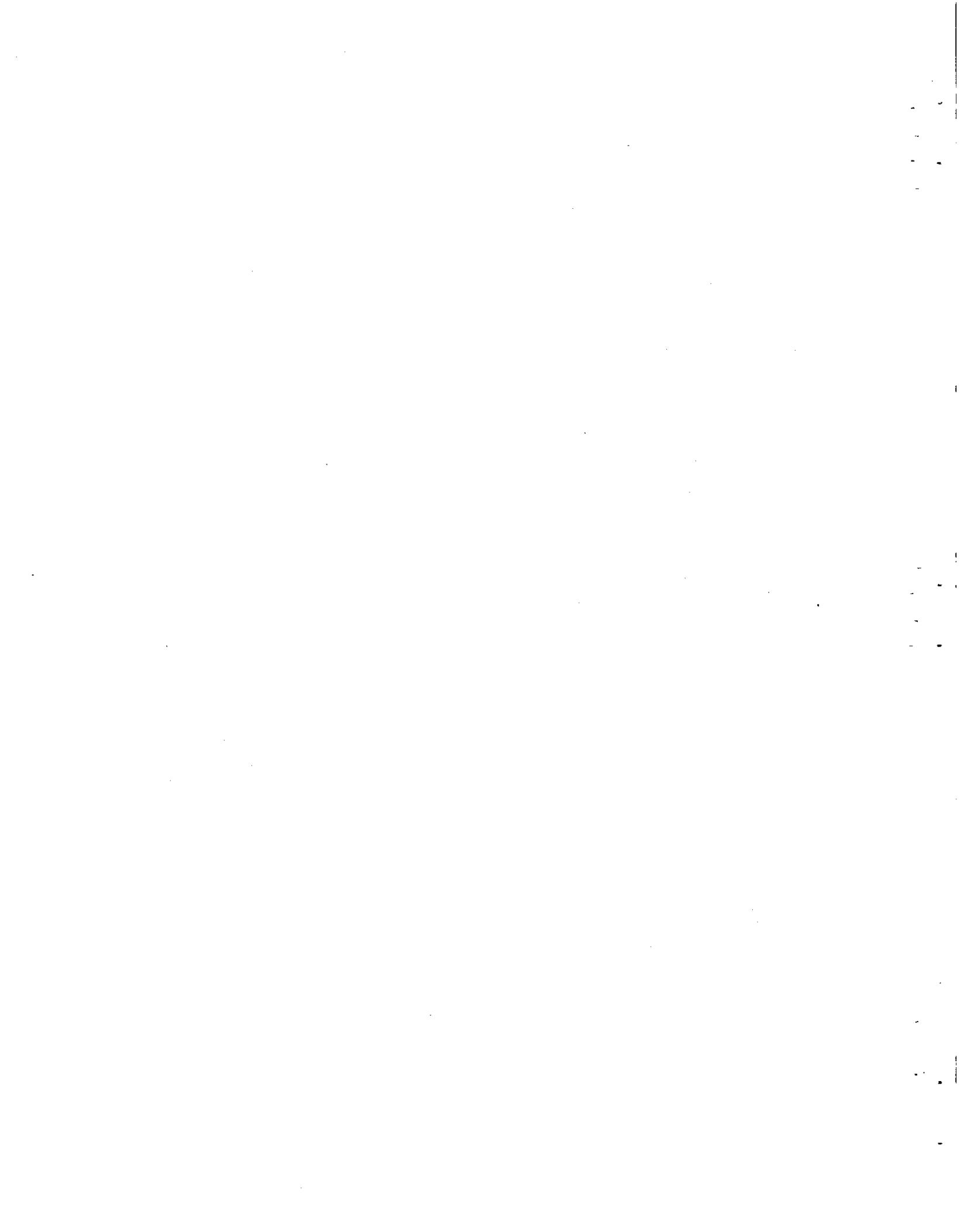


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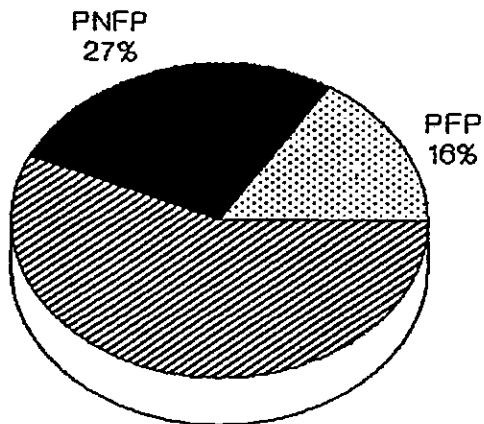
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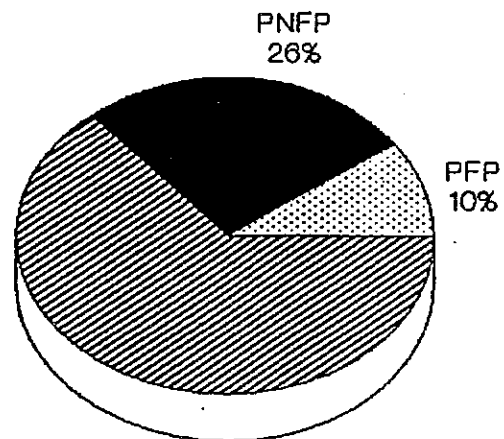
Loretta Fritz, Director, Educational Services

FIGURE 8.1

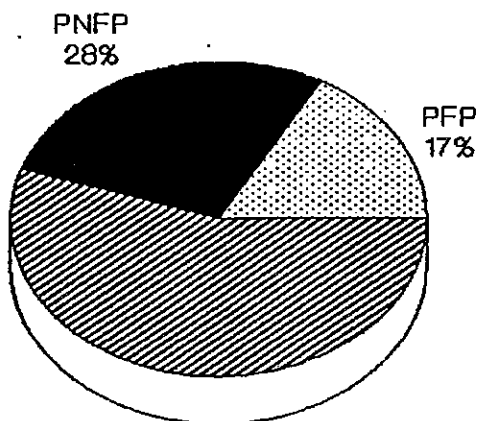
% OF RESIDENTS, RESIDENTS AGED 65 AND OVER, BEDS AND FACILITIES IN SASKATCHEWAN BY OWNERSHIP STATUS 1988



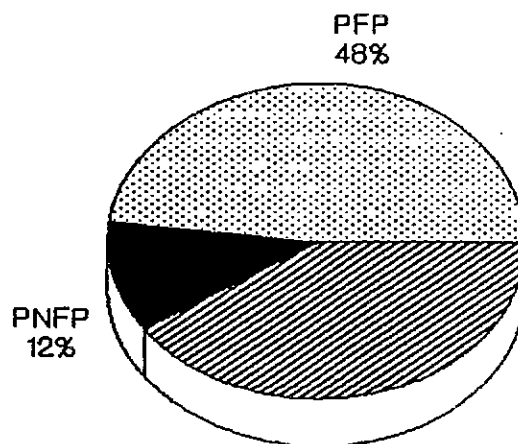
RESIDENTS, TOTAL
(n = 12,022)



RESIDENTS AGED 65 AND OVER
(n = 9,674)



BEDS, TOTAL
(n = 11,988)

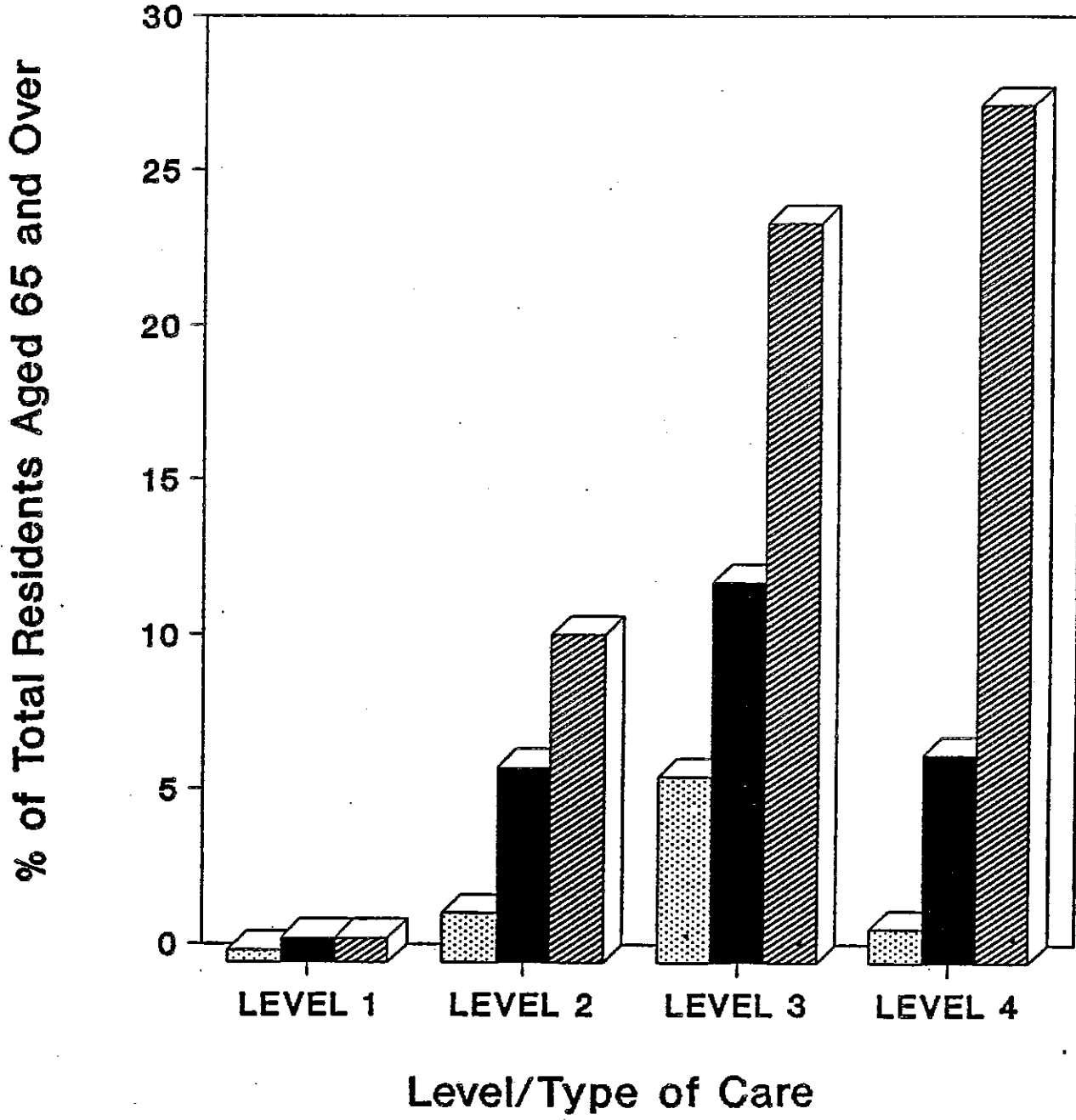





NUMBER OF FACILITIES
(n = 512)

PFP - Private-for-Profit
PNFP - Private-not-for-Profit

FIGURE 8.2

% OF SASKATCHEWAN RESIDENTS AGED 65 AND OVER (n = 9,497) BY LEVEL OF CARE AND OWNERSHIP STATUS OF FACILITY¹, 1988



-  Private-for-Profit
-  Private-not-for-Profit
-  Public

¹ Excludes 17 residents in Group Homes and 160 residents that were not classified by level of care.

TABLE 8.1

Number of Residents by Type of Facility and
Ownership Type, Saskatchewan, 1988

<u>Type of Facility</u>	<u>Ownership Type</u>			<u>Total</u>
	<u>Private- For- Profit</u>	<u>Private- Not-For- Profit</u>	<u>Public</u>	
Group Homes	- ¹	517	0	517
Approved Homes	1,200	0	- ²	1,200
Special Care Homes	732	2,770	5,673	9,175
Long Term Care Units in Public Hospitals	- ³	- ³	815 ⁴	815
Integrated Facilities	- ³	- ³	126	126
Psychiatric Hospitals	- ³	- ³	189	189
TOTAL	1,932	3,287	6,803	12,022

¹ Group Homes operate on a non-profit basis only.

² Approved Homes operate on a private basis only.

³ Public Hospitals, Integrated Facilities and Psychiatric Hospitals operate on a public basis only.

⁴ Includes long term care residents occupying acute care hospital beds.

TABLE 8.1a
Percentages¹

Residents by Type of Facility and
Ownership Type, Saskatchewan, 1988

<u>Type of Facility</u>	<u>Ownership Type</u>			<u>Total</u>
	<u>Private- For- Profit</u>	<u>Private- Not-For- Profit</u>	<u>Public</u>	
Group Homes	- ²	100.00%	0.00%	100.00%
Approved Homes	100.00%	0.00%	- ³	100.00%
Special Care Homes	7.98%	30.19%	61.83%	100.00%
Long Term Care Units in Public Hospitals	- ⁴	- ⁴	100.00%	100.00%
Integrated Facilities	- ⁴	- ⁴	100.00%	100.00%
Psychiatric Hospitals	- ⁴	- ⁴	100.00%	100.00%
TOTAL	16.07%	27.34%	56.59%	100.00%

¹ Percentages may not total 100% due to rounding errors.

² Group Homes operate on a non-profit basis only.

³ Approved Homes operate on a private basis only.

⁴ Public Hospitals, Integrated Facilities and Psychiatric Hospitals operate on a public basis only.

TABLE 8.2

Number of Residents Aged 65 Years and Over by Type of Facility
and Ownership Type, Saskatchewan, 1988

<u>Type of Facility</u>	<u>Ownership Type</u>			<u>Total</u>
	<u>Private- For- Profit</u>	<u>Private- Not-For- Profit</u>	<u>Public</u>	
Group Homes	- ¹	17	0	17
Approved Homes	300	0	- ²	300
Special Care Homes	655	2,539	5,303	8,497
Long Term Care Units in Public Hospitals	- ³	- ³	667 ⁴	667
Integrated Facilities	- ³	- ³	122	122
Psychiatric Hospitals	- ³	- ³	71	71
TOTAL	955	2,556	6,163	9,674

¹ Group Homes operate on a non-profit basis only.

² Approved Homes operate on a private basis only.

³ Public Hospitals, Integrated Facilities and Psychiatric Hospitals operate on a public basis only.

⁴ Includes long term care residents occupying acute care hospital beds.

TABLE 8.2a
Percentages¹

Residents Aged 65 Years and Over by Type of Facility
and Ownership Type, Saskatchewan, 1988

<u>Type of Facility</u>	<u>Ownership Type</u>			<u>Total</u>
	<u>Private- For- Profit</u>	<u>Private- Not-For- Profit</u>	<u>Public</u>	
Group Homes	- ²	100.00%	0.00%	100.00%
Approved Homes	100.00%	0.00%	- ³	100.00%
Special Care Homes	7.71%	29.88%	62.41%	100.00%
Long Term Care Units in Public Hospitals	- ⁴	- ⁴	100.00%	100.00%
Integrated Facilities	- ⁴	- ⁴	100.00%	100.00%
Psychiatric Hospitals	- ⁴	- ⁴	100.00%	100.00%
TOTAL	9.87%	26.42%	63.71%	100.00%

¹ Percentages may not total 100% due to rounding errors.

² Group Homes operate on a non-profit basis only.

³ Approved Homes operate on a private basis only.

⁴ Public Hospitals, Integrated Facilities and Psychiatric Hospitals operate on a public basis only.

TABLE 8.3

Number of Residents by Level of Care and
Ownership Type, Saskatchewan, 1988

<u>Level of Care</u>	Private- For- Profit	Private- Not-For- Profit	Public	Total
Level 1 - Supervisory Care	140	102	77	319
Level 2 - Limited Personal Care	618	678	1,066	2,362
Level 3 - Intensive Personal or Nursing Care	877	1,283	2,382	4,542
Level 4 - Long term Restorative or Extended Care	116	693	3,202	4,011
Temporary Care	0	14	76	90
Unknown ¹	181	0	-2	181
<u>Care in Facilities that do not Distinguish Levels of Care</u>				
Group Homes	-3	517	0	517
TOTAL	1,932	3,287	6,803	12,022

¹ 'Unknown' level of care was reported in Approved Homes only.

² Approved Homes operate on a non-profit basis only.

³ Group Homes operate on a non-profit basis only.

TABLE 8.3a
Percentages¹

Residents by Level of Care and
Ownership Type, Saskatchewan, 1988

<u>Level of Care</u>	Private- For- Profit	Private- Not-For- Profit	Public	Total
Level 1 - Supervisory Care	43.89%	31.98%	24.14%	100.00%
Level 2 - Limited Personal Care	26.16%	28.70%	45.13%	100.00%
Level 3 - Intensive Personal or Nursing Care	19.31%	28.25%	52.44%	100.00%
Level 4 - Long term Restorative or Extended Care	2.89%	17.28%	79.83%	100.00%
Temporary Care	0.00%	15.56%	84.44%	100.00%
Unknown ²	100.00%	0.00%	- ³	100.00%
<u>Care in Facilities that do not Distinguish Levels of Care</u>				
Group Homes	- ⁴	100.00%	0.00%	100.00%
TOTAL	16.07%	27.34%	56.59%	100.00%

¹ Percentages may not total 100% due to rounding errors.

² 'Unknown' level of care was reported in Approved Homes only.

³ Approved Homes operate on a private basis only.

⁴ Group Homes operate on a non-profit basis only.

TABLE 8.4

Number of Residents Aged 65 Years and Over by Level of Care
and Ownership Type, Saskatchewan, 1988

<u>Level of Care</u>	Private- For- Profit	Private- Not-For- Profit	Public	Total
Level 1 - Supervisory Care	40	76	75	191
Level 2 - Limited Personal Care	150	606	1,027	1,783
Level 3 - Intensive Personal or Nursing Care	581	1,190	2,313	4,084
Level 4 - Long term Restorative or Extended Care	106	651	2,682	3,439
Temporary Care	0	16	66	82
Unknown ¹	78	0	-2	78
<u>Care in Facilities that do not Distinguish Levels of Care</u>				
Group Homes	- ³	17	0	17
TOTAL	955	2,556	6,163	9,674

¹ 'Unknown' level of care was reported in Approved Homes only.

² Approved Homes operate on a non-profit basis only.

³ Group Homes operate on a non-profit basis only.

TABLE 8.4a
Percentages¹

Residents Aged 65 Years and Over by Level of Care
and Ownership Type, Saskatchewan, 1988

<u>Level of Care</u>	Private- For- Profit	Private- Not-For- Profit	Public	Total
Level 1 - Supervisory Care	20.94%	39.79%	39.27%	100.00%
Level 2 - Limited Personal Care	8.41%	33.99%	57.60%	100.00%
Level 3 - Intensive Personal or Nursing Care	14.23%	29.14%	56.63%	100.00%
Level 4 - Long term Restorative or Extended Care	3.08%	18.93%	77.99%	100.00%
Temporary Care	0.00%	19.51%	80.49%	100.00%
Unknown ²	100.00%	0.00%	- ³	100.00%
<u>Care in Facilities that do not Distinguish Levels of Care</u>				
Group Homes	- ⁴	100.00%	0.00%	100.00%
TOTAL	9.87%	26.42%	63.71%	100.00%

¹ Percentages may not total 100% due to rounding errors.

² 'Unknown' level of care was reported in Approved Homes only.

³ Approved Homes operate on a non-profit basis only.

⁴ Group Homes operate on a private basis only.

TABLE 8.5

Number of Licensed Beds by Type of Facility
and Ownership Type, Saskatchewan, 1988

<u>Type of Facility</u>	<u>Ownership Type</u>			<u>Total</u>
	<u>Private- For- Profit</u>	<u>Private- Not-For- Profit</u>	<u>Public</u>	
Group Homes	- ¹	517	0	517
Approved Homes	1,270	0	- ²	1,270
Special Care Homes	734	2,872	5,702	9,308
Long Term Care Units in Public Hospitals	- ³	- ³	560 ⁴	560
Integrated Facilities	- ³	- ³	128	128
Psychiatric Hospitals	- ³	- ³	205 ⁴	205
TOTAL	2,004	3,389	6,595	11,988

¹ Group Homes operate on a non-profit basis only.

² Approved Homes operate on a private basis only.

³ Public Hospitals, Integrated Facilities and Psychiatric Hospitals operate on a public basis only.

⁴ Refers to designated/set-up beds.

TABLE 8.5a
Percentages¹

Licensed Beds by Type of Facility
and Ownership Type, Saskatchewan, 1988

<u>Type of Facility</u>	<u>Ownership Type</u>			<u>Total</u>
	<u>Private- For- Profit</u>	<u>Private- Not-For- Profit</u>	<u>Public</u>	
Group Homes	- ²	100.00%	0.00%	100.00%
Approved Homes	100.00%	0.00%	- ³	100.00%
Special Care Homes	7.89%	30.86%	61.26%	100.00%
Long Term Care Units in Public Hospitals	- ⁴	- ⁴	100.00% ⁵	100.00%
Integrated Facilities	- ⁴	- ⁴	100.00%	100.00%
Psychiatric Hospitals	- ⁴	- ⁴	100.00% ⁵	100.00%
TOTAL	16.72%	28.27%	55.01%	100.00%

¹ Percentages may not total 100% due to rounding errors.

² Group Homes operate on a non-profit basis only.

³ Approved Homes operate on a private basis only.

⁴ Public Hospitals, Integrated Facilities and Psychiatric Hospitals operate on a public basis only.

⁵ Refers to designated/set-up beds.

TABLE 8.6

Number of Licensed Beds¹ by Level of Care and Ownership Type, Saskatchewan, 1988

<u>Level of Care</u>	<u>Ownership Type</u>			Total
	Private- For- Profit	Private- Not-For- Profit	Public	
Level 1 - Supervisory Care				
Level 2 - Limited Personal Care				
Level 3 - Intensive Personal or Nursing Care				
Level 4 - Long term Restorative or Extended Care				
Temporary Care				
Unknown ²				
<u>Care in Facilities that do not Distinguish Levels of Care</u>				
Group Homes				
TOTAL	2,004	3,389	6,595	11,988

BECAUSE SASKATCHEWAN DOES NOT LICENSE BEDS ACCORDING TO LEVEL OF CARE, DETAILED INFORMATION FOR THIS TABLE IS NOT AVAILABLE.

¹ All beds in Saskatchewan are classified as licensed beds with the exception of 765 beds within the Public sector. These beds are classified as designated/set-up beds.

² 'Unknown' level of care was reported in Approved Homes only.

TABLE 8.6a
Percentages¹

Licensed Beds² by Level of Care and Ownership
Type, Saskatchewan, 1988

<u>Level of Care</u>	<u>Ownership Type</u>			<u>Total</u>
	<u>Private- For- Profit</u>	<u>Private- Not-For- Profit</u>	<u>Public</u>	
Level 1 - Supervisory Care				
Level 2 - Limited Personal Care				
Level 3 - Intensive Personal or Nursing Care				
Level 4 - Long term Restorative or Extended Care				
Temporary Care				
Unknown ³				
<u>Care in Facilities that do not Distinguish Levels of Care</u>				
Group Homes				
TOTAL	16.72%	28.27%	55.01%	100%

BECAUSE SASKATCHEWAN DOES NOT
LICENSE BEDS ACCORDING TO LEVEL
OF CARE, DETAILED INFORMATION
FOR THIS TABLE IS NOT AVAILABLE.

¹ Percentages may not total 100% due to rounding errors.

² All beds in Saskatchewan are classified as licensed beds with the exception of 765 beds within the Public sector. These beds are classified as designated/set-up beds.

³ 'Unknown' level of care was reported in Approved Homes.

TABLE 8.7

Number of Resident Days by Type of Facility and
Ownership Type, Saskatchewan, 1987/1988¹

<u>Type of Facility</u>	<u>Ownership Type</u>			<u>Total</u>
	<u>Private- For- Profit</u>	<u>Private- Not-For- Profit</u>	<u>Public</u>	
Group Homes	- ²	188,705	0	188,705
Approved Homes	438,000	0	- ³	438,000
Special Care Homes	267,180	1,011,050	2,070,645	3,348,875
Long Term Care Units in Public Hospitals	- ⁴	- ⁴	297,475 ⁵	297,475
Integrated Facilities	- ⁴	- ⁴	45,990	45,990
Psychiatric Hospitals	- ⁴	- ⁴	68,985	68,985
TOTAL	705,180	1,199,755	2,483,095	4,388,030

- ¹ Calculated as the number of residents multiplied by 365 days.
- ² Group Homes operate on a non-profit basis only.
- ³ Approved Homes operate on a private basis only.
- ⁴ Public Hospitals, Integrated Facilities and Psychiatric Hospitals operate on a public basis only.
- ⁵ Includes long term care residents occupying acute care hospital beds.

TABLE 8.7a
Percentages¹

Resident Days by Type of Facility and
Ownership Type, Saskatchewan, 1987/1988²

<u>Type of Facility</u>	<u>Ownership Type</u>			<u>Total</u>
	<u>Private- For- Profit</u>	<u>Private- Not-For- Profit</u>	<u>Public</u>	
Group Homes	- ³	100.00%	0.00%	100.00%
Approved Homes	100.00%	0.00%	- ⁴	100.00%
Special Care Homes	7.98%	30.19%	61.83%	100.00%
Long Term Care Units in Public Hospitals	- ⁵	- ⁵	100.00%	100.00%
Integrated Facilities	- ⁵	- ⁵	100.00%	100.00%
Psychiatric Hospitals	- ⁵	- ⁵	100.00%	100.00%
TOTAL	16.07%	27.34%	56.59%	100.00%

¹ Percentages may not total 100% due to rounding errors.

² Calculated as the number of residents multiplied by 365 days.

³ Group Homes operate on a non-profit basis only.

⁴ Approved Homes operate on a private basis only.

⁵ Public Hospitals, Integrated Facilities and Psychiatric Hospitals operate on a public basis only.

TABLE 8.8

Number of Resident Days by Level of Care and
Ownership Type, Saskatchewan, 1987/1988¹

<u>Level of Care</u>	<u>Ownership Type</u>			<u>Total</u>
	<u>Private- For- Profit</u>	<u>Private- Not-For- Profit</u>	<u>Public</u>	
Level 1 - Supervisory Care	51,100	37,230	28,105	116,435
Level 2 - Limited Personal Care	225,570	247,470	389,090	862,130
Level 3 - Intensive Personal or Nursing Care	320,105	468,295	869,430	1,657,830
Level 4 - Long term Restorative or Extended Care	42,340	252,945	1,168,730	1,464,015
Temporary Care	0	5,110	27,740	32,850
Unknown ²	66,065	0	- ³	66,065
<u>Care in Facilities that do not Distinguish Levels of Care</u>				
Group Homes	- ⁴	188,705	0	188,705
TOTAL	705,180	1,199,755	2,483,095	4,388,030

¹ Calculated as the number of residents multiplied by 365 days.

² 'Unknown' level of care was reported in Approved Homes only.

³ Approved Homes operate on a private basis only.

⁴ Group Homes operate on a non-profit basis only.

TABLE 8.8a
Percentages¹

Resident Days by Level of Care and
Ownership Type, Saskatchewan, 1987/1988²

<u>Level of Care</u>	<u>Ownership Type</u>			<u>Total</u>
	<u>Private- For- Profit</u>	<u>Private- Not-For- Profit</u>	<u>Public</u>	
Level 1 - Supervisory Care	43.89%	31.98%	24.14%	100.00%
Level 2 - Limited Personal Care	26.16%	28.70%	45.13%	100.00%
Level 3 - Intensive Personal or Nursing Care	19.31%	28.25%	52.44%	100.00%
Level 4 - Long term Restorative or Extended Care	2.89%	17.28%	79.83%	100.00%
Temporary Care	0.00%	15.56%	84.44%	100.00%
Unknown ³	100.00%	0.00%	- ⁴	100.00%
<u>Care in Facilities that do not Distinguish Levels of Care</u>				
Group Homes	- ⁵	100.00%	0.00%	100.00%
TOTAL	16.07%	27.34%	56.59%	100.00%

¹ Percentages may not total 100% due to rounding errors.

² Calculated as the number of residents multiplied by 365 days.

³ 'Unknown' level of care was reported in Approved Homes only.

⁴ Approved Homes operate on a private basis only.

⁵ Group Homes operate on a non-profit basis only.

TABLE 8.9

Number of Facilities by Type of Facility
and Ownership Type, Saskatchewan, 1988

<u>Type of Facility</u>	<u>Ownership Type</u>			<u>Total</u>
	<u>Private- For- Profit</u>	<u>Private- Not-For- Profit</u>	<u>Public</u>	
Group Homes	- ¹	21	0	21
Approved Homes	238	0	- ²	238
Special Care Homes	7	38	102	147
Long Term Care Units in Public Hospitals	- ³	- ³	95	95
Integrated Facilities	- ³	- ³	10	10
Psychiatric Hospitals	- ³	- ³	1	1
TOTAL	245	59	208	512

¹ Group Homes operate on a non-profit basis only.

² Approved Homes operate on a private basis only.

³ Public Hospitals, Integrated Facilities and Psychiatric Hospitals operate on a public basis only.

TABLE 8.9a
Percentages¹

Facilities by Type of Facility and
Ownership Type, Saskatchewan, 1988

<u>Type of Facility</u>	<u>Ownership Type</u>			<u>Total</u>
	<u>Private- For- Profit</u>	<u>Private- Not-For- Profit</u>	<u>Public</u>	
Group Homes	- ²	100.00%	0.00%	100.00%
Approved Homes	100.00%	0.00%	- ³	100.00%
Special Care Homes	4.76%	25.85%	69.39%	100.00%
Long Term Care Units in Public Hospitals	- ⁴	- ⁴	100.00%	100.00%
Integrated Facilities	- ⁴	- ⁴	100.00%	100.00%
Psychiatric Hospitals	- ⁴	- ⁴	100.00%	100.00%
TOTAL	47.85%	11.52%	40.63%	100.00%

¹ Percentages may not total 100% due to rounding errors.

² Group Homes operate on a non-profit basis only.

³ Approved Homes operate on a private basis only.

⁴ Public Hospitals, Integrated Facilities and Psychiatric Hospitals operate on a public basis only.

TABLE 8.10

Percentage of Bed Occupancy by Type of Facility
and Ownership Type, Saskatchewan, 1988

<u>Type of Facility</u>	<u>Ownership Type</u>		
	Private- For- Profit	Private- Not-For- Profit	Public
Group Homes	-1	100%	-2
Approved Homes	95%	-2	-3
Special Care Homes	100%	96%	99%
Long Term Care Units in Public Hospital	-4	-4	99% ⁵
Integrated Facilities	-4	-4	98%
Psychiatric Hospitals	-4	-4	92%

- ¹ Group Homes operate on a non-profit basis only.
- ² Percentage of bed occupancy could not be calculated because there are no beds in this type of facility by this ownership type.
- ³ Approved Homes operate on a private basis only.
- ⁴ Public Hospitals, Integrated Facilities and Psychiatric Hospitals operate on a public basis only.
- ⁵ Does not include long term care residents occupying acute care hospital beds.

TABLE 8.11

Average Length of Stay (in days) by Type of Facility and
Ownership Type, Saskatchewan, 1988

<u>Type of Facility</u>	<u>Ownership Type</u>		
	Private- For- Profit	Private- Not-For- Profit	Public
Group Homes	-1	135	-3
Approved Homes	2,738	-3	-4
Special Care Homes	-2	-2	-2
Long Term Care Units in Public Hospitals	-5	-5	-2
Integrated Facilities	-5	-5	-2
Psychiatric Hospitals	-5	-5	3,650

¹ Group Homes operate on a non-profit basis only.

² These data were not available.

³ Average length of stay data was not available because there are no residents in this type of facility by this ownership type.

⁴ Approved Homes operate on a private basis only.

⁵ Public Hospitals, Integrated Facilities and Psychiatric Hospitals operate on a public basis only.

TABLE 8.12

Per Diem Payment by Type of Facility and Level of Care, Saskatchewan, 1988

Type of Facility	Total Per Diem Payment			Government Portion			Resident Portion		
	mean	min	max	mean	min	max	mean	min	max
<u>Group Homes</u>									
<u>Social Services:</u>									
Group Home Care	\$21.57	-1	-1	0	0	0	\$21.57	-1	-1
<u>Group Homes</u>									
<u>Mental Health:</u>									
Group Home Care	-1	-1	-1	-1	-1	-1	0	0	0
<u>Approved Homes</u>									
<u>Social Services:</u>									
Supervisory Care	\$14.13	\$14.13	\$14.13	0	0	0	\$14.13	\$14.13	\$14.13
Limited Personal Care	\$17.13	\$17.13	\$17.13	0	0	0	\$17.13	\$17.13	\$17.13
Intensive Personal Care	\$27.80	\$27.80	\$27.80	0	0	0	\$27.80	\$27.80	\$27.80
<u>Approved Homes</u>									
<u>Mental Health:</u>									
Supervisory Care	\$14.13	\$14.13	\$14.13	\$14.13	\$14.13	\$14.13	0	0	0
Limited Personal Care	\$17.13	\$17.13	\$17.13	\$17.13	\$17.13	\$17.13	0	0	0
Intensive Personal Care	\$27.80	\$27.80	\$27.80	\$27.80	\$27.80	\$27.80	0	0	0

cont'd.....

TABLE 8.12

Per Diem Payment by Type of Facility
and Level of Care, Saskatchewan, 1988 (continued)

Type of Facility	Total Per Diem Payment	Government Portion	Resident Portion
	mean	min	max
<u>Special Care Homes:</u>			
all levels	-2	-2	-2
<u>Long Term Care Units in Public Hospitals:</u>			
all levels	-1	-1	-1
<u>Psychiatric Hospitals:</u>			
Long Term Restorative Care	-1	-1	-1
<u>Integrated Facilities</u>			
all levels	-1	-1	-1

1 These data were not available.

2 The Special Care Homes Division could not release these data.

8.1 SASKATCHEWAN - TYPES OF FACILITIES AND LEVELS OF CARE

Long Term Care and/or Residency for the elderly in Saskatchewan is provided in the following facilities:

8.1.1 Group Homes - Private-not-for-Profit

Group Homes are regulated and/or financed by the Community Living Division of Saskatchewan Social Services and the Mental Health Services Branch of Saskatchewan Health.

There are no levels of care specified in Group Homes.

8.1.2 Approved Homes - Private-for-Profit

Approved Homes are regulated and/or financed by the Community Living Division of Saskatchewan Social Services and the Mental Health Services Branch of Saskatchewan Health.

Levels of care provided include:	<u>Total Residents</u>	<u>Residents Aged 65 and Over</u>
Level 1 - Supervisory Care	13.7%	18.1%
Level 2 - Limited Personal Care	55.2%	47.1%
Level 3 - Intensive Personal or Nursing Care	30.5%	34.8%

8.1.3 Special Care Homes - Private-for-Profit, Private-not-for-Profit and Public

Special Care Homes are regulated and/or financed by the Special Care Homes Section within the Continuing Care Branch of Saskatchewan Health.

Levels of care provided include:	<u>Total Residents</u>	<u>Residents Aged 65 and Over</u>
Level 1 - Supervisory Care	2.0%	1.9%
Level 2 - Limited Personal Care	19.5%	14.6%
Level 3 - Intensive Personal or Nursing Care	44.7%	48.5%
Level 4 - Long Term Restorative or Extended Care	33.0%	34.1%
Other - Temporary Care	.8%	.9%

8.1 SASKATCHEWAN - TYPES OF FACILITIES AND LEVELS OF CARE (continued)

8.1.4 Public Hospitals - Public

Long Term Care beds in Public Hospitals are financed by the Continuing Care Branch of Saskatchewan Health and regulated by the Hospital Services Branch of Saskatchewan Health.

Levels of care provided include:	<u>Total Residents</u>	<u>Residents Aged 65 and Over</u>
Level 2 - Limited Personal Care	1.1%	1.3%
Level 3 - Intensive Personal or Nursing Care	10.6%	12.4%
Level 4 - Long Term Restorative or Extended Care	88.1%	85.9%
Other - Temporary Care	.2%	.3%

8.1.5 Integrated Facilities - Public

Long Term Care beds in Integrated Facilities are licensed as Special Care Homes and regulated and financed by the Continuing Care Branch of Saskatchewan Health.

Levels of care provided include:	<u>Total Residents</u>	<u>Residents Aged 65 and Over</u>
Level 3 - Intensive Personal or Nursing Care	34.9%	35.2%
Level 4 - Long Term Restorative or Extended Care	57.1%	57.4%
Other - Temporary Care	7.9%	7.4%

8.1.6 Psychiatric Hospitals - Public

Psychiatric Hospitals are regulated and/or financed by the Mental Health Services Branch of Saskatchewan Health.

Levels of care provided include:	<u>Total Residents</u>	<u>Residents Aged 65 and Over</u>
Level 4 - Long Term Restorative or Extended Care	62.4%	0%
Other - Psychogeriatric	37.6%	100%

8.2 SASKATCHEWAN - DESCRIPTIONS OF TYPES OF FACILITIES

From: Conversations with individuals from, and documents provided by Saskatchewan Health and Saskatchewan Social Services.

8.2.1 GROUP HOMES - Private-not-for-Profit

Group Homes are defined under the Housing and Special-Care Homes Act as any home operated under the Non-profit Corporations Act except approved homes, boarding homes, day care centres or institutions. Group Homes have no identified levels of care and provide lodging, supervision, and personal care (help with activities of daily living and some medications) within a family like setting. These homes provide services for both adults and children.

Both the Departments of Mental Health and Social Services (Community Living Division) operate Group Homes.

8.2.2 APPROVED HOMES - Private-for-Profit

Approved Homes provide a supportive residential environment in the community for a maximum of five individuals who require assistance in daily living. Approved Homes provide lodging, supervision and personal care. These homes are not required to employ professional staff.

Both the Departments of Mental Health and Social Services (Community Living Division) operate Approved Homes. Approved Homes in Social Services are also called Private Service Homes.

8.2.3 SPECIAL CARE HOMES - Private-for-Profit, Private-not-for-Profit, Public

Special Care Homes provide long term institutional care for those who do not require acute care but who require a greater degree of care or supervision than they could get in their own homes. Special Care Homes provide various levels of care for persons who are unable to fully care for themselves and who require prolonged care. Special Care Homes may include nursing homes, sheltered care homes and other institutions.

8.2.4 PUBLIC HOSPITALS - Public

Public Hospitals are designed to provide short term professional nursing care and continuous medical supervision for persons suffering from the acute phase of illness or disability. However, beds within 95 public hospitals have been designated for long term care. These designated beds were approved to convert unused acute hospital bed capacity to long term care use.

8.2 SASKATCHEWAN - DESCRIPTIONS OF TYPES OF FACILITIES (continued)

From: Conversations with individuals from, and documents provided by Saskatchewan Health and Saskatchewan Social Services.

8.2.5 INTEGRATED FACILITIES - Public

Integrated Facilities are small facilities located in small communities. They provide both long term care and acute care services and are issued special-care home licenses for their long term care beds. These facilities are owned by union hospital districts and local boards and operated by the union hospital.

8.2.6 PSYCHIATRIC HOSPITALS - Public

Psychiatric Hospitals provide a long term care setting for patients with chronic mental illnesses who do not have any other options. Services include diagnostic and treatment services, and a wide range of supervisory and personal care services depending upon patient needs.

8.3 SASKATCHEWAN - DESCRIPTIONS OF LEVELS OF CARE

From: Criteria for Levels of Care for the Province of Saskatchewan, Saskatchewan Health

For a detailed description of the criteria for each level of care, see the supporting documents section.

8.3.1 Level 1 - Supervisory Care

Residents who are essentially independent but may need some guidance or supervision in the activities of daily living. Clients are those who are physically frail due to normal aging, or have some disability which slightly impairs their ability to care for themselves. Level one care is primarily an accommodation rather than a nursing care arrangement.

Physical Status - This level of care is for clients who show frailty due to normal aging or who have some physical disability which only slightly impairs their ability to care for themselves.

Emotional and Mental Status - Clients with minor mental deterioration such as some forgetfulness due to age or clients who at one time have undergone psychiatric treatment but who only require minor supervision can be accommodated at this level.

Mobility - Clients may be ambulant or ambulant with mechanical aids; for example, walker, cane, or crutches.

8.3.2 Level 2 - Limited Personal Care

Residents who show signs of limitations mentally and/or physically, and who require some supervision and assistance with activities of daily living. Clients may be ambulant with or without mechanical aids or may be independent in a wheelchair. Supervision and assistance may be needed with personal hygiene and grooming. Usually continent and able to feed self. Some supervision and direction may be required for minor behavioral problems.

Physical Status - Clients in this category show evidence of advanced aging or they are persons of all age groups who need assistance because of disabilities resulting from a chronic ailment (e.g., arthritis, multiple sclerosis, Parkinson's Disease, or similar diseases). This level of care is required only when the disease is not too advanced and the disability is mild.

Emotional and Mental Status - Clients in this category will include those who are mildly confused and require more supervision than is normally given in a home providing supervisory care.

8.3 SASKATCHEWAN - DESCRIPTIONS OF LEVELS OF CARE (continued)

From: Criteria for Levels of Care for the Province of Saskatchewan, Saskatchewan Health

In case of clients with more advanced senile changes or residual psychiatric symptoms, accommodation at this level should be restricted to clients who require assistance in dressing and hygiene; the home would be expected to tolerate and supervise mildly disturbed behaviors causing minor disruption of home life, while on the other hand, clients who display a tendency to wander away or who habitually disrupt the home life cannot be safely accommodated on such limited staff time.

Mobility - Clients may be ambulant, ambulant with mechanical aids, or independent at wheel chair level (that is, able to safely get in and out of a wheel chair independently and propel the wheel chair themselves).

8.3.3 Level 3 - Intensive Personal or Nursing Care

All degrees of supervision and assistance may be needed in the activities of daily living supplemented by basic nursing care. Supervision and direction may be required for emotional or behavioral problems which do not endanger life or property. Care at this level is directed by the attending physician and carried out under the supervision of a registered nurse or registered psychiatric nurse. Mobility of clients may range from ambulant to bed-fast.

Physical Status - Clients in this category either show evidence of aging changes combined with chronic disease or they are persons of all ages who need assistance because of the advanced stage of their chronic illness (for example, arthritis, multiple sclerosis, Parkinson's disease, or similar diseases).

Emotional and Mental Status - This level of care will include clients suffering from varying degrees of mental deterioration resulting from senility, mental retardation, or psychiatric disorders but will exclude clients having characteristics of serious mental or emotional problems who might be harmful to themselves, harmful or threatening to others, or destructive of property. The client may require close supervision for restlessness or a tendency to wander occasionally.

Mobility - Ambulant, semi-ambulant, wheel chair, chair or bed-fast.

8.3 SASKATCHEWAN - DESCRIPTIONS OF LEVELS OF CARE (continued)

From: Criteria for Levels of Care for the Province of Saskatchewan, Saskatchewan Health

8.3.4 Level 4 - Long Term Restorative or Extended Care

Residents who do not require acute hospital care and treatment, but who require continuous medical care and 24-hour nursing care for advanced physical or mental disabilities or illnesses. Provided is regular and continuous medical care, highly skilled technical nursing services under professional nurse's supervision and, in addition, special techniques for the improvement of functional abilities. Emergency and consultative medical services must be readily available when required. Level four care is divided into three components:

- a) Specialized Supervisory care - This is for persons with advanced mental deterioration characterized by wandering tendencies, unco-operative or aggressive behaviors and generally disruptive influences, who require specialized care on a 24-hour basis. These persons are likely to have physical conditions which require continuing medical supervision.
- b) Supportive care - This is for persons with advanced chronic illnesses or disabilities who require skilled nursing care on a 24-hour basis under medical supervision, and specialized techniques to arrest or retard deterioration.
- c) Restorative care - For persons with chronic illnesses or disabilities, whose general condition is such that they could not withstand an intensive and vigorous rehabilitation program, but who can benefit from a slower paced restorative regime designed to improve functional ability to the extent that they can be cared for at home or at a lower level of care accommodation.

Physical Status - patients at this level are at an advanced stage of long-term illness of a disabling condition.

They require continuous medical supervision and are subject to acute episodes of the chronic disease or secondary complications which may require active hospital treatment. Their general condition is such that they may not tolerate an intensive rehabilitation program but will require special techniques or a slower paced restoration regime the aims of which will be to achieve improvement in function, to arrest or retard deterioration, and to alleviate distress.

Emotional and Mental Status - Many persons with long-term illnesses and disabling conditions will have emotional problems requiring attention and some from time to time will require the services of a consultant psychiatrist.

8.3 SASKATCHEWAN - DESCRIPTIONS OF LEVELS OF CARE (continued)

From: Criteria for Levels of Care for the Province of Saskatchewan, Saskatchewan Health

Persons whose primary disability is mental deterioration from any cause may exhibit wandering tendencies, unco-operative behaviour, and generally disruptive influences. These patients require care or supervision on a 24-hour basis by specially trained staff and may be accommodated at this level in special units. Activation therapies would be an important aspect of behaviour control.

Many patients in this category will have diseases of other body systems which will require medical supervision and treatment. The presence of such diseases will require skilled nursing care on a 24-hour basis together with close medical supervision.

Mobility - patients whose primary disability is mental deterioration may be fully ambulant. Almost all other patients at this level will be bed-fast, bed-and-chair fast, or semi-ambulant with the use of aids including wheel chairs. The aims of restoration programs for all patients at Level 4 would be to increase or maintain ambulation skills.

8.3.5 Other - Temporary Care

Residents admitted on a temporary basis for reasons of: respite, convalescence, assessment and/or emergency care.

**8.4 SASKATCHEWAN - STAFFING GUIDELINES FOR LEVELS
OF CARE AND/OR TYPES OF FACILITIES**

In Special Care Homes, Public Hospitals and Integrated Facilities, staff requirements by level of care are:

Level of Care -----	Average 'Care Staff' Time Required Per Day -----
1	20 min.
2	45 min.
3	2 hrs.
4	3 hrs.

'Care staff' includes professional nurses, certified nursing assistants and special care aides. The minimum professional to non-professional staff ratio is 1:7. However, where the resident mix is primarily level four, the ratio is 1:2.5. Approved staffing will vary from facility to facility depending on the specific care needs of the residents, the physical design of each home and the availability of external resources (e.g. community therapy services in the home). These factors are taken into consideration when new resources for staffing are allocated for long term care.

In Psychiatric Hospitals the above average 'care staff' guidelines by level of care are required. The professional to non-professional staff ratio is 1:3.

In Approved Homes - Social Services, the above average 'care staff' guidelines by level of care are required. However, as Approved Homes have no professional staff, the times refer only to non-professional staff.

In Group Homes - Social Services, levels of care are not distinguished. Staff guidelines range from the house parent model to a modified shift and weekend shift model. Social Services do not require that professional staff be employed in Group Homes.

In Approved Homes and Group Homes (Mental Health Services) there are no staffing guidelines or requirements by level of care or type of facility. The home owner is the staff and the owner is monitored to determine if the required care has been provided.

In Saskatchewan, professional staff include:

- Registered Nurses
- Registered Psychiatric Nurses
- Social Workers
- Physiotherapists
- Occupational Therapists

**8.4 SASKATCHEWAN - STAFFING GUIDELINES FOR LEVELS
OF CARE AND/OR TYPES OF FACILITIES (continued)**

In Saskatchewan, non-professional staff include:
Activity Workers
Health Care Aides

8.5 SASKATCHEWAN - ADMISSION CRITERIA, ASSESSMENT,
PLACEMENT AND MONITORING OF RESIDENTS

8.5.1 Continuing Care Branch; Saskatchewan Health

The following summary is based largely on information provided from the Continuing Care Branch of Saskatchewan Health.

To the extent a facility has the resources required to meet the needs of the person seeking admission, Special Care Homes, Integrated Facilities and Long Term Care Units in Hospitals are expected to make admissions based on prioritized need. To assist in this process, the Continuing Care Branch has fostered the development of local District Coordinating Committees (DCCs) to coordinate services, assess applicants and prioritize need. Applicants with the greatest need who cannot be served with available community resources (e.g. family support, Home Care, Adult Day Programs, respite) are given priority.

The DCCs use a Continuing Care Assessment Form to assess clients and make recommendations to Special Care Homes, Integrated Facilities and Long Term Care Units in Hospitals as to care provision and prioritized need (see supporting document's section). The DCCs include representatives from Special Care Homes, Integrated Facilities, hospitals, home care and housing authorities. Once it is determined that the facility has the resources to meet the needs of the applicant, an admission form is submitted to the Continuing Care Branch.

Requests for changes in classification of residents may be made by the DCC, the facility itself, or by a level 4 screening committee. Requests are made to the Continuing Care Branch using a standard Level of Care Change Form (see supporting document's section). Continuing Care Branch consultants review the request and make decisions regarding the request when they visit the facility.

The Saskatchewan Health-Care Association provided the following comments on the assessment and admission process for Special Care Homes:

"There has been a favorable response to the establishment of District Coordinating Committees, although placement decisions are not always easy to accommodate. Because they are liable for the quality of care being provided, boards of directors are reluctant to accept a mix of residents that overburdens the funded staffing component; some facilities, however, carry a heavier mix than is dictated by staffing. In short, boards find it difficult to justify saying "no" to a needy individual and "yes" to a less needy one. But the dilemma is real and choices have to be made. At the present time, it is uncommon to find a small hospital allocating more than 50% of its beds to long term/chronic patients. Quite simply, long term care patients are a permanent component of hospitals' inpatient populations."

8.5 SASKATCHEWAN - ADMISSION CRITERIA, ASSESSMENT,
PLACEMENT AND MONITORING OF RESIDENTS (continued)

8.5.2 Community Living Division; Saskatchewan Social Services
Mental Health Services Branch; Saskatchewan Health

Assessment of residents for admissions into Group Homes (Community Living Division and Mental Health Services) is controlled by Admissions Committees at the individual home level. The Admissions Committees are usually made up of representatives from the home, the community, the Community Living Division and Mental Health Services. The resident must be assessed as requiring care similar to acute care with eventual prognosis of discharge from the home. The availability of facility resources to meet the needs of the applicant is an important consideration for admission approval.

Residents in Group Homes are not monitored on a regular basis. Residents may be re-assessed if the operator reports that care requirements, under present funding arrangements, are too great. If care requirements are found to be too great, then either additional funds are provided or alternative placement for some of the heavy care residents are found.

Assessment of residents for admission into Approved Homes (Community Living Division and Mental Health Services) is controlled at the regional level. Applicants first report to a physician who fills in a medical report (see supporting documents section). On the second page of the report, the physician makes a recommendation as to level one through four care. The definition of levels one through four are the same as those used by the Continuing Care Branch of Saskatchewan Health. If level four care is recommended, the applicant is referred to another type of facility. The medical report and recommended level of care is sent to a regional board and finally to the Regional Social Assistance Office which establishes the level of care. The Social Assistance Office also determines applicants' needs for financial assistance and Saskatchewan Assistance Program (SAP) eligibility. If accepted, the applicant is either sent to a home or put on a waiting list.

Monitoring of residents in Approved Homes is performed by case workers (social workers) who are assigned to follow patients. The case worker visits the resident approximately once every three months. Recommendations for changes in levels of care are made by the physician, however, using the standard medical report. As with the initial application, the report is sent to the Regional Social Assistance Office for approval.

8.6 SASKATCHEWAN - FUNDING

8.6.1 Special Care Homes

Unless otherwise noted, the following points in the "Special Care Homes" section (pages 8.6-36 to 8.6-37) were taken from correspondence with the Continuing Care Branch of Saskatchewan Health.

- Most special care homes in the province are private not-for-profit or public facilities. There are only seven for-profit or commercial special care homes in the province accounting for 732 beds or approximately 8% of all licensed beds.

8.6.1.1 Non-Commercial Special Care Homes

- Prior to 1981 the government provided per bed subsidies based on level of care for each long term care resident.
- Initial funding levels were based on pre-1981 operating costs and homes were given financial adjustments in subsequent years.
- Facilities whose pre-1981 operating levels were inadequate relative to care requirements and other operating costs have also been given special adjustments since 1981.
- Currently funding varies from home to home depending on resident mix, (see Staffing Guidelines for Levels of Care section) the size and physical design of the home, staff mix and other variables such as mortgages and utilities.
- Homes are expected to operate within approved budgets or find other sources of revenue (donations, sponsor contributions) if they choose to operate above funded levels. Deficits are not funded but allowance is made for certain uncontrollable costs such as utility costs due to severe winters and increases in mortgage interest.
- Homes' operating funds are comprised of provincial subsidies, resident charges as determined by each facility, and any additional funds raised by the sponsor.
- Non-profit homes realizing an adjusted operating surplus at year end may retain surpluses equivalent to 1% of the approved operating budgets to a maximum of \$100,000 annually. Homes with operating budgets of under \$1.0 million may retain surpluses of up to \$10,000.
- In 1981 the government established a standard resident charge and began to fund non-profit homes on an approved budget basis. The intent was to provide "breakeven" funding for approved programs.

8.6 SASKATCHEWAN - FUNDING (continued)

8.6.1.2 Commercial Special Care Homes (For-profit)

- The 1981 funding levels for commercial homes were established through negotiation between the operators and the government.
- Annual economic adjustments have been negotiated since 1981 based on adjustments provided to non-profit facilities.
- Deficits are not funded for commercial homes but these homes are able to retain any surpluses realized.

8.6.1.3 Resident Charges in Special Care Homes

- Resident charges in Special Care Homes are the same for all levels of care across both commercial and non-commercial sectors. Rates are based on, and are adjusted quarterly in proportion to, increases in the OAS/GIS and Saskatchewan Income Plan Supplement (SIP) payments. As of March 31, 1988 the OAS/GIS/SIP maximum payment for a single person was \$705 per month. A disposable income of \$104 per month is allowed, resulting in a resident co-payment of \$601 per month.
- There is only a small role for private insurance in Special Care Homes. Special needs are usually met through the Department of Social Services. Some residents may have Blue Cross for drug coverage over and above the standard drug plan coverage.

The Saskatchewan Health-Care Association provided the following comments about funding of Special Care Homes in Saskatchewan:

- "... funding is a particular concern within the special care home sector. Approved budgets, for instance, do not provide for 24-hour Registered Nurse coverage in all facilities, for the hiring of Certified Nursing Assistants, or for in-service education for staff. And while the administrator of a special care home may request a special grant from Continuing Care Branch to address a significant change in care requirements by residents, such funding has a history of coming very slowly"

8.6 SASKATCHEWAN - FUNDING (continued)

- "The root of much of the concern about funding lies in an apparent resistance on the part of Continuing Care Branch to share information. Last year, Hospital Services Branch worked in concert with hospitals to establish new funding formulas for acute care facilities. While there remain a number of areas to be monitored and refined, there is general agreement that the new approach offers a more clear-cut and equitable allocation of the resources presently available to that sector. The formula for each "category" of hospital is the same for all hospitals within that grouping, so each facility knows where it stands and why. It will be much more difficult for a particular hospital to "cut" a special deal with the funding agency. This same approach -- the cooperative development of a funding mechanism that is open, equitable and more responsive to service intensities -- would be most welcomed in the special care home sector."

8.6.2 Long Term Care Units in Public Hospitals and Integrated Facilities

- Funding for private-not-for-profit or public Long Term Care Units in Public (acute care) Hospitals and Integrated Facilities is determined through a combined line-by-line review and global budget process. Budgets are submitted prospectively and analyzed on a line-by-line basis. The size of the facility is taken into account when determining funding levels.
- Budget increases may be awarded for specific budget items only, or alternatively, a global budget percentage increase may be assigned. Adjustments to funding levels are permitted if the expenses are deemed justified according to a review committee.
- The average cost of operating Long Term Care Units in Public Hospitals and Integrated Facilities is difficult to estimate. This difficulty arises when attempting to allocate total facility costs to Long Term Care beds or units.
- In 1988, Long Term Care units in Public Hospitals and Integrated Facilities were funded at \$104 per long term care bed per day.
- Funding for capital construction or expansion must be approved by the Facility Planning & Construction Division of the Hospital Services Division. The actual level of funding depends on the size of the facility and the nature of the request.

8.6 SASKATCHEWAN - FUNDING (continued)

- For small Community Hospitals (<50 beds) the projects are funded 50% by the Ministry and 50% by the owner (defined as the municipality if operated publicly and as the charitable organization if operated on a private-not-for-profit basis). For large Community Hospitals (50-100 beds) the projects are funded 60% by the Ministry and 40% by the owner. For Regional Hospitals (>100 beds) the projects are funded 70% by the Ministry and 30% by the owner. Finally, for base hospitals or crown owned hospitals, the projects are funded 100% by the Ministry.
- Previously, publicly-funded capital financing was in the form of straight grants. Currently, funding is in the form of loans from the province of Saskatchewan that Saskatchewan Health must pay back.
- The Ministry also provides deficit financing via a final settlement review at the end of each fiscal period. The extent of deficit financing depends on services provided, the size of operation and the type of expenses that caused the over spending.

8.6.2.1 Resident Charges in Public Hospitals and Integrated Facilities

- Resident charges were first established in 1981 at \$390/month. Current rates are based on, and are adjusted quarterly in proportion to, increases in the OAS/GIS and Saskatchewan Income Plan Supplement (SIP) payments. As of March 31, 1988 the OAS/GIS/SIP maximum payment for a single person was \$705 per month. A disposable income of \$104 per month is allowed, resulting in a resident co-payment of \$601 per month.

8.6.3 Group Homes

8.6.3.1 Group Homes - Mental Health Services Branch; Saskatchewan Health

- Funding for Group Homes - Mental Health Services, is provided through fee-for-service payments from the Saskatchewan Assistance Plan. Funding takes the form of grants that are negotiated through annual budget reviews. Approved budgets are specific to each home.
- Budgets for non-discretionary fixed costs (e.g. mortgage, utilities, insurance, food, staff and audit) are usually given an annual percentage increase. For example, in 1987 a global three percent increase was awarded for staff budgets.

8.6 SASKATCHEWAN - FUNDING (continued)

- Reimbursements of discretionary costs (e.g. staff training, board expenses, administrative costs, etc.) are negotiated annually. Amounts approved for discretionary expenses have become more standardized across homes over the past three negotiating cycles.
- During the 1987/88 fiscal year, the average per diem payment to Group Homes was \$58.00, the minimum per diem was \$33.00 and the maximum per diem was \$88.00.
- Group Homes under Mental Health Services Branch receive no publicly-funded capital or deficit financing.

8.6.3.2 Group Homes - Community Living Division; Saskatchewan Social Services

- Funding for operating costs is the same as for Group Homes under Mental Health Services.
- There is no publicly-funded deficit financing for Group Homes under the Community Living Division.
- Publicly-financed capital financing is available for Group Homes under Social Services. The Ministry provides 92% of capital financing costs to a maximum of \$170,000 (the remaining eight percent plus the cost of furnishings must come from the community). Of the 92%, 20% is in the form of a construction grant, and 72% is in the form of a grant for guaranteed mortgage.

8.6.3.3 Resident Charges in Group Homes

- Resident charges in Group Homes are the same under both the Mental Health Services Branch and the Community Living Division.
- Residents may be responsible for a fee, up to a maximum, set by the Saskatchewan Assistance Plan. Eligibility for financial assistance is determined by a needs test. Based on the needs test, SAP payments are adjusted by the resident's non-exempt income.
- Since OAS/GIS/SIP payments (less a \$60 comfort allowance) are considered non-exempt income by SAP, all seniors have their eligibility reduced by at least this amount. In 1988, the maximum OAS/GIS/SIP rate was \$647 per month or \$21.57 per day.

8.6 SASKATCHEWAN - FUNDING (continued)

8.6.4 Approved Homes

8.6.4.1 Approved Homes - Mental Health Services Branch; Saskatchewan Health

- Funding for Approved Homes is provided prospectively by the Ministry of Social Services. The rates are set every two to three years by level of care.
- Rates were originally based on estimates of average facility costs plus a nursing component. There are no allowances for depreciation, mortgage or interest payments.
- Rate increases are tied to OAS/GIS/SIP payment increases.
- In 1988, the rates were:
 - Level 1 - \$424/month
 - Level 2 - \$536/month
 - Level 3 - \$684/month
- There is no publicly-funded deficit or capital financing available for Approved Homes.

8.6.4.2 Approved Homes - Community Living Division; Saskatchewan Social Services

- Funding for operating costs is the same as for Approved Homes under Mental Health Services.
- There is no publicly-funded deficit or capital financing available for Approved Homes under the Community Living Division.

8.6.4.3 Resident Charges in Approved Homes

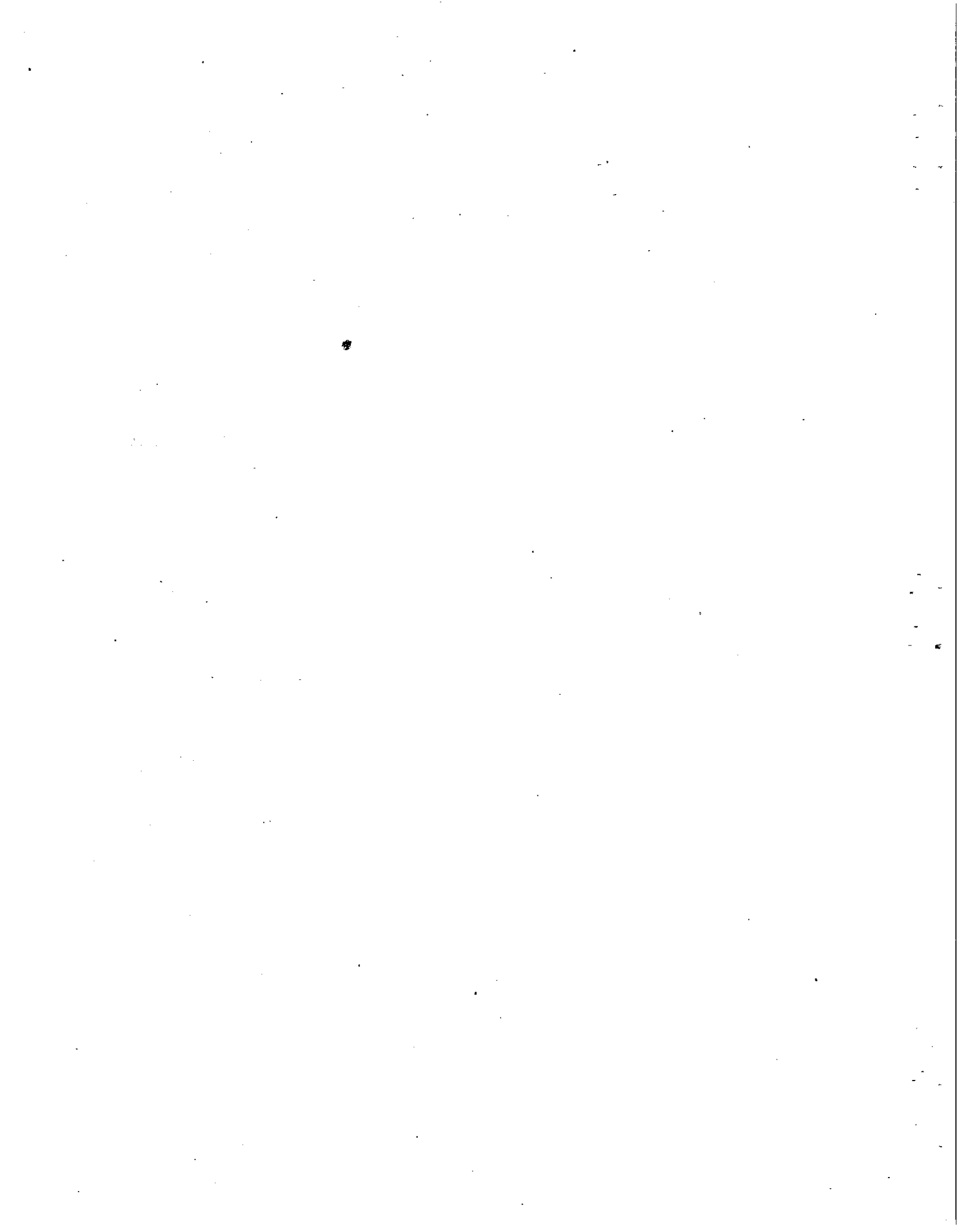
- Resident charges in Approved Homes are the same under both the Mental Health Services Branch and the Community Living Division.
- Residents are responsible for a monthly charge (to a maximum rate) which is based on ability-to-pay.

8.7 SASKATCHEWAN - THE FUTURE ROLE OF THE PRIVATE SECTOR

According to discussions with individuals from the Continuing Care Branch (which is responsible for most long term care beds in the province) relations between the government and commercial sector are good. There is no explicit government policy discouraging or opposing future commercial sector expansion of long term care beds for the elderly. According to individuals in the Branch, commercial sector proposals for licensed beds are given the same consideration as those submitted from the non-commercial sector.

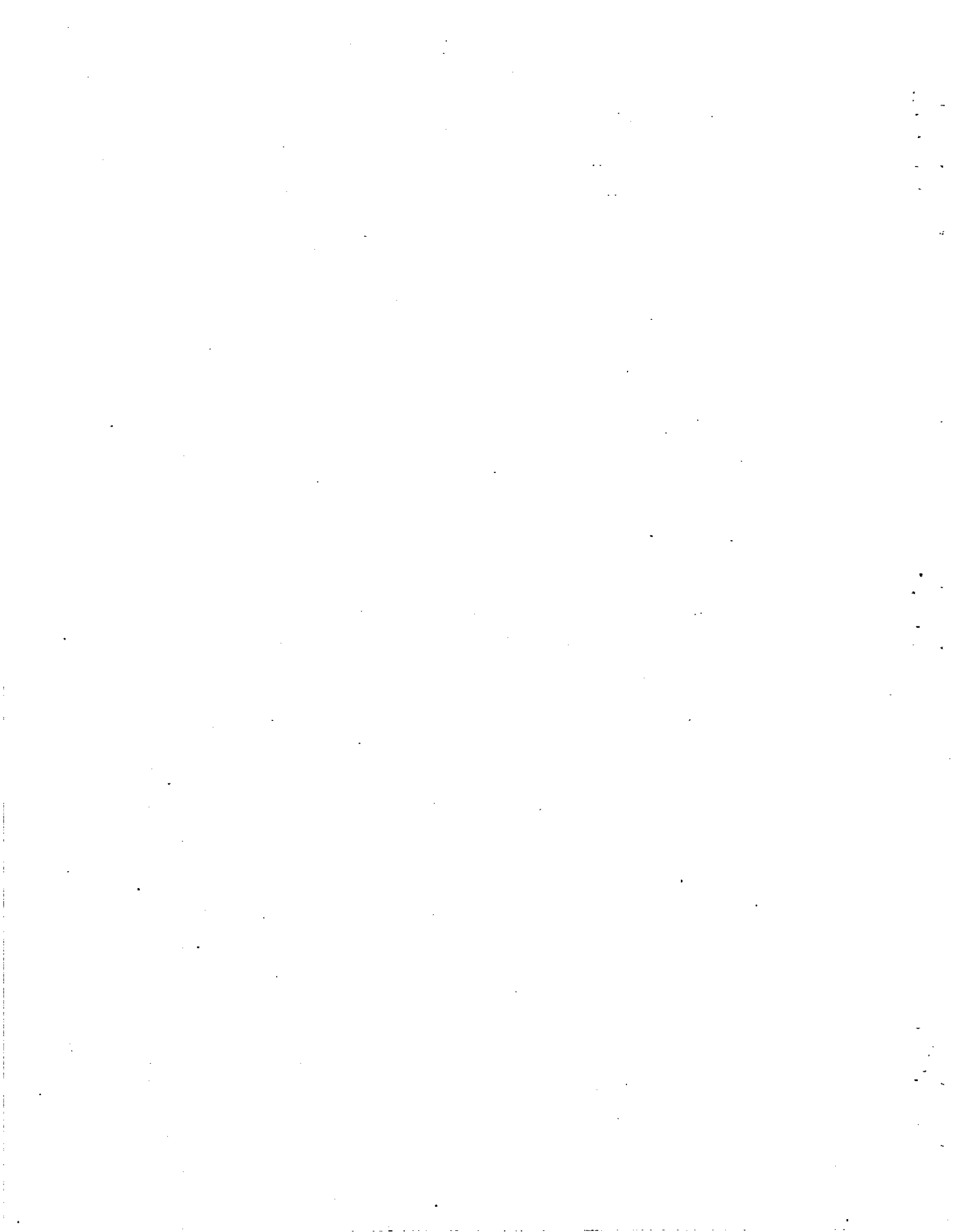
From the Mental Health Services Branch perspective, private sector relations are also described as good. In fact, government policy has assisted private operators to increase their commitment to caring for developmentally disadvantaged seniors. According to individuals from the Mental Health Services Branch, there have been increasing complaints, however, of abuse and over-crowding in private facilities; consequently, monitoring of private, non-licensed homes will likely increase in the future.

The Saskatchewan Legislature passed the Personal Care Homes Act in 1989. This Act is intended to govern private operators who provide accommodation, meals, supervision or assistance with personal care for payment. Estimates of the number of private unlicensed and unregulated family-type personal care homes in Saskatchewan range from 2 to 300 homes, all of which may be affected by the new legislation. There are no estimates available indicating how many elderly, disabled and otherwise dependent persons are served by these homes. Payment for residency and/or care in these homes is not publicly subsidized and is usually by private arrangement with the resident or a family member. It is too early to tell what impact the passage of the Personal Care Homes Act will have on the future growth and development of these homes.



8.8 SASKATCHEWAN - LIST OF SUPPORTING DOCUMENTS

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1) Medical Report - Assessment of Level of Care (Community Living Division; Saskatchewan Social Services Mental Health Services Branch; Saskatchewan Health)	8.8-45
2) Criteria for Levels of Care for the Province of Saskatchewan (Continuing Care Branch; Saskatchewan Health)	8.8-47
3) Continuing Care Assessment Form (Continuing Care Branch; Saskatchewan Health)	8.8-61
4) Continuing Care Assessment - Physician's Report (Continuing Care Branch; Saskatchewan Health)	8.8-81
5) Continuing Care Assessment - Behavioral Assessment Supplement (Continuing Care Branch; Saskatchewan Health)	8.8-83
6) Long-Term Care Level of Care Change Form (Continuing Care Branch; Saskatchewan Health)	8.8-91



MENTAL HEALTH SERVICES BRANCH
COMMUNITY LIVING DIVISION

MEDICAL REPORT
Assessment of Level of Care

NOTES TO EXAMINING PHYSICIAN:

1. Any information submitted will be kept confidential.
2. Unless specifically requested by a Regional Office of the Department of Welfare, the cost of this examination is the responsibility of the applicant.
3. Please return the completed form to:

NAME _____	AGE _____	SEX _____
ADDRESS _____	DATE EXAMINED _____	
EXAMINING PHYSICIAN _____	How long has this patient been under your care? _____	

Please Print

DIAGNOSIS

HISTORY

PHYSICAL EXAMINATION: Ht. Wt. S.P. Hemoglobin Urinalysis

POSITIVE FINDINGS:

MEDICATIONS:

ALLERGIES OR DRUG INTOLERANCE:

DIET:

SPECIAL PROBLEMS OR NEEDS: (e.g. Tube feeding, Oxygen therapy, Skin care, Physiotherapy, Occupational therapy, frequent episodes of acute illness, etc.)

Treatment and Management

D.V. 4.7.73

ACTIVITY OF DAILY LIVING	if more appropriate			
	Full Assistance Required	Partial Assistance Required	Supervision Only	No Assistance Required
Washing face and hands	_____	_____	_____	_____
Combing, brushing	_____	_____	_____	_____
Dressing	_____	_____	_____	_____
Bathing	_____	_____	_____	_____
Walking with Safety	_____	_____	_____	_____
Walking with an Aid	_____	_____	_____	_____
Using a Wheelchair	_____	_____	_____	_____
Transferring from bed to Wheelchair & vice versa & to the toilet	_____	_____	_____	_____
Transferring from bed to Chair & vice versa	_____	_____	_____	_____
Feeding in bed or chair	_____	_____	_____	_____
Feeding	_____	_____	_____	_____
Toileting	_____	_____	_____	_____

	Complete	Partial	Occasional	None
Bladder incontinence	_____	_____	_____	_____
Bowel incontinence	_____	_____	_____	_____

Is there difficulty in communication? Yes _____ No _____ If yes, is this due to: (a) Mental causes _____
 (b) Deafness _____ (c) Speech difficulty _____ (d) Language barriers _____
 Is vision seriously impaired? Yes _____ No _____

MENTAL CONDITION:	Yes	At times	No	Yes	At times	No
Is the he - Cooperative?	_____	_____	_____	Confused?	_____	_____
- Aggressive?	_____	_____	_____	Destructive?	_____	_____
Are there - Tendencies to wander	_____	_____	_____	Unpleasant habit?	_____	_____

PLEASE CHECK OFF THE LEVEL OF CARE YOU FEEL IS MOST APPROPRIATE FOR THE APPLICANT

- ___ **LEVEL I CARE:** Essentially independent but may need some guidance or supervision in the activities of daily living. Staff time for care averages 20 minutes a day.
- ___ **LEVEL II CARE:** Supervision and assistance may be needed with personal hygiene and grooming. Safely ambulant with or without mechanical aids or independent at wheelchair level. Usually continent. Able to feed self. Some supervision and direction may be needed for behavioral problems. Staff time for care averages 45 minutes a day.
- ___ **LEVEL III CARE:** All degrees of supervision and assistance may be needed in the activities of daily living. Basic nursing care is usually required. Supervision and direction may be given for emotional or behavioral problems which do not endanger life or property. Care at this level is carried out under the supervision of a Registered Nurse or Registered Psychiatric Nurse as directed by the attending physician. Staff time for care averages two hours a day.
- ___ **LEVEL IV CARE:** All patient care is carried out under continuing medical supervision and all nursing care is carried out under professional supervision. Emergency and consultative medical services and highly skilled technical nursing services must be readily available when required. Staff time for care averages more than two hours a day.
 - ___ A. Specialized Supervisory Care - where the emphasis lies on the management of advanced mental deterioration with its attendant problems. Physical conditions requiring continuing medical supervision are likely to occur.
 - ___ B. Supportive Care - where the emphasis lies on skilled nursing care and specialized techniques to avert or retard deterioration.
 - ___ C. Restorative Care - where the emphasis lies on a slow paced restorative program designed to improve functional ability to the extent that care at home or at Levels I to III may be achieved.

FOR A COMPLETE DESCRIPTION OF LEVELS OF CARE, PLEASE REFER TO THE CRITERIA FOR LEVELS OF CARE (1961) PREPARED JOINTLY BY THE DEPARTMENTS OF HEALTH AND WELFARE.

Date _____ Physician's Signature _____

 Address _____

SASKATCHEWAN HEALTH
CONTINUING CARE DIVISION

CRITERIA FOR LEVELS OF CARE

FOR THE

PROVINCE OF SASKATCHEWAN

JUNE, 1969

Amended to April, 1972

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Early in 1969 a joint planning committee of the Departments of Health and Welfare drew up this "Criteria for Levels of Care for the Province of Saskatchewan". In the past there had been a number of different definitions of the various kinds or levels of care which modern medicine has found useful in the treatment of chronic disease or disability. And while everyone agreed that an individual patient was apt to require different levels of care at various times throughout his illness, no single set of criteria had been clearly established for the guidance of those charged with administering the services.

This is the purpose of this pamphlet. It provides those concerned with the administration of services for the chronically ill or disabled with an official, approved collection of definitions for five levels of care.

It is the hope of both the Minister of Welfare, and the Minister of Public Health, that these criteria will be used by hospitals, physicians, and government agencies including Psychiatric Services, voluntary groups and special care homes. This document is to be considered the official description of levels of care in this province and any changes in policy will appear as amendments to it.

This listing replaces the descriptions of levels formerly applied to the "Directory of Housing and Special Care Homes..." which was published by the Housing and Special Care Homes Branch of the Provincial Department of Welfare. It also replaces the criteria which were established for purposes of the "Report and Recommendations of the Aged and Long-Term Illness Survey Committee" in 1962 and those used by the Psychiatric Services Branch of the Department of Public Health.

The present Joint Health and Welfare Planning Committee, includes in its membership:

- Mr. A. W. Sihvon, Deputy Minister, Department of Welfare - Chairman
- Dr. S. L. Skoll, Deputy Minister, Department of Public Health
- Mr. M. B. Derrick, Associate Deputy Minister, Dept. of Public Health
- Mr. D. J. Cameron, Acting Director, Regional Services, Department of Welfare
- Mr. D. M. Thomas, Director, Research and Statistics, Department of Welfare
- Mr. N. D. Adams, Director, Research and Planning, Department of Public Health
- Mr. A. H. Zimmerman, Director, Community Special Care Services Division, Department of Welfare
- Mr. L. W. Beaumont, Director, Medical Rehabilitation and Chronic Care Branch, Department of Public Health - Secretary

LEVEL 1. SUPERVISORY CARE

This level of care may be provided in a room-and-board situation for clients who, in addition to full maintenance and laundry service, require some guidance or supervision with activities of daily living.

To be eligible for Supervisory Care, clients would have to meet either the physical or mental criteria but not necessarily both.

PHYSICAL STATUS

This level of care is for clients who show frailty due to normal aging or who have some physical disability which only slightly impairs their ability to care for themselves.

EMOTIONAL AND MENTAL STATUS

Clients with minor mental deterioration such as some forgetfulness due to age or clients who at one time have undergone psychiatric treatment but who only require minor supervision can be accommodated at this level.

MOBILITY

Clients may be ambulant or ambulant with mechanical aids; for example, walker, cane, or crutches.

CARE REQUIRED

MEALS - The client is capable of receiving meals in the dining room but may require tray service during a brief illness. The client may require special dietary service of a simple nature (such as diabetic, pureed, salt poor, low fat, or bland diet).

PERSONAL CARE AND HYGIENE - Clients at this level should require only minor supervision in personal care; such as supervision with bathing, grooming (hair care, dental hygiene, nail care, etc.) and dressing. The client should be capable of attending his toilet care although regularity of this function may have to be supervised.

HEALTH CARE SUPERVISION - Generally the client is capable of taking any prescribed medications; however, in certain instances supervision may be required due to forgetfulness of the client. Staff will initiate referrals to client's family physician when required and will maintain contact with responsible agency.

TIME - Clients at this level will require no more than an average of 20 minutes of supervisory care per person per day.

STAFFING IN THE HOME

The care of the client is to be carried out by or under the supervision of an operator having some practical knowledge of home nursing.

Sufficient staff, excluding dietary, laundry, and maintenance staff are to be employed to provide an average of 20 minutes of supervision per guest per day.

The operator shall have staff in the home who shall be available at all times.

WHEN SUPERVISORY CARE IS PROVIDED IN A FAMILY HOME

There will be some minor differences in interpretation when applying the criteria for this level.

SUPERVISION & TOLERANCE:

(a) As a result of symptoms associated with physical and mental status, the boarding home operator will be required to tolerate and supervise mildly disordered behavior causing minor disruption to home life somewhat greater than that caused by a regular boarder.

(b) Periodic follow-up by a community health or welfare personnel will be required.

RESOCIALIZATION SERVICE:

In addition to the Supervisory Service provided, the boarding home operator will be expected to:

(a) Participate in, and supervise, activity programs as outlined by the psychiatric treatment team or the health or welfare personnel.

(b) Take part in a brief course of instruction and periodic workshops designed to enhance performance and more adequately fulfill functions and roles as a boarding home operator.

LEVEL 2. LIMITED PERSONAL CARE

This level of care is for clients who show slowing down in physical and/or mental faculties and because of this deterioration require supervision and some assistance with activities of daily living.

PHYSICAL STATUS

Clients in this category show evidence of advanced aging or they are persons of all age groups who need assistance because of disabilities resulting from a chronic ailment (e.g., arthritis, multiple sclerosis, Parkinson's Disease, or similar diseases). This level of care is required only when the disease is not too advanced and the disability is mild.

EMOTIONAL AND MENTAL STATUS

Clients in this category will include those who are mildly confused and require more supervision than is normally given in a home providing supervisory care.

In the case of clients with more advanced senile changes or residual psychiatric symptoms, accommodation at this level should be restricted to clients who require assistance in dressing and hygiene; the home would be expected to tolerate and supervise mildly disturbed behavior causing minor disruption of home life, while on the other hand, clients who display a tendency to wander away or who habitually disrupt the home life cannot be safely accommodated on such limited staff time.

MOBILITY

Clients may be ambulant, ambulant with mechanical aids, or independent at wheel chair level (that is, able to safely get in and out of a wheel chair independently and propel the wheel chair themselves).

CARE REQUIRED

MEALS - The client is capable of feeding himself; however, he may require assistance with the preparation of his food (e.g., cutting food, buttering bread, etc.). Because of unacceptable eating habits that the client may have, he may require some special attention.

PERSONAL CARE AND HYGIENE - Clients at this level will require actual assistance with bathing, grooming (hair care, dental hygiene, nail care, etc.), and dressing. A client may require assistance with his toilet care, an episode of incontinence may occur but only rarely.

HEALTH CARE SUPERVISION - Generally the client is capable of taking any prescribed medication; however, because of his physical or mental state, supervision may be required. The client may require periodical referrals to other health agencies and may need some assistance to ensure that recommended services are obtained.

Clients may require services designed to resocialize or reactivate them and to maintain maximum functioning.

The client at this level will require no more than an average of 45 minutes of supervisory and personal care per day.

STAFFING IN THE HOME

The care of the client is to be carried out by or under the supervision of an operator having some practical knowledge of home nursing.

Sufficient staff, excluding dietary, laundry, and maintenance staff are to be employed to provide an average of 45 minutes of individual care per client per day.

Not less than one staff member shall be on duty at all times.

WHEN LIMITED PERSONAL CARE IS PROVIDED IN A FAMILY HOME

There will be some differences in interpretation when applying the criteria for this level of care.

SUPERVISION & TOLERANCE:

(a) Disordered behavior may be quite prominent and significantly disruptive to life in a home and supervision and control may be required.

(b) Guest would not require full 24 hour care and could be left unsupervised during part of the day.

(c) Moderately close follow-up will be required from the community health or welfare personnel.

RESOCIALIZATION SERVICE:

The boarding home operator will be expected to:

(a) Provide, in conjunction with the psychiatric treatment team or other health or welfare personnel, stimulation and motivation to encourage participation in activities within the home and community.

(b) Take part in a brief course of instruction and periodic workshops designed to enhance performance and more adequately fulfill expected functions and roles as a boarding home operator.

LEVEL 3. INTENSIVE PERSONAL OR NURSING CARE

This level of care is usually associated with the client having an advanced physical or mental illness that is reasonably stabilized and which is not expected to deteriorate in the near future barring the occurrence of an additional disease or accident. This care, while carried out under the supervision of a registered nurse (Reg. N.) or a Registered Psychiatric Nurse (R.P.N.) and directed by the client's personal physician, usually is rendered by staff aides who mainly have been trained on the job.

PHYSICAL STATUS

Clients in this category either show evidence of aging changes combined with chronic disease or they are persons of all ages who need assistance because of the advanced stage of their chronic illness (for example, arthritis, multiple sclerosis, Parkinson's disease, or similar diseases).

EMOTIONAL AND MENTAL STATUS

This level of care will include clients suffering from varying degrees of mental deterioration resulting from senility, mental retardation, or psychiatric disorders but will exclude clients having characteristics of serious mental or emotional problems who might be harmful to themselves, harmful or threatening to others, or destructive of property. The client may require close supervision for restlessness or a tendency to wander occasionally.

MOBILITY

Ambulant, semi-ambulant, wheel chair, chair or bed-fast.

CARE REQUIRED

MEALS - Special diets and tray services are common; clients will require varying degrees of assistance with feeding. However, this level of care will exclude clients with conditions necessitating the taking of nutrition requirements other than by mouth (for example, nasal gastric tube feeding, intravenous, etc.) or those with physical difficulty in swallowing who are in danger of food or drink passing into the air passages.

HEALTH CARE SUPERVISION - The client is fully or partly dependent in regard to self care. In addition, he may require professional nursing but only as an adjunct to personal care. This level of care would include bathing, bed positioning, grooming, feeding, dressing, administration of drugs, care of incontinent persons, sterile dressings and other sterile procedures (e.g., catheter care, injections other than

intravenous, etc.) and simple exercises, but does not include such procedures as intravenous and oxygen therapy on a regular or continuous basis. In most cases clients will require the administration of prescribed medication and periodic medical or psychiatric reviews.

Clients may require simple rehabilitation measures designed to reactivate or maintain the highest possible level of function.

TIME _ Clients at this level will require an average of two hours of personal and basic nursing care per patient per day.

STAFFING IN THE HOME

The care of the client is to be carried out under the supervision of a Registered Nurse or a Registered Psychiatric Nurse as directed by the client's personal physician. A heavy concentration of R.N.'s or R.P.N.'s in such an institution is not required because the need is primarily for personal services rather than skilled nursing; however, general supervision by a registered nurse or registered psychiatric nurse is necessary. The size of the institution will determine the number of registered nurses or registered psychiatric nurses required to provide adequate supervision. As a minimum, there must be at least one registered nurse or registered psychiatric nurse on duty eight hours within the 24 hours of each day and one must be readily available at all times.

Sufficient staff, excluding dietary, laundry, and maintenance staff are to be employed to provide individual care of an average of two hours per patient per day.

WHEN INTENSIVE PERSONAL CARE IS PROVIDED IN A FAMILY HOME

There will be some differences in interpretation when applying the criteria for this level of care. Clients placed in a family home at this level of care will be closely supervised by a health treatment team and it will, therefore, not be necessary for the boarding home operator to have formal nursing training.

SUPERVISION & TOLERANCE:

(a) The severity of the mental or physical disability at this level of care would create a considerable amount of disruption in the home and would require a good deal of tolerance on the part of the operator. Supervision will be required to control behavior and/or meet physical needs.

(b) Close follow-up will be required by the community health or welfare personnel.

RESOCIALIZATION SERVICE:

(a) Activation may be an important part of behavioural control or maintenance of functioning and would require continuing supervision. The activity program would be outlined and carried out with the involvement of the psychiatric treatment team for other health or welfare personnel.

(b) The operator of the approved home would be required to take part in a brief course of instruction and attend periodic workshops designed to enhance performance and more adequately fulfill expected functions and roles as a boarding home operator.

LEVEL 4. LONG-TERM RESTORATIVE OR PALLIATIVE CARE

This level of care is for persons of all ages who do not require acute hospital care and treatment but do require regular and continuous medical attention, highly skilled technical nursing provided under appropriate supervision on a 24-hour basis and, in addition, special techniques for the improvement or maintenance of function. Patients at this level require initial and continuing medical assessment involving investigation and diagnosis for which appropriate facilities must be readily available. The aims of treatment are to control the disease process, to achieve maximum recovery of function, to prevent further disability, to retard deterioration, and to alleviate pain and distress.

There are three classifications of care at this level which are as follows:

SPECIALIZED SUPERVISORY CARE

This is for persons with advanced mental deterioration characterized by wandering tendencies, unco-operative or aggressive behavior and generally disruptive influences, who require specialized care on a 24-hour basis. These persons are likely to have physical conditions which require continuing medical supervision.

SUPPORTIVE CARE

This is for persons with advanced chronic illnesses or disabilities who require skilled nursing care on a 24-hour basis under medical supervision, and specialized techniques to arrest or retard deterioration.

RESTORATIVE CARE

For persons with chronic illnesses or disabilities, whose general condition is such that they could not withstand an intensive and vigorous rehabilitation program, but who can benefit from a slower paced restorative regime designed to improve functional ability to the extent that they can be cared for at home or at a lower level of care accommodation.

It is considered that Level 4. care, Specialized Supervisory Care, could be provided in a separate unit. However, Levels 4(B) and (C) could be provided in the same unit as the same facilities, personnel, and programs are required, the only difference being that persons in the (C) category would be expected to improve while those in the (B) category would require continuous treatment to maintain them at the same level or retard deterioration.

PHYSICAL STATUS

Patients at this level are at an advanced stage of a long-term illness or of a disabling condition.

They require continuous medical supervision and are subject to acute episodes of the chronic disease or secondary complications which may require active hospital treatment. Their general condition is such that they may not tolerate an intensive rehabilitation program but will require special techniques or a slower paced restoration regime the aims of which will be to achieve improvement in function, to arrest or retard deterioration, and to alleviate distress.

EMOTIONAL AND MENTAL STATUS

Many persons with long-term illnesses and disabling conditions will have emotional problems requiring attention and some from time to time will require the services of a consultant psychiatrist.

Persons whose primary disability is mental deterioration from any cause may exhibit wandering tendencies, unco-operative behavior, and generally disruptive influences. These patients require care or supervision on a 24-hour basis by specially trained staff and may be accommodated at this level in special units. Activation therapies would be an important aspect of behavior control.

Many patients in this category will have diseases of other body systems which will require medical supervision and treatment. The association of such diseases with the necessity of high drug dosage to control behavior problems will require skilled nursing care on a 24-hour basis together with close medical supervision.

MOBILITY

Patients whose primary disability is mental deterioration may be fully ambulant. Almost all other patients at this level will be bed-fast, bed-and-chair fast, or semi-ambulant with the use of aids including wheel chairs. The aims of restoration programs for all patients at Level 4 would be to increase or maintain ambulation skills.

CARE REQUIRED

MEALS - Some patients at this level would be capable of eating in the dining room but some will require tray service and some will need varying degrees of assistance with feeding. Some patients with mechanical difficulties in swallowing and who are in danger of aspiration will require skilled feeding under R.N. supervision. Tube feeding may be required in certain cases. Special dietary services will frequently be needed.

HEALTH CARE SUPERVISION - Care at this level is under continuing medical supervision. Services of a wide range of medical specialists may be required from time to time. The range of personal care required will be from moderate to complete dependency in the activities of daily living.

The range of nursing care required will be from regular (which includes bathing, positioning, skin, bowel and bladder care, sterile dressing, administration of medications, etc.) to skilled technical nursing such as that required for intravenous or oxygen therapy, to specialized psychiatric nursing. Special techniques to improve or maintain functional ability and to retard deterioration will be required. Social, recreational, and diversional therapy will also be required to improve or retain social and emotional well-being.

TIME - Each patient at this level will require an average of more than two hours a day of personal and nursing care.

STAFFING

All patient care and treatment is carried out under continuing medical supervision and medical services must be readily available at all times. Consultative medical services should be available when required. There must be highly skilled technical nursing services available on a 24-hour basis, and all nursing care is carried out under professional supervision. There must be sufficient nursing staff available to assure complete, safe and quality nursing care and to provide an average of more than two hours of personal and nursing care per patient per day. Restorative, dietary, pharmacy, social and chaplainary services must be available.

This level of care is for persons with physical disabilities resulting from injuries, illnesses, or congenital conditions who require active, aggressive rehabilitation provided by a team of rehabilitation personnel under the direction of or by consultation with a specialist in physical medicine. It is designed to restore or improve functional ability. Maximum benefits from this intensive rehabilitation can usually be expected within a relatively short time (usually within three months). The patient may be discharged fully restored or enabled to function better in employment situations or in activities of daily living or, if the patient is not restored to independent self-care, he may be transferred to a home-care program, to another level-of-care accommodation, or to Level 4 care for a more relaxed and prolonged continuing restorative program.

PHYSICAL STATUS

Patients may have varying degrees of physical disability which materially affect their level of independence. They may have other diseases which require investigation and treatment.

EMOTIONAL AND MENTAL STATUS

Patients at this level could be expected to have emotional problems as the result of their physical disability and some may require active psychiatric treatment along with physical restoration. Some persons with psychiatric illnesses may also require intensive rehabilitation for a physical problem; however, the rehabilitation of psychiatric patients who have no physical disabilities is provided by Psychiatric Services Branch.

MOBILITY

Patients at this level will have all ranges of mobility from complete dependence on mechanical aids to fully independent ambulation.

CARE REQUIRED

All care of patients at this level must be directed towards teaching or enabling the patient to care for himself independently. Special devices and assistance may be required with any or all of the activities of daily living as the patient gradually acquires skills and techniques in self-help.

STAFFING

A full range of medical and paramedical personnel is required. Patients on rehabilitation may often require the services of any specialist in the field of medicine but their rehabilitation program is likely to be prescribed by a specialist in physical medicine. Paramedical personnel would include rehabilitation nurses, speech therapists and audiologists, orthopaedic and prosthetic technicians, occupational and physiotherapists, remedial gymnasts, medical social

workers, vocational counsellors, psychologists, chaplains, recreational therapists, educational specialists, etc. All staff members work together as a team for the restoration of patients to the fullest physical, social, mental, vocational, and economic usefulness of which they are capable.



Continuing Care Assessment

Assessment Agency _____ District _____ Primary Assessor _____ Date of Initial Assessment _____ / _____ / _____ Year Month Day	Place of Assessment <input type="checkbox"/> Client's Home <input type="checkbox"/> Hospital <input type="checkbox"/> Special-care Home <input type="checkbox"/> Other _____
--	---

Client Profile

Name _____ Current Address _____ / _____ Street No. City/Town/Village _____ / _____ Postal Code Telephone <input type="checkbox"/> Party Line Home Address _____ / _____ (if not above) Street No. City/Town/Village _____ / _____ Postal Code Telephone <input type="checkbox"/> Party Line Directions: _____ Current Marital Status <input type="checkbox"/> Single (never married) <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Married - How Long? _____ How long? _____ <input type="checkbox"/> Widowed - How Long? _____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth _____ / _____ / _____ Year Month Day Age _____ Place of Residence <input type="checkbox"/> Farm/Rural <input type="checkbox"/> Village/Hamlet <input type="checkbox"/> Town <input type="checkbox"/> City Religion (optional) _____ Language <input type="checkbox"/> English <input type="checkbox"/> Limited English <input type="checkbox"/> Other Preferred Language: _____ <input type="checkbox"/> Smoker <input type="checkbox"/> Non-smoker
Health Services Card No. _____ (eight digits) Registration No. Ben.No.	
Optional O.A.S. No. _____ S.I.N. _____ / _____ / _____ M.S.I. _____ G.M.S. _____	

Persons to Notify in an Emergency

1. Name _____ Address _____ Relation to Client _____	Telephone Work: _____ Home: _____
2. Name _____ Address _____ Relation to Client _____	Telephone Work: _____ Home: _____

Physicians (List family doctor first)

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Case Information (to be completed by the Assessment Agency)

<p>Referred for Assessment by:</p> <p><input type="checkbox"/> Client _____</p> <p><input type="checkbox"/> Relative _____</p> <p><input type="checkbox"/> Physician _____</p> <p><input type="checkbox"/> Hospital _____</p> <p><input type="checkbox"/> Special-care Home _____</p> <p><input type="checkbox"/> Home Care Program _____</p> <p><input type="checkbox"/> Other _____</p>	<p>Purpose of Assessment:</p> <p><input type="checkbox"/> Special-care Home Inquiry</p> <p><input type="checkbox"/> Home Care Inquiry</p> <p><input type="checkbox"/> General Inquiry</p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> <p>_____</p>
<p>Primary Respondent</p> <p><input type="checkbox"/> Client Only <input type="checkbox"/> Client with translator</p> <p><input type="checkbox"/> Advocate <input type="checkbox"/> Client with active involvement of supporter</p> <p>(Advocate)</p> <p>Name _____</p> <p>Address _____</p> <p>Relation to Client _____</p>	<p>Reason for Use of Advocate (if applicable)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Individuals Consulted:	
Family	Others
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

Hospital Status (for persons currently in hospital)

Hospital _____

Classified Level 6 Long-stay patient (classified level 2, 3, or 4)

Could the individual return to the community if discharged?

Yes Not Sure No

Reasons: _____

Physical Health

1. Relevant medical conditions: (Read list, then ask about other problems)

Condition (Check those appropriate)	Detail and Effect on Normal Activities
<input type="checkbox"/> Diabetes <input type="checkbox"/> Arthritis or Rheumatism <input type="checkbox"/> Emphysema or Bronchitis <input type="checkbox"/> Heart or Circulatory Problems <input type="checkbox"/> Effects of Stroke <input type="checkbox"/> Cancer <input type="checkbox"/> Multiple Sclerosis Other: _____ _____ _____ _____ _____ _____	

2. Hospital Stays in last year: None or

Hospital	Reason	Length of Stay	Discharge Date

Recovery: Complete or

3. Currently under care of physician: Yes No
 If Yes, give physician, reason, and type of care being provided:

4. Current or recent medications: *(Copy information from label if possible; include non-prescription drugs used regularly)*

Prescription Drug	Purpose	Physician	Date Prescribed

Regular injections: (obtain dosage if known)

Type of Injection	Frequency	Given By	Purpose

Non-Prescription Items	Purpose

5. Known drug allergies or sensitivities: *(Confirm with physician)*

Other Allergies (food, smoke, etc.) _____

6. Special Diet: Yes No

Prescribed by: _____

Type of diet: _____

Details

7. Other care being received: *(Check if applicable and give details)*

Provider or Service	Reason and Type of Care
<input type="checkbox"/> Physical or Occupational Therapist <input type="checkbox"/> Public Health Nurse <input type="checkbox"/> Nutritionist <input type="checkbox"/> Chiropodist <input checked="" type="checkbox"/> Speech Therapist <input type="checkbox"/> Adult Day Care <input type="checkbox"/> Social Worker <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Mental Health Nurse Other: _____ _____	
<p>8. Eyesight: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Partly or totally blind</p> <p>Glasses: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>9. Hearing: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Partly or totally deaf</p> <p>Hearing Aid: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> No</p>	
<p>10. Teeth: <input type="checkbox"/> Own teeth only <input type="checkbox"/> Dentures: <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Partial</p> <p><input type="checkbox"/> No problems <input type="checkbox"/> Some problems <input type="checkbox"/> Significant problems</p>	

11. Feet: (pains, swelling, etc.): <input type="checkbox"/> No problems <input type="checkbox"/> Some problems <input type="checkbox"/> Significant problems			
12. Skin Condition: (pressure sores, etc.) <input type="checkbox"/> No problems <input type="checkbox"/> Some problems <input type="checkbox"/> Significant problems			
13. Aids and equipment: (Ask about other aids or equipment used)			
<input type="checkbox"/> Cane <input type="checkbox"/> Crutches/Walker <input type="checkbox"/> Wheelchair <input type="checkbox"/> Leg Brace <input type="checkbox"/> Artificial Limb <input type="checkbox"/> Ostomy Equipment <input type="checkbox"/> Catheter <input type="checkbox"/> Oxygen Equipment <input type="checkbox"/> Pacemaker Other: <hr/> <hr/>	<table border="1"> <thead> <tr> <th data-bbox="528 567 1445 630">Details of Use and Problems (if any)</th> </tr> </thead> <tbody> <tr> <td data-bbox="528 630 1445 1102"></td> </tr> </tbody> </table>	Details of Use and Problems (if any)	
Details of Use and Problems (if any)			

Please Note: (Questions 14-33)

1. Certain functional questions are reserved for persons usually resident in the community or for whom return to the community is a possibility.
2. Do not inquire directly if it is obvious that the person could not perform the function.
3. Be specific about the type of help required (e.g. direct physical assistance, teaching, encouragement, supervision).

Activities of Daily Living - Mobility

	Limitations, Help Needed
14. Walking: <input type="checkbox"/> Fully independent <input type="checkbox"/> Independent with cane, walker, etc. <input type="checkbox"/> Requires some assistance <input type="checkbox"/> Wheelchair - independent <input type="checkbox"/> Wheelchair - requires assistance <input type="checkbox"/> Bedfast, or bed to chair only	
15. Transferring: <input type="checkbox"/> Performs without help <input type="checkbox"/> Limited <input type="checkbox"/> Unable to perform without help Positioning required <input type="checkbox"/> Yes <input type="checkbox"/> No	

16. Stairs: <input type="checkbox"/> Manages without help <input type="checkbox"/> Limited <input type="checkbox"/> Unable to manage stairs	Limitations, Help Needed:
17. Functional mobility in usual residence: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
18. Travel outside usual residence: <input type="checkbox"/> Independent <input type="checkbox"/> Limited, requires some assistance <input type="checkbox"/> Requires considerable assistance Is help now available adequate to meet client's transportation needs? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, describe problem at right)	

(Check: If current long-term care resident, go to Question 25 unless ability to return to the community is being assessed)

Activities of Daily Living - Household Tasks

19. Light housework: (washing dishes, etc.) <input type="checkbox"/> Performs without help <input type="checkbox"/> Limited <input type="checkbox"/> Unable to perform	Limitations, Help Needed:
20. Heavy housework: <input type="checkbox"/> Performs without help <input type="checkbox"/> Limited <input type="checkbox"/> Unable to perform	
21. Laundry: <input type="checkbox"/> Performs without help <input type="checkbox"/> Limited <input type="checkbox"/> Unable to perform	
22. Yard Care: (lawn mowing, etc.) <input type="checkbox"/> Performs without help <input type="checkbox"/> Limited <input type="checkbox"/> Unable to perform <input type="checkbox"/> No yard	

<p>23. Preparation of Hot Meals:</p> <p><input type="checkbox"/> Performs without help</p> <p><input type="checkbox"/> Limited</p> <p><input type="checkbox"/> Unable to perform</p> <p><i>(if limited or unable)</i></p> <p>Preparation of light snacks: (sandwiches, etc.)</p> <p><input type="checkbox"/> Performs without help</p> <p><input type="checkbox"/> Limited</p> <p><input type="checkbox"/> Unable to perform</p>	<p>Limitations, Help Needed:</p>												
<p>24. Shopping: (assuming transportation available)</p> <p><input type="checkbox"/> Performs without help</p> <p><input type="checkbox"/> Limited</p> <p><input type="checkbox"/> Unable to perform</p>													
<p>All Clients</p> <p>25. Telephone:</p> <table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Local</th> <th style="text-align: center;">L.Dist.</th> </tr> </thead> <tbody> <tr> <td>Uses without help</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Limited</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Unable to use</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Local	L.Dist.	Uses without help	<input type="checkbox"/>	<input type="checkbox"/>	Limited	<input type="checkbox"/>	<input type="checkbox"/>	Unable to use	<input type="checkbox"/>	<input type="checkbox"/>	
	Local	L.Dist.											
Uses without help	<input type="checkbox"/>	<input type="checkbox"/>											
Limited	<input type="checkbox"/>	<input type="checkbox"/>											
Unable to use	<input type="checkbox"/>	<input type="checkbox"/>											
<p>26. Personal Financial Affairs:</p> <p><input type="checkbox"/> Manages without help</p> <p><input type="checkbox"/> Limited</p> <p><input type="checkbox"/> Unable to manage</p>													

Activities of Daily Living - Personal Care

<p>27. Bathing: (including getting in and out of tub)</p> <p><input type="checkbox"/> Performs without help</p> <p><input type="checkbox"/> Limited</p> <p><input type="checkbox"/> Unable to manage</p> <p><i>(if limited or unable)</i></p> <p>Sponge Bath? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>28. Dressing, undressing:</p> <p><input type="checkbox"/> Performs without help</p> <p><input type="checkbox"/> Limited</p> <p><input type="checkbox"/> Unable to perform without help</p>	
<p>29. Feeding:</p> <p><input type="checkbox"/> Performs without help</p> <p><input type="checkbox"/> Limited</p> <p><input type="checkbox"/> Unable to feed self</p>	

30. Grooming: <input type="checkbox"/> Performs without help <input type="checkbox"/> Limited <input type="checkbox"/> Unable to perform without help																
31. Sleep: <input type="checkbox"/> No problems <input type="checkbox"/> Some problems <input type="checkbox"/> Significant problems Currently using medication for sleep? <input type="checkbox"/> Yes <input type="checkbox"/> No																
32. Continence: <table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">Bowel</td> <td style="text-align: center;">Bladder</td> </tr> <tr> <td>Continent</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Occasional problems</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Frequent problems</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Incontinent</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p>Specify any current aids, equipment, treatment or procedure at right.</p>		Bowel	Bladder	Continent	<input type="checkbox"/>	<input type="checkbox"/>	Occasional problems	<input type="checkbox"/>	<input type="checkbox"/>	Frequent problems	<input type="checkbox"/>	<input type="checkbox"/>	Incontinent	<input type="checkbox"/>	<input type="checkbox"/>	
	Bowel	Bladder														
Continent	<input type="checkbox"/>	<input type="checkbox"/>														
Occasional problems	<input type="checkbox"/>	<input type="checkbox"/>														
Frequent problems	<input type="checkbox"/>	<input type="checkbox"/>														
Incontinent	<input type="checkbox"/>	<input type="checkbox"/>														
<p><i>(Optional)</i></p> 33. Any Other Functional Limitations: <input type="checkbox"/> Yes <input type="checkbox"/> No <p>If yes, specify and indicate assistance required _____</p> <p>_____</p> <p>_____</p>																

Residential Environment

34. Type of Residence: (usual) <input type="checkbox"/> House (single family) <input type="checkbox"/> Apartment (self-contained) - Senior Citizens Housing <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Boarding house/rooming house/hotel <input type="checkbox"/> Special-care Home <input type="checkbox"/> Hospital (indefinite stay) <input type="checkbox"/> Other care home - including private care home, group home, approved home, etc. Length of time resident in above _____	Description (e.g. older 2-storey house)
---	---

(Check: If a current long-term care resident, go to Question 41 unless ability to return to the community is being assessed).

Residential Status: Owns Rents

Occupant in another's residence Whose? _____

36. Suitability of Residence: (for functional abilities of individual) <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Description of problems: (e.g. utilities, stairs, number and location of toilets, etc.)
---	--

37. Living Arrangement: Lives alone or

Name	Relationship

Social Support

Supporter	Type and Frequency of Help
Name _____ Relation _____ Address _____ Telephone _____	
Name _____ Relation _____ Address _____ Telephone _____	
Name _____ Relation _____ Address _____ Telephone _____	

39. Support From Community Groups, Agencies: (Indicate type and frequency of help)

40. (If client lives alone without regular help)
Does someone check regularly? Yes No

Name and Frequency _____

41. Contact with Family and Friends:

42. Involvement with Clubs, Organizations, Church Groups, etc.

Name	Involvement

43. Other Interests, Hobbies:

44. (Ask respondent) Is there anything you would like to say to help decide how your (client's) needs can best be met?

Note: (Be sure to obtain the client's consent for sharing of the assessment information and any anticipated consultations with others.)

Reserved for Discretionary Use by the Assessment Agency

Income and Subsidy

45. Net Income From Private and Government Sources:

(Circle the number beside the relevant category)

- | Monthly | Annually |
|--------------------|---------------------|
| 1. Under \$200 | 1. Under \$2,400 |
| 2. 200- 299 | 2. 2,400- 3,599 |
| 3. 300- 399 | 3. 3,600- 4,799 |
| 4. 400- 499 | 4. 4,800- 5,999 |
| 5. 500- 599 | 5. 6,000- 7,199 |
| 6. 600- 699 | 6. 7,200- 8,399 |
| 7. 700- 799 | 7. 8,400- 9,599 |
| 8. 800- 899 | 8. 9,600-10,799 |
| 9. 900- 999 | 9. 10,800-11,999 |
| 10. 1,000-1,099 | 10. 12,000-13,199 |
| 11. 1,100-1,199 | 11. 13,200-14,399 |
| 12. 1,200-1,299 | 12. 14,400-15,599 |
| 13. 1,300-1,399 | 13. 15,600-16,799 |
| 14. 1,400-1,499 | 14. 16,800-17,999 |
| 15. 1,500-1,999 | 15. 18,000-23,999 |
| 16. 2,000-2,999 | 16. 24,000-35,999 |
| 17. 3,000 and over | 17. 36,000 and over |

Checklist (optional use)

- | | |
|------------------------|-------|
| Income from Employment | _____ |
| Self-Employment Income | _____ |
| O.A.S./G.I.S. | _____ |
| S.I.P. | _____ |
| Canada Pension Plan | _____ |
| DVA Pension | _____ |
| Other Pensions | _____ |
| Family Allowance | _____ |
| Other: | _____ |
| | _____ |
| | _____ |
| | _____ |
| Total | _____ |

Number of People (including client) Living on Income _____

Additional Details and Explanations Concerning Income:

Subsidy: Explain the client charge system and the subsidy application.

Ask if the client wishes to apply for a subsidy Yes No

Independence and Support Ratings

Independence _____

1. Independent - manages without help or with minimal help
2. Mildly Dependent - manages personal care; needs help for household tasks
3. Moderately Dependent - needs some help for personal care, household tasks
4. Dependent - needs considerable help for most personal care, household tasks

Support _____

- A. Support stable; usually or always available
- B. Support stable; limited availability
- C. Support unstable; usually or always available at present
- D. Support unstable; limited availability
- E. Only short-term or occasional help available
- F. No significant support available

Interview with Supporter

To be conducted whenever a client is receiving significant support from another person.
To be omitted when behavioural assessment supplement used.

Name _____ Relation to Client _____

Address _____ Telephone _____

1. Could you give your view of (client's) situation?

2. What kind of help have you been giving and how much time and effort are required?

Help Given	Frequency, Other Comments

3. Is there anything that might affect your ability to continue giving help?
(If Yes) What type of assistance do you need to make the current situation manageable?

4. In your view, what is the best long-term solution for (client) and for you?

Assessor Comments

Has some significant event or change in the client's circumstances occurred recently?
Describe the change and how it is affecting care needs.

2. Did the client exhibit evidence of confusion or memory loss during the assessment?
Describe any problems encountered.

3. What additional specialized assessments are recommended? (e.g. medical, nursing, physiotherapy, occupational therapy, social work, etc.)

None or

- | | | |
|----------|------------------------------------|-------------------------------------|
| 1. _____ | <input type="checkbox"/> Essential | <input type="checkbox"/> Beneficial |
| 2. _____ | <input type="checkbox"/> Essential | <input type="checkbox"/> Beneficial |
| 3. _____ | <input type="checkbox"/> Essential | <input type="checkbox"/> Beneficial |

4. If all the services below were available, which would be most appropriate in this situation?
(Mark as many as applicable)

- | | |
|--|--|
| <input type="checkbox"/> Home Care | <input type="checkbox"/> Respite Care (in special-care home) |
| <input type="checkbox"/> Adult Day Care | <input type="checkbox"/> Respite Care (in client's home) |
| <input type="checkbox"/> Night Care (in client's home) | <input type="checkbox"/> Special-care Home |
| <input type="checkbox"/> Night care (in special-care home) | <input type="checkbox"/> None |
| <input type="checkbox"/> Other _____ | |

5. Other Comments:

Assessment Summary

Name _____	First Assessment Date _____
------------	-----------------------------

From your discussion with the client and others, please provide a summary concerning the following critical factors:

1. Physical Health _____

2. Mental Health Behavioural Assessment Recommended? Yes No

(a) Alertness, Memory, Judgement _____

(b) Attitude, Morale, Co-operativeness _____

3. A.D.L. Abilities

(a) Household Tasks _____

(b) Personal Care _____

Updates:

#1 Date	#2 Date	#3 Date
------------	------------	------------

Enter any change in the client's condition, abilities, or circumstances:

Assessment Summary (continued)

name _____ First Assessment Date _____

4. Communication Abilities

5. Support System

6. Other Important Factors (e.g. language, suitability of residence, client preferences, etc.)

7. Which of the services now available in the area is the most appropriate?

Give reasons for your recommendation and indicate the urgency of the need.

Updates:

#1 ite	#2 Date	#3 Date

Service Recommendations: (for Home Care use)

Description of Problems	Services Required	Objectives of Service

Notes:

Date:	
-------	--



Please Print or Write Clearly

Name of Patient: _____

Address: _____

Period of time under your care: _____

1. Relevant diagnoses:

a. _____

b. _____

c. _____

d. _____

2. Current or recent treatments, surgery, etc.:

3. Current medications:

Name	Dosage-Freq.	Purpose

Drug allergies, sensitivities: _____

4. Type and frequency of medical supervision required:

Are you prepared to continue medical supervision? Yes No

Comments:

5. What actions do you recommend to provide the most appropriate care for the individual?

6. Level of Care Recommendation (optional):

Level 1 Level 2 Level 3 Level 4

7. Additional Comments: (special requirements, anticipated needs)

Reporting Physician: *(Please print)* _____

Address: _____

Telephone: _____

Date: _____

Physician's Signature _____

(If information recorded by assessor)

Name _____

Continuing Care Assessment Behavioural Assessment Supplement

Assessment Agency: _____

Client/Resident Name: _____

Assessor: _____ Date: _____

Instructions:

1. The respondent for Part A should be the individual's primary care provider at home or a facility staff member fully aware of resident's behaviour patterns.
2. When describing a particular type of behaviour, indicate whether it has developed recently or has been part of the client's behaviour pattern for a long time.
3. "Current Management" means any method used to cope with the behaviour including medication if used. If the respondent replies that the behaviour cannot be managed, indicate the reason and any past attempts to manage it.
4. When this supplement is used, Part B of the Physician's Report should also be completed.

Part A — Interview with Care Provider

Part A Respondent: _____

Relation to Assessed Individual: _____

es the person:

Lose his way or become confused about places he would ordinarily know? (e.g., wandering, forgetting the location of toilets, etc.)		<input type="checkbox"/> No <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently
Provide examples; indicate if the behaviour developed recently and describe the situations in which it occurs.	How is this behaviour currently managed?	
2. Have periods in which he does not recognize persons well-known to him or mistakes them for others?		<input type="checkbox"/> No <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently
Examples	Current Management	
3. Experience significant confusion about the time of day (e.g., rising in the night to perform daytime activities)		<input type="checkbox"/> No <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently
Examples	Current Management	

Experience confusion regarding his present time of life (e.g., <i>lapsing into behaviour and speech associated with the past</i>)?		<input type="checkbox"/> No <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently
Examples	Current Management	
5. Become unusually confused and upset in stressful situations (<i>noise, crowds, visitors, etc.</i>)?		<input type="checkbox"/> No <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently
Examples	Current Management	
6. Become disoriented or confused during normal conversations (e.g., <i>rambling, forgetting ordinary words</i>)?		<input type="checkbox"/> No <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently
Examples	Current Management	

Have periods in which his speech is unintelligible or bizarre

- No
- Occasionally
- Frequently

Examples

Current Management

8. Exhibit undue fear or suspicion of others

- No
- Occasionally
- Frequently

Examples

Current Management

9. Have difficulty getting along with others?
(e.g., quarrelsome, unco-operative, irritable)

- No
- Occasionally
- Frequently

Examples

Current Management

Have episodes of self-destructive or self-abusive behaviour? <input type="checkbox"/> No <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently	
Examples	Current Management
11. Have periods of intensive and apparently unprovoked aggression against others (<i>verbal or physical</i>)? <input type="checkbox"/> No <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently	
Examples	Current Management
12. Exhibit other patterns of behaviour usually considered to be inappropriate (e.g., unusual sexual behaviour, compulsive or impulsive behaviour extremes)? <input type="checkbox"/> No <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently	
Examples	Current Management

13. Does the person seem aware of the problems caused by his behaviour? If so, what is his reaction? What reasons or explanations has he given for the behaviour?

14. In your view, what steps need to be taken to make the current situation manageable?

15. (If the present situation is seen to be unmanageable) what is your recommendation for the future care of the individual, considering the interests of the individual and his care provider(s)?

Part B — Assessor Comments and Recommendations

Does any of the behaviour described in Part A give reason for concern about the physical safety of the individual under the present circumstances? If yes, describe the danger and any possible steps that might be taken to reduce the risk.

2. Does any of the behaviour give reason for concern about the physical safety of those around the individual? If yes, describe the danger to others and any possible steps that might be taken to reduce the risk.

3. Does the behaviour cause serious disruption to the lives of those living with or caring for the individual? If yes, describe the problems and any possible measures that might be necessary to make the existing situation manageable.

What long-term solutions are recommended to manage the problems? If the recommendation is to place the individual in a special-care home or to transfer the individual to a facility with more extensive resources, explain why the change would be in the interests of the individual and his current care providers.

Updates:

#1 Date _____

#2 Date _____

#3 Date _____



Please Print

Instructions on Reverse

Facility Information

Name of Facility	Location of Facility	Facility Number
------------------	----------------------	-----------------

Resident Information

Name of Resident (Surname, Given, Initial)		Date of Change:	Year	Month	Day
		1	9		
ask. Health Services Card Number	Out-of-Province Health Card - state province	New Level of care:			
		<input type="checkbox"/> 1	If Level 4: <input type="checkbox"/> 4a		
		<input type="checkbox"/> 2	<input type="checkbox"/> 4b		
		<input type="checkbox"/> 3	<input type="checkbox"/> 4c		
		<input type="checkbox"/> 4	<input type="checkbox"/> (not determined)		

copy 1 — Special-care homes submit to Continuing Care
 Hospitals submit to SHSP
 copy 2 — Retain For Your Records

Administrator

Health 31-7779/784

Long-Term Care Level of Care Change

Instructions:

1. General

• Use this form when the care needs of an existing long-term resident or patient are reclassified.

Use the "Long-Term Care Admission" form if the individual's needs are being reclassified from Level 6 to Level 2, 3, or 4.

2. Facility Information

Name - Please use your facility's full name.

Location - Enter the town or city in which the facility is located.

Facility Number - For special-care homes, please enter the five-digit number assigned to you for the census.
- For hospitals, use your hospital code number assigned by the Saskatchewan Hospital Services Plan.

3. Resident Information

Sask. Health Services Card Number - Be sure to enter the full eight-digit number (six for the Registration Number and two for the Beneficiary Number).

For a Registered Indian, the first digit will be replaced with an "R". Ignore all other letter prefixes.

Out-of-Province Health Card - Do not enter out-of-province health card numbers. Enter the name of the Province only if the individual does not possess a current Saskatchewan card.

4. Date of Change - • Enter the date on which the individual's care needs were reclassified.

5. New Level of Care

• Enter only the new level of care as determined by the special-care home or hospital using the "Criteria for Levels of Care". The former level will already be on the individual's record.

- If the new classification is Level 4, check whether the care required was further classified as 4a, 4b, 4c, or whether no further classification was determined.

Please sign and submit the top copy to Continuing Care (special-care homes) or SHSP (hospitals). Retain the bottom copy for your records.

DATA REQUIREMENTS

In order to complete our inter-provincial comparison of care for the elderly provided in long term care (LTC) facilities, we will be collecting the following data from each province. We are attempting to collect information for 1987 (or the most recent year for which data are available), as well as for a ten year period prior to 1987, if possible. The data we require from you pertain only to residents of Saskatchewan who are 65 years of age or over. Because of the mandate of our study, it is important that the data we collect are categorized by the profit status (i.e. private for-profit, private not-for-profit and public) of the facility, whenever possible. We would like you to identify where this breakdown is not possible, based on the data available to you.

		PAGE
1) <u>DATA BY TYPE OF FACILITY OWNERSHIP:</u> (i.e. public, private for-profit and private not-for-profit)		
1.1)	Number of Elderly Residents in LTC Facilities. The number of elderly residents in each type of facility, by the ownership status of the facility (private for-profit, private not-for-profit, public). We also require data on the number of elderly receiving care, by the level of care.	1
1.2)	Patient Days. The number of patient days delivered in LTC facilities, by type of ownership and level of care.	2
1.3)	Licensed Beds. The number of licensed beds in LTC facilities, by type of ownership and level of care.	3
1.4)	Average Occupancy Rates. The average occupancy rates of LTC facilities by type of ownership and level of care.	4
1.5)	Average Length of Stay. The average length of stay in LTC facilities by type of ownership and level of care.	5
1.6)	Number of Facilities. The number of LTC facilities providing care to the elderly, by type of ownership.	6
	Personnel Inputs to Care. The average number of;	
1.7)	Nursing Hours (i.e. delivered by a registered nurse),	7
1.8)	Nursing Assistant Hours,	8
1.9)	Health Care Aid Hours,	9
1.10)	Other Professional Hours, provided in LTC facilities, by type of ownership and level of care.	10
1.11)	Characteristics of Residents in Defining Levels of Care. The Activities of Daily Living (ADL) used in defining levels of care. We would also like to know, whether the resident's prognosis, medication dependence, or other resident characteristics are used in defining levels of care.	11-14
2) <u>DATA ON FACILITY FINANCING:</u>		
2.1)	Reimbursement Rates. The average per diem rate, in each facility, by level of care.	15
2.2)	Government's Contribution to the Per Diem Rate. Government contribution to the per diem charge. The amount of the daily charge paid by the government in each facility, by level of care.	15
2.3)	Resident's Contribution to the Per Diem Rate. The amount of the per diem charge that residents are required to pay (indicating an upper ceiling where applicable) in each facility, by level of care.	15
2.4)	Private Insurance Coverage. The amount of the <u>resident's portion</u> of the per diem charge that is covered by private, third-party insurers, by level of care and type of facility.	15

PROVINCIAL DATA REQUIREMENTS (CONTINUED)

	PAGE
3) <u>DATA ON FOR-PROFIT MANAGEMENT:</u> Of the LTC facilities owned on a public or private not-for-profit basis that are managed by a private for-profit firm, the number of;	
3.1) Elderly Residents,	16
3.2) Licenced Beds,	17
3.3) Facilities.	18
4) <u>DATA ON REGULATION:</u>	
4.1) Government Regulation of Long Term Care.	
Information on:	
- the regulatory act(s) governing each type of facility	19
- the mechanisms used to enforce the acts and monitor standards of care	19
- the penalties for violations of the acts	19

The information we require for Saskatchewan is summarized on the following pages. These pages are separated into four categories; Facility Ownership, Facility Financing, Facility Management and Regulations. The information we have accumulated to date from various sources has been included in these tables. In order for a complete and thorough analysis to be done, we would appreciate your help in obtaining the missing information, updating the data to the most recent year available, and identifying and correcting any inconsistencies which you detect. We have enclosed an additional copy of the data collection form that can be used for recording more recent data than we have collected.

In the following tables on facility ownership, we wish to obtain data on characteristics of long-term care facilities in Saskatchewan, by their type of ownership (i.e. private for-profit, private not-for-profit, or public). Please indicate with an asterisk which data do not apply exclusively to residents aged 65 and over.

1.1) NUMBER OF ELDERLY RESIDENTS, BY FACILITY OWNERSHIP

TYPE OF FACILITY Level of Care	NUMBER OF RESIDENTS AGED 65 AND OVER, BY LEVEL OF CARE PROVIDED**			
	PRIVATE FOR- PROFIT	PRIVATE NOT-FOR- PROFIT	PUBLIC	TOTAL, BY LEVEL OF CARE
LONG TERM CARE HOSPITALS:				
Long Term Restorative Care	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Total (all levels)	_____	_____	_____	_____
LONG TERM CARE WARDS/UNITS IN GENERAL HOSPITALS:				
Long Term Restorative Care	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Total (all levels)	_____	_____	_____	_____
SPECIAL CARE HOMES:				
Supervisory Care	_____	_____	_____	_____
Limited Personal Care	_____	_____	_____	_____
Intensive Personal Care	_____	_____	_____	_____
Long Term Restorative Care	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Total (all levels)	_____	_____	_____	_____
APPROVED HOMES:				
Supervisory Care	_____	_____	_____	_____
Limited Personal Care	_____	_____	_____	_____
Intensive Personal Care	_____	_____	_____	_____
Long Term Restorative Care	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Total (all levels)	_____	_____	_____	_____
GROUP HOMES:				
Supervisory Care	_____	_____	_____	_____
Limited Personal Care	_____	_____	_____	_____
Intensive Personal Care	_____	_____	_____	_____
Long Term Restorative Care	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Total (all levels)	_____	_____	_____	_____
OTHER (please specify facility and level(s) of care):				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total (all levels)	_____	_____	_____	_____

** Please indicate in parentheses the year (e.g. 87 or 86/87) to which data applies following each entered value.

Comments _____

Table filled in by _____

1.2) NUMBER OF PATIENT DAYS FOR ELDERLY RESIDENTS, BY FACILITY OWNERSHIP

Please indicate with an asterisk which data do not apply exclusively to residents aged 65 and over.

TYPE OF FACILITY Level of Care	NUMBER OF PATIENT DAYS FOR RESIDENTS AGED 65 AND OVER, BY LEVEL OF CARE PROVIDED**			
	PRIVATE FOR- PROFIT	PRIVATE NOT-FOR- PROFIT	PUBLIC	TOTAL, BY LEVEL OF CARE
LONG TERM CARE HOSPITALS:				
Long Term Restorative Care	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Total (all levels)	_____	_____	_____	_____
LONG TERM CARE WARDS/UNITS IN GENERAL HOSPITALS:				
Long Term Restorative Care	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Total (all levels)	_____	_____	_____	_____
SPECIAL CARE HOMES:				
Supervisory Care	_____	_____	_____	_____
Limited Personal Care	_____	_____	_____	_____
Intensive Personal Care	_____	_____	_____	_____
Long Term Restorative Care	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Total (all levels)	_____	_____	_____	_____
APPROVED HOMES:				
Supervisory Care	_____	_____	_____	_____
Limited Personal Care	_____	_____	_____	_____
Intensive Personal Care	_____	_____	_____	_____
Long Term Restorative Care	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Total (all levels)	_____	_____	_____	_____
GROUP HOMES:				
Supervisory Care	_____	_____	_____	_____
Limited Personal Care	_____	_____	_____	_____
Intensive Personal Care	_____	_____	_____	_____
Long Term Restorative Care	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Total (all levels)	_____	_____	_____	_____
OTHER (please specify facility and level(s) of care):				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total (all levels)	_____	_____	_____	_____

** Please indicate in parentheses the year (e.g. 87 or 86/87) to which data applies following each entered value.

Comments _____

Table filled in by _____

1.3) NUMBER OF LICENCED BEDS FOR ELDERLY RESIDENTS, BY FACILITY OWNERSHIP

Please indicate with an asterisk which data do not apply exclusively to residents aged 65 and over.

TYPE OF FACILITY Level of Care	NUMBER OF LICENCED BEDS FOR RESIDENTS AGED 65 AND OVER, BY LEVEL OF CARE PROVIDED**			
	PRIVATE FOR- PROFIT	PRIVATE NOT-FOR- PROFIT	PUBLIC	TOTAL, BY LEVEL OF CARE
LONG TERM CARE HOSPITALS:				
Long Term Restorative Care	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Total (all levels)	_____	_____	_____	_____
LONG TERM CARE WARDS/UNITS IN GENERAL HOSPITALS:				
Long Term Restorative Care	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Total (all levels)	_____	_____	_____	_____
SPECIAL CARE HOMES:				
Supervisory Care	_____	_____	_____	_____
Limited Personal Care	_____	_____	_____	_____
Intensive Personal Care	_____	_____	_____	_____
Long Term Restorative Care	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Total (all levels)	_____	_____	_____	_____
APPROVED HOMES:				
Supervisory Care	_____	_____	_____	_____
Limited Personal Care	_____	_____	_____	_____
Intensive Personal Care	_____	_____	_____	_____
Long Term Restorative Care	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Total (all levels)	_____	_____	_____	_____
GROUP HOMES:				
Supervisory Care	_____	_____	_____	_____
Limited Personal Care	_____	_____	_____	_____
Intensive Personal Care	_____	_____	_____	_____
Long Term Restorative Care	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Total (all levels)	_____	_____	_____	_____
OTHER (please specify facility and level(s) of care):				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total (all levels)	_____	_____	_____	_____

** Please indicate in parentheses the year (e.g. 87 or 86/87) to which data applies following each entered value.

Comments _____

Table filled in by _____

1) DATA BY TYPE OF FACILITY OWNERSHIP (continued): SASKATCHEWAN

1.4) AVERAGE ANNUAL OCCUPANCY RATES, BY FACILITY OWNERSHIP

Please indicate with an asterisk which data do not apply exclusively to residents aged 65 and over.

TYPE OF FACILITY Level of Care	AVERAGE ANNUAL FACILITY OCCUPANCY RATES**			
	PRIVATE FOR- PROFIT	PRIVATE NOT-FOR- PROFIT	PUBLIC	TOTAL, BY LEVEL OF CARE
LONG TERM CARE HOSPITALS:				
Long Term Restorative Care	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Total (all levels)	_____	_____	_____	_____
LONG TERM CARE WARDS/UNITS IN GENERAL HOSPITALS:				
Long Term Restorative Care	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Total (all levels)	_____	_____	_____	_____
SPECIAL CARE HOMES:				
Supervisory Care	_____	_____	_____	_____
Limited Personal Care	_____	_____	_____	_____
Intensive Personal Care	_____	_____	_____	_____
Long Term Restorative Care	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Total (all levels)	_____	_____	_____	_____
APPROVED HOMES:				
Supervisory Care	_____	_____	_____	_____
Limited Personal Care	_____	_____	_____	_____
Intensive Personal Care	_____	_____	_____	_____
Long Term Restorative Care	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Total (all levels)	_____	_____	_____	_____
GROUP HOMES:				
Supervisory Care	_____	_____	_____	_____
Limited Personal Care	_____	_____	_____	_____
Intensive Personal Care	_____	_____	_____	_____
Long Term Restorative Care	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Total (all levels)	_____	_____	_____	_____
OTHER (please specify facility and level(s) of care):				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total (all levels)	_____	_____	_____	_____

** Please indicate in parentheses the year (e.g. 87 or 86/87) to which data applies following each entered value.

Comments _____

Table filled in by _____

1.5) AVERAGE LENGTH OF STAY, BY FACILITY OWNERSHIP

Please indicate with an asterisk which data do not apply exclusively to residents aged 65 and over.

TYPE OF FACILITY Level of Care	AVERAGE LENGTH OF STAY**			
	PRIVATE FOR- PROFIT	PRIVATE NOT-FOR- PROFIT	PUBLIC	TOTAL, BY LEVEL OF CARE
LONG TERM CARE HOSPITALS:				
Long Term Restorative Care	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Total (all levels)	_____	_____	_____	_____
LONG TERM CARE WARDS/UNITS IN GENERAL HOSPITALS:				
Long Term Restorative Care	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Total (all levels)	_____	_____	_____	_____
SPECIAL CARE HOMES:				
Supervisory Care	_____	_____	_____	_____
Limited Personal Care	_____	_____	_____	_____
Intensive Personal Care	_____	_____	_____	_____
Long Term Restorative Care	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Total (all levels)	_____	_____	_____	_____
APPROVED HOMES:				
Supervisory Care	_____	_____	_____	_____
Limited Personal Care	_____	_____	_____	_____
Intensive Personal Care	_____	_____	_____	_____
Long Term Restorative Care	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Total (all levels)	_____	_____	_____	_____
GROUP HOMES:				
Supervisory Care	_____	_____	_____	_____
Limited Personal Care	_____	_____	_____	_____
Intensive Personal Care	_____	_____	_____	_____
Long Term Restorative Care	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Total (all levels)	_____	_____	_____	_____
OTHER (please specify facility and level(s) of care):				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total (all levels)	_____	_____	_____	_____

** Please indicate in parentheses the year (e.g. 87 or 86/87) to which data applies following each entered value.

Comments _____

Table filled in by _____

**1.6) NUMBER OF FACILITIES PROVIDING CARE TO
THE ELDERLY, BY FACILITY OWNERSHIP**

Please indicate with an asterisk which data do not apply exclusively to residents aged 65 and over.

TYPE OF FACILITY	NUMBER OF FACILITIES PROVIDING CARE TO RESIDENTS AGED 65 AND OVER**			
	PRIVATE FOR-PROFIT	PRIVATE NOT-FOR-PROFIT	PUBLIC	TOTAL, BY TYPE OF FACILITY
LONG TERM CARE HOSPITALS	_____	_____	_____	_____
LONG TERM CARE WARDS/UNITS IN GENERAL HOSPITALS	_____	_____	_____	_____
SPECIAL CARE HOMES	_____	_____	_____	_____
APPROVED HOMES	_____	_____	_____	_____
GROUP HOMES	_____	_____	_____	_____
OTHER (please specify)	_____	_____	_____	_____

** Please indicate in parentheses the year (e.g. 87 or 86/87) to which data applies following each entered value.

Comments _____

Table filled in by _____

PERSONNEL INPUTS TO CARE

In the following four tables, we wish to obtain information on how Saskatchewan defines levels of care according to demands on personnel time.

1.7) NURSING HOURS (R.N.) PER RESIDENT DAY DEVOTED TO ELDERLY RESIDENTS, BY FACILITY OWNERSHIP

LEVEL OF CARE	NURSING HOURS PER RESIDENT DAY DEVOTED TO RESIDENTS AGED 65 AND OVER, BY LEVEL OF CARE PROVIDED**					
	PRIVATE FOR-PROFIT		PRIVATE NOT-FOR-PROFIT		PUBLIC	
	NUMBER OF HOURS	% OF TOTAL NURSING HOURS	NUMBER OF HOURS	% OF TOTAL NURSING HOURS	NUMBER OF HOURS	% OF TOTAL NURSING HOURS
SUPERVISORY CARE	_____	_____ %	_____	_____ %	_____	_____ %
LIMITED PERSONAL CARE	_____	_____ %	_____	_____ %	_____	_____ %
INTENSIVE PERSONAL CARE	_____	_____ %	_____	_____ %	_____	_____ %
LONG TERM RESTORATIVE CARE	_____	_____ %	_____	_____ %	_____	_____ %
OTHER (please specify)	_____	_____ %	_____	_____ %	_____	_____ %

** Please indicate in parentheses the year (e.g. 87 or 86/87) to which data applies following each entered value.

Comments _____

Table filled in by _____

PERSONNEL INPUTS TO CARE (CONTINUED)

1.8) NURSING ASSISTANT HOURS PER RESIDENT DAY DEVOTED TO ELDERLY RESIDENTS, BY FACILITY OWNERSHIP

LEVEL OF CARE	NURSING ASSISTANT HOURS PER RESIDENT DAY DEVOTED TO RESIDENTS AGED 65 AND OVER, BY LEVEL OF CARE PROVIDED**					
	PRIVATE FOR-PROFIT		PRIVATE NOT-FOR-PROFIT		PUBLIC	
	NUMBER OF HOURS	% OF TOTAL NURSING HOURS	NUMBER OF HOURS	% OF TOTAL NURSING HOURS	NUMBER OF HOURS	% OF TOTAL NURSING HOURS
SUPERVISORY CARE	_____	_____ %	_____	_____ %	_____	_____ %
LIMITED PERSONAL CARE	_____	_____ %	_____	_____ %	_____	_____ %
INTENSIVE PERSONAL CARE	_____	_____ %	_____	_____ %	_____	_____ %
LONG TERM RESTORATIVE CARE	_____	_____ %	_____	_____ %	_____	_____ %
OTHER (please specify)	_____	_____ %	_____	_____ %	_____	_____ %

** Please indicate in parentheses the year (e.g. 87 or 86/87) to which data applies following each entered value.

Comments _____

Table filled in by _____

PERSONNEL INPUTS TO CARE (CONTINUED)

1.9) HEALTH CARE AID HOURS PER RESIDENT DAY DEVOTED TO ELDERLY RESIDENTS, BY FACILITY OWNERSHIP

LEVEL OF CARE	HEALTH CARE AID HOURS PER RESIDENT DAY DEVOTED TO RESIDENTS AGED 65 AND OVER, BY LEVEL OF CARE PROVIDED**					
	PRIVATE FOR-PROFIT		PRIVATE NOT-FOR-PROFIT		PUBLIC	
	NUMBER OF HOURS	% OF TOTAL NURSING HOURS	NUMBER OF HOURS	% OF TOTAL NURSING HOURS	NUMBER OF HOURS	% OF TOTAL NURSING HOURS
SUPERVISORY CARE	_____	_____ %	_____	_____ %	_____	_____ %
LIMITED PERSONAL CARE	_____	_____ %	_____	_____ %	_____	_____ %
INTENSIVE PERSONAL CARE	_____	_____ %	_____	_____ %	_____	_____ %
LONG TERM RESTORATIVE CARE	_____	_____ %	_____	_____ %	_____	_____ %
OTHER (please specify)	_____	_____ %	_____	_____ %	_____	_____ %

** Please indicate in parentheses the year (e.g. 87 or 86/87) to which data applies following each entered value.

Comments _____

Table filled in by _____

PERSONNEL INPUTS TO CARE (CONTINUED)

1.10) OTHER PROFESSIONAL HOURS PER RESIDENT DAY DEVOTED TO ELDERLY RESIDENTS, BY FACILITY OWNERSHIP

LEVEL OF CARE Profession	OTHER PROFESSIONAL HOURS PER RESIDENT DAY DEVOTED TO RESIDENTS AGED 65 AND OVER, BY LEVEL OF CARE PROVIDED**		
	PRIVATE FOR- PROFIT	PRIVATE NOT-FOR- PROFIT	PUBLIC
SUPERVISORY CARE:			
Social Worker	_____	_____	_____
Physiotherapist	_____	_____	_____
Occupational Therapist	_____	_____	_____
Respiratory Technologist	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____
LIMITED PERSONAL CARE:			
Social Worker	_____	_____	_____
Physiotherapist	_____	_____	_____
Occupational Therapist	_____	_____	_____
Respiratory Technologist	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____
INTENSIVE PERSONAL CARE:			
Social Worker	_____	_____	_____
Physiotherapist	_____	_____	_____
Occupational Therapist	_____	_____	_____
Respiratory Technologist	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____
LONG TERM RESTORATIVE CARE:			
Social Worker	_____	_____	_____
Physiotherapist	_____	_____	_____
Occupational Therapist	_____	_____	_____
Respiratory Technologist	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____

** Please indicate in parentheses the year (e.g. 87 or 86/87) to which data applies following each entered value.

Comments _____

Table filled in by _____

1.11) CHARACTERISTICS OF RESIDENTS IN DEFINING LEVELS OF CARE

In the following three tables, we wish to obtain information on how Saskatchewan defines levels of care according to characteristics of residents. Please indicate with a check mark those characteristics which apply. If for a given level of care, any of the following characteristics differ depending on the profit status (i.e. private for-profit, private not-for-profit and public) of the facility, please indicate this in the comments section following the table.

SUPERVISORY CARE RESIDENTS

1) Which of the following Activities of Daily Living (ADL) are used to define Supervisory Care:

	<u>Used</u>	<u>Not Used</u>	
1.1)	<input type="radio"/>	<input type="radio"/>	Ambulation
1.2)	<input type="radio"/>	<input type="radio"/>	Transfer in & out of bed/chair/toilet
1.3)	<input type="radio"/>	<input type="radio"/>	Bathing
1.4)	<input type="radio"/>	<input type="radio"/>	Dressing
1.5)	<input type="radio"/>	<input type="radio"/>	Grooming/Hygiene
1.6)	<input type="radio"/>	<input type="radio"/>	Eating
1.7)	<input type="radio"/>	<input type="radio"/>	Bladder Control
1.8)	<input type="radio"/>	<input type="radio"/>	Bowel Control

2) Do residents qualify for Supervisory Care if they have:

- 2.1) ONE of the above ADL's?
 2.2) TWO of the above ADL's?
 2.3) THREE of the above ADL's?
 2.4) FOUR OR MORE of the above ADL's?

3) Do residents classified under Supervisory Care require:

- 3.1) Administration of medicine or treatments?
 3.2) Supervision of self-administered medicine?

4) Is resident prognosis (i.e. stable, deteriorating, improving) a factor considered in defining Supervisory Care?

- No
 Yes please specify _____

5) Are any other characteristics of residents used in defining Supervisory Care?

- No
 Yes please specify _____

Comments _____

Table filled in by _____

1.11) CHARACTERISTICS OF RESIDENTS IN DEFINING LEVELS OF CARE (CONTINUED)

LIMITED PERSONAL CARE RESIDENTS

1) Which of the following Activities of Daily Living (ADL) are used to define Limited Personal Care:

	<u>Used</u>	<u>Not Used</u>	
1.1)	<input type="radio"/>	<input type="radio"/>	Ambulation
1.2)	<input type="radio"/>	<input type="radio"/>	Transfer in & out of bed/chair/toilet
1.3)	<input type="radio"/>	<input type="radio"/>	Bathing
1.4)	<input type="radio"/>	<input type="radio"/>	Dressing
1.5)	<input type="radio"/>	<input type="radio"/>	Grooming/Hygiene
1.6)	<input type="radio"/>	<input type="radio"/>	Eating
1.7)	<input type="radio"/>	<input type="radio"/>	Bladder Control
1.8)	<input type="radio"/>	<input type="radio"/>	Bowel Control

2) Do residents qualify for Limited Personal Care if they have:

- 2.1) ONE of the above ADL's?
- 2.2) TWO of the above ADL's?
- 2.3) THREE of the above ADL's?
- 2.4) FOUR OR MORE of the above ADL's?

3) Do residents classified under Limited Personal Care require:

- 3.1) Administration of medicine or treatments?
- 3.2) Supervision of self-administered medicine?

4) Is resident prognosis (i.e. stable, deteriorating, improving) a factor considered in defining Limited Personal Care?

- No
- Yes please specify _____

5) Are any other characteristics of residents used in defining Limited Personal Care?

- No
- Yes please specify _____

Comments _____

Table filled in by _____

1.11) CHARACTERISTICS OF RESIDENTS IN DEFINING LEVELS OF CARE (CONTINUED)

INTENSIVE PERSONAL CARE RESIDENTS

1) Which of the following Activities of Daily Living (ADL) are used to define Intensive Personal Care:

	<u>Used</u>	<u>Not Used</u>	
1.1)	<input type="radio"/>	<input type="radio"/>	Ambulation
1.2)	<input type="radio"/>	<input type="radio"/>	Transfer in & out of bed/chair/toilet
1.3)	<input type="radio"/>	<input type="radio"/>	Bathing
1.4)	<input type="radio"/>	<input type="radio"/>	Dressing
1.5)	<input type="radio"/>	<input type="radio"/>	Grooming/Hygiene
1.6)	<input type="radio"/>	<input type="radio"/>	Eating
1.7)	<input type="radio"/>	<input type="radio"/>	Bladder Control
1.8)	<input type="radio"/>	<input type="radio"/>	Bowel Control

2) Do residents qualify for Intensive Personal Care if they have:

2.1) ONE of the above ADL's?

2.2) TWO of the above ADL's?

2.3) THREE of the above ADL's?

2.4) FOUR OR MORE of the above ADL's?

3) Do residents classified under Intensive Personal Care require:

3.1) Administration of medicine or treatments?

3.2) Supervision of self-administered medicine?

4) Is resident prognosis (i.e. stable, deteriorating, improving) a factor considered in defining Intensive Personal Care?

No

Yes please specify _____

5) Are any other characteristics of residents used in defining Intensive Personal Care?

No

Yes please specify _____

Comments _____

Table filled in by _____

1.11) CHARACTERISTICS OF RESIDENTS IN DEFINING LEVELS OF CARE (CONTINUED)

LONG TERM RESTORATIVE CARE RESIDENTS

1) Which of the following Activities of Daily Living (ADL) are used to define Long Term Restorative Care:

	<u>Used</u>	<u>Not Used</u>	
1.1)	<input type="radio"/>	<input type="radio"/>	Ambulation
1.2)	<input type="radio"/>	<input type="radio"/>	Transfer in & out of bed/chair/toilet
1.3)	<input type="radio"/>	<input type="radio"/>	Bathing
1.4)	<input type="radio"/>	<input type="radio"/>	Dressing
1.5)	<input type="radio"/>	<input type="radio"/>	Grooming/Hygiene
1.6)	<input type="radio"/>	<input type="radio"/>	Eating
1.7)	<input type="radio"/>	<input type="radio"/>	Bladder Control
1.8)	<input type="radio"/>	<input type="radio"/>	Bowel Control

2) Do residents qualify for Long Term Restorative Care if they have:

- 2.1) ONE of the above ADL's?
- 2.2) TWO of the above ADL's?
- 2.3) THREE of the above ADL's?
- 2.4) FOUR OR MORE of the above ADL's?

3) Do residents classified under Long Term Restorative Care require:

- 3.1) Administration of medicine or treatments?
- 3.2) Supervision of self-administered medicine?

4) Is resident prognosis (i.e. stable, deteriorating, improving) a factor considered in defining Long Term Restorative Care?

- No
- Yes please specify _____

5) Are any other characteristics of residents used in defining Long Term Restorative Care?

- No
- Yes please specify _____

Comments _____

Table filled in by _____

PAYMENT OF CARE

In this table on financing of operations, we wish to obtain cost data (as of July 1, 1987) on total reimbursement rates, the amount covered by the government, the amount paid by the resident and the amount covered by third-party insurance for each type of facility and level of care provided. Please indicate with an asterisk which data do not apply exclusively to residents aged 65 and over.

TYPE OF FACILITY Level of Care	2.1) TOTAL PER DIEM REIMBURSEMENT RATE	2.2) AMOUNT PAID BY GOVERNMENT	2.3) AMOUNT PAID BY PATIENT	2.4) AMOUNT OF RESIDENT'S PAYMENT COVERED BY THIRD-PARTY INSURANCE
LONG TERM CARE HOSPITALS:				
Long Term Restorative Care	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Total (all levels)	_____	_____	_____	_____
LONG TERM CARE WARDS/UNITS IN GENERAL HOSPITALS:				
Long Term Restorative Care	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Total (all levels)	_____	_____	_____	_____
SPECIAL CARE HOMES:				
Supervisory Care	_____	_____	_____	_____
Limited Personal Care	_____	_____	_____	_____
Intensive Personal Care	_____	_____	_____	_____
Long Term Restorative Care	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Total (all levels)	_____	_____	_____	_____
APPROVED HOMES:				
Supervisory Care	_____	_____	_____	_____
Limited Personal Care	_____	_____	_____	_____
Intensive Personal Care	_____	_____	_____	_____
Long Term Restorative Care	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Total (all levels)	_____	_____	_____	_____
GROUP HOMES:				
Supervisory Care	_____	_____	_____	_____
Limited Personal Care	_____	_____	_____	_____
Intensive Personal Care	_____	_____	_____	_____
Long Term Restorative Care	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Total (all levels)	_____	_____	_____	_____
OTHER (please specify facility and level(s) of care):				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total (all levels)	_____	_____	_____	_____

Comments _____

Table filled in by _____

In the following tables on facility management, we wish to obtain data on characteristics of facilities owned on a public or private not-for-profit (PNFP) basis that are managed by private for-profit (PFP) firms. Please indicate with an asterisk which data do not apply exclusively to residents aged 65 and over.

3.1) NUMBER OF ELDERLY RESIDENTS, BY FACILITY OWNERSHIP

TYPE OF FACILITY Level of Care	NUMBER OF RESIDENTS AGED 65 AND OVER, BY LEVEL OF CARE PROVIDED*	
	PRIVATE NOT FOR-PROFIT OWNERSHIP AND PRIVATE FOR-PROFIT MANAGEMENT	PUBLIC OWNERSHIP AND PRIVATE FOR-PROFIT MANAGEMENT
LONG TERM CARE HOSPITALS:		
Long Term	_____	_____
Restorative Care	_____	_____
Other _____	_____	_____
Total (all levels)	_____	_____
LONG TERM CARE WARDS/UNITS IN GENERAL HOSPITALS:		
Long Term	_____	_____
Restorative Care	_____	_____
Other _____	_____	_____
Total (all levels)	_____	_____
SPECIAL CARE HOMES:		
Supervisory Care	_____	_____
Limited Personal Care	_____	_____
Intensive Personal Care	_____	_____
Long Term	_____	_____
Restorative Care	_____	_____
Other _____	_____	_____
Total (all levels)	_____	_____
APPROVED HOMES:		
Supervisory Care	_____	_____
Limited Personal Care	_____	_____
Intensive Personal Care	_____	_____
Long Term	_____	_____
Restorative Care	_____	_____
Other _____	_____	_____
Total (all levels)	_____	_____
GROUP HOMES:		
Supervisory Care	_____	_____
Limited Personal Care	_____	_____
Intensive Personal Care	_____	_____
Long Term	_____	_____
Restorative Care	_____	_____
Other _____	_____	_____
Total (all levels)	_____	_____
OTHER (please specify facility and level(s) of care):		
_____	_____	_____
_____	_____	_____
Total (all levels)	_____	_____

** Please indicate in parentheses the year (86 or 86/87) to which data applies following each entered value.

Comments _____

Table filled in by _____

3.2) NUMBER OF LICENCED BEDS FOR ELDERLY RESIDENTS, BY FACILITY OWNERSHIP

Please indicate with an asterisk which data do not apply exclusively to residents aged 65 and over

TYPE OF FACILITY Level of Care	NUMBER OF LICENCED BEDS FOR RESIDENTS AGED 65 AND OVER, BY LEVEL OF CARE PROVIDED**	
	PRIVATE NOT FOR-PROFIT OWNERSHIP AND PRIVATE FOR-PROFIT MANAGEMENT	PUBLIC OWNERSHIP AND PRIVATE FOR-PROFIT MANAGEMENT
LONG TERM CARE HOSPITALS:		
Long Term	_____	_____
Restorative Care	_____	_____
Other _____	_____	_____
Total (all levels)	_____	_____
LONG TERM CARE WARDS/UNITS IN GENERAL HOSPITALS:		
Long Term	_____	_____
Restorative Care	_____	_____
Other _____	_____	_____
Total (all levels)	_____	_____
SPECIAL CARE HOMES:		
Supervisory Care	_____	_____
Limited Personal Care	_____	_____
Intensive Personal Care	_____	_____
Long Term	_____	_____
Restorative Care	_____	_____
Other _____	_____	_____
Total (all levels)	_____	_____
APPROVED HOMES:		
Supervisory Care	_____	_____
Limited Personal Care	_____	_____
Intensive Personal Care	_____	_____
Long Term	_____	_____
Restorative Care	_____	_____
Other _____	_____	_____
Total (all levels)	_____	_____
GROUP HOMES:		
Supervisory Care	_____	_____
Limited Personal Care	_____	_____
Intensive Personal Care	_____	_____
Long Term	_____	_____
Restorative Care	_____	_____
Other _____	_____	_____
Total (all levels)	_____	_____
OTHER (please specify facility and level(s) of care):		
_____	_____	_____
_____	_____	_____
Total (all levels)	_____	_____

** Please indicate in parentheses the year (86 or 86/87) to which data applies following each entered value.

Comments _____

Table filled in by _____

3.3) NUMBER OF FACILITIES PROVIDING CARE TO THE
ELDERLY, BY FACILITY OWNERSHIP

Please indicate with an asterisk which data do not apply exclusively to residents aged 65 and over

TYPE OF FACILITY Level of Care	NUMBER OF FACILITIES PROVIDING CARE TO RESIDENTS AGED 65 AND OVER**	
	PRIVATE NOT FOR-PROFIT OWNERSHIP AND PRIVATE FOR-PROFIT MANAGEMENT	PUBLIC OWNERSHIP AND PRIVATE FOR-PROFIT MANAGEMENT
LONG TERM CARE HOSPITALS	_____	_____
LONG TERM CARE WARDS/UNITS IN GENERAL HOSPITALS	_____	_____
SPECIAL CARE HOMES	_____	_____
APPROVED HOMES	_____	_____
GROUP HOMES	_____	_____
OTHER (please specify) _____	_____	_____

** Please indicate in parentheses the year (86 or 86/87) to which data applies following each entered value.

Comments _____

Table filled in by _____

Please record information on the regulatory act(s) governing each type of facility, the Ministry or agency responsible for the act(s), the methods used for monitoring care and enforcing the act(s), and the penalties for violations of the act(s).

4.1) Act(s):	4.2) Ministry/Agency Responsible:	4.3) Facilities Act Applies To:
A) _____	_____	_____
B) _____	_____	_____
C) _____	_____	_____
D) _____	_____	_____
E) _____	_____	_____
F) _____	_____	_____
G) _____	_____	_____
H) _____	_____	_____
I) _____	_____	_____

Act 4.4) Methods for Monitoring Care or Enforcing Act(s)

A) _____
B) _____
C) _____
D) _____
E) _____
F) _____
G) _____
H) _____
I) _____

Act 4.5) Penalties for Violations of Act

A) _____
B) _____
C) _____
D) _____
E) _____
F) _____
G) _____
H) _____
I) _____

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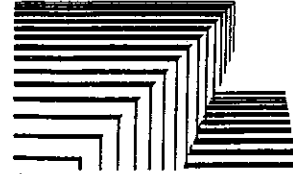
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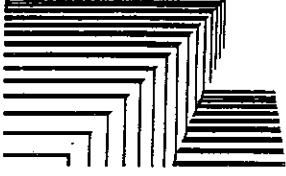
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Please leave in the box provided, or send to:

Lynda Marsh
Centre for Health Economics and Policy Analysis
c/o McMaster University
1200 Main Street West, Room 3H26
Hamilton, Ontario
L8N 3Z5

or FAX to: (416) 546-5211

Thank you for your interest in our work!