## Adult Day Services(ADS) and Respite Working Group

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| Purpose | To provide guidance and support for conducting an environmental scan of Interior Health Adult Day Services (ADS) and Respite services in order to determine current state, and identify gaps in existing programming. The information gathered will inform recommendations for strategic planning and the alignment of ADS/ Respite across IH to best meet the needs of the population. This work will align with the Ministry of Health Home and Community Care Policy Manual and the Detailed Operating Expectations from the Ministry of Health for the Complex Medical/ Frail Specialized Community Services Program (CMF SCSP). |
| Definitions | ***Adult Day Services (ADS)-*** are community based programs that offer adults with disabilities and older adults supportive group activities and services so that individuals can continue to live in their homes and communities. A variety of activities and services may be included such as: personal assistance, health care services including nursing and rehabilitation services, therapeutic social and recreational activities, health education and promotion, nutrition and bathing programs, blood pressure, podiatry clinics, telephone checking, counselling and caregiver support, information and education. ADS are provided through an organized program of personal care, health care and therapeutic, social and recreational activities in a group setting the meets clients health care needs and/or caregiver needs for respite  ***Specialized Community Service Programs (SCSP)*** - Include program –based clinical care, community nursing and allied services managed (or contracted) by health authorities, specialist medical care, home support, adult day respite, respite care and short-term residential care, assisted living, Long-term care, palliative care and formal linkages to local community-based services and non-government organizations. SCSP Care teams are comprised of interdisciplinary health care providers that provide wrap-around, person-centered care, optimizing scopes of practice and use digital technologies to increase the ranges and means of service delivery (including virtual care) to achieve service objective;  Designed by a health authority to provide continuity, flexibility and rapid mobilization of a set of responsive services to meet the needs of a defined population of people. SCSP will provide personalized relationships between providers and patients with their families and caregivers, and it may have one or more teams, each with linkages to the health system and broader community  ***Respite***- is a short-term, residential care service for the purpose of allowing the client’s principle caregiver a period of relief, or to provide the client with a period of supported care to increase independence. (HCC Manual, 2013)  Respite can also be provided in home or through community programs such as ADS |
| Sponsor | Interim VP & COO Hospitals and Communities |
| Accountable To | Gayle Anton, Director- Home Health and Chronic Disease Management, Hospitals & Communities Integrated Services  CMF SCSP Steering Committee |
| Authority | The Working Group will make decisions about the scope and content of the information gathered for the environmental scan, identification of the gaps in the analysis and make recommendations for the redesign and integration of ADS/ Respite services into the CMF SCSP |
| Appointments | As appointed by Sponsor |
| Membership | |  |  | | --- | --- | | Co- Chairs | Chas Moore- Director, Strategic Initiatives, HCIS Project Management  Shannon Paul-Jost- Clinical Nurse Specialist, Gerontology, Access & Flow | | Community Health Service Administrators | Deborah Preston, Central Okanagan (COK), Cathy Thibault IH West (Alternate) | | Allied Health Leadership Rep | Karen Leach-MacLeod, Director North Okanagan/ South Okanagan NOK/SOK | | Home Health | Adrienne Kehl, Regional Home Health Practice Lead  Gerry Desilets, CIHS Manager (Kamloops) | | Long- term Care Service Administrators | Connie Hattum, LTC Health Service Administrator (SOK)  Jeff Betker, LTC Health Service Administrator, East Kootenay (EK)(Alternate) | | End of Life/  Palliative Care | Karyn Morash, Health Services Director Regional Palliative and End of Life and MAiD,  Elisabeth Antifeau, Clinical Nurse Specialist (CNS). Regional Palliative Care and End of Life | | Population Health | Janice Talarico | | Patient Voices Network Representative |  | | External Stakeholders | BC Hospice Palliative Care and Hospice Societies  [Palliative Rep], Don Davidson (Cranbrook)  Family Caregivers of BC,  Alzheimer’s Society. | | Ad Hoc | Aboriginal Health- Rose Melnyk |   Ad-hoc members as designated by Sponsors or Chair. Alternates requested if member is absent. Chair is appointed by Sponsors and has no set term. |
| Quorum & Voting | Quorum shall be 50% of membership  Consensus recommendations to Sponsor by members present, as appropriate. |
| Meetings | Approximately Bi-weekly for 1-3 months (until parameters of environmental scan are complete), then monthly thereafter |
| Administration | Project support provided, and minutes recorded, by ?? |
| Specific Areas of Responsibility | Process & Priorities   * Determine parameters of environmental scan that are in alignment with the CMF SCSP expectations * Determine methodologies for environmental scan(e.g. Quantitative, qualitative measures) * Set timelines/ goals for completion of gathering evidence * Review evidence and identify gaps * Conduct literature review, identifying of best practices for ADS and Respite Services * Develop recommendations for the redesign and integration of ADS/ Respite services into the CMF SCSP   Alignment  With Home and Community Care Policy Manual, Specialized Care Service Program (SCSP), Primary and Community Care Transformation, Aboriginal Health, Access & Care Transitions Steering Committee (ACTSC)  Performance  The objectives for this project are:   1. Conduct an Environmental Scan of ADS/ Respite and determine “current state” within IH 2. Identify gaps that exist with alignment of ADS/ Respite programs with population needs 3. Develop recommendations that support strategic planning and future direction with integration of ADS/ Respite alignment population needs, CMF SCSP expectations and the HCC Policy Manual   Structures and Communication   * The Working Committee has the authority to establish sub-committees to follow up on specific project initiatives and action items * The Working Committee does not have the authority to represent IH’s interests externally * Status reports will be prepared by the Co-Chairs approximately:   + Bi-monthly, for the Director of Home and Community Care and Chronic Disease Management * Steering Committee Members, will be responsible for communications to their respective direct reports |
| Date Approved | TBD |
| Review Date | October 19, 2018 |
| Linkages | HCIS Executive Directors (indirect)  Community Health Service Administrators (indirect) |

References:

Users/antg/Downloads/8\_hcc\_policy\_manual\_chapter\_8.pdf

<https://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/adult-day-services?keyword=adult&keyword=day&keyword=programs>

<https://www2.gov.bc.ca/assets/gov/health/conducting-health-research/data-access/health_system_matrix_61_definitions.pdf>

BC Provincial Health Workforce Strategy 2018/ 19- 2020/21

Integrated System of Care Glossary Terms-draft (September 20, 2017)

BC Health System Matrix Definitions

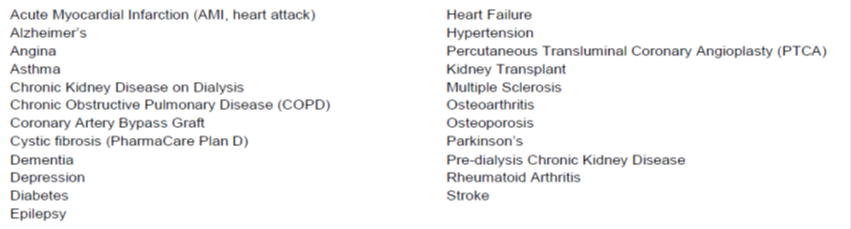
Appendix:

***Complex Medical Frail– (Frail with High Complex Chronic Conditions****)* are people with high complex chronic conditions who live in the community and receive professional home care services or publically funded services to support or assist activities of daily living, such as:

* Professional home care services provided by health authorities, delivered to clients in the community by RNs and Rehabilitation assistance;
* Home support services that provide personal assistance with the activities of daily living to seniors and adults with disabilities living in their homes, such as bathing, dressing, grooming and in some cases, light household tasks that help maintain a safe and supportive home. This includes CSIL (Choice in Supports for Independent Living) which is a program in which the client can independently manage their publicly funded home support services
* Adult Day Programs for seniors and adults with disabilities provide community-based supportive group programs and activities that assist with daily activities or give clients a chance to be more involved in their community, including personal care services, therapeutic recreation, social activities , and caregiver respite
* Assisted living residences provide housing and a range of supportive services for seniors and people with disabilities, including personalized assistance with activities of daily living
* Short term Long-term care services including convalescent and transitional care (usually following a hospitalization), and respite care

\*\* Definition: for adults, the following service reported to the Ministry through the Continuing Care reporting system are used to identify this population

Chronic Conditions Populations Segments are defined as:



These Chronic Conditions Population Segments can be defined by 5 sub-populations, however for the purpose of this work the focus is on Medium Complex Chronic Conditions to Living in the Community with Palliative Needs:

