

Alternative Level of Care (ALC) Shared Care Hub Privacy & Security Framework

Terms of Reference

Purpose

The purpose of the Alternative Level of Care Shared Care Hub is to keep high-risk patients and the community safe.

This purpose is achieved by identifying patients at risk of being deemed alternative level of care or are considered ALC while waiting for a long-term bed, planning and implementing shared care plans that focus on reducing risk and improving the well-being of patients by keeping them in the community for as long as possible.

By participating in this ALC Shared Care Hub, providers will support patients to reduce their risk status and work toward stabilizing the health and well-being of our patients.

Definition

ALC: The healthcare system aspires to deliver care in a setting that is congruent with the clinical needs of a patient as defined by the patient's health status, treatment plan and goals. The definition applies to all patient populations waiting in all patient care beds in an acute or post acute care hospital in Ontario. **ALC** (eh el see) n. When a patient is occupying a bed in a hospital and does not require the intensity of resources/services provided in this care setting (Acute, Complex Continuing Care, Mental Health or Rehabilitation), the patient must be designated Alternate Level of Care (ALC)¹ at that time by the physician or her/his delegate. The ALC wait period starts at the time of designation and ends at the time of discharge/transfer to a discharge destination² (or when the patient's needs or condition changes and the designation of ALC no longer applies).

Eligibility Criteria for ALC Shared Care Hub

A person is identified as a candidate for an Alternative Level of Care shared care planning hub when they are:

- Medically or socially complex
- Limited or no social supports
- Strong likelihood of the patient being re-hospitalized and/or an ED visit or an increased number of 911 calls
- Patients is in the crisis long-term care category (as per legislation).

An individual would meet a minimum of 3 of the 4 criteria, using clinical judgement.

Exclusion Criteria: A patient who resides outside of Waterloo-Wellington AND does not have a primary care provider in Rural Wellington. If we have a scenario whereby a patient is outside of Waterloo-Wellington and does not have a primary care provider in Rural Wellington, but is in a Rural Wellington hospital, Karen Armstrong will connect the care provider with the OHT lead in the patient's region.

When a person fits the criteria for shared care planning, the *Shared Care Planning Process* (below) is implemented.

ALC Shared Care Planning Process

1. ALC Shared Care HUB meetings will take place once weekly at a consistent time.
2. Prior to a patient coming to the Shared Care HUB, a one-page profile will be completed by the provider that is bringing the patient to the HUB. This one-page form will provide details on the needs of the patient and why the patient is being supported by the Shared Care HUB.
3. All ALC Shared Care partners will review these Terms of Reference prior to participating in HUB meetings and keep them as reference at their organization.
4. A facilitator will carry the Shared Care HUB process and ensure the conversation moves to action.
5. At all times when participating in the ALC Shared Care process, partners will understand and abide by all Ontario Privacy laws and documentation policies that govern their organization.
6. All organizations that are part of the ALC planning process will have signed a Privacy Pledge which attests to our commitment to protecting the personal health information of Ontario residents who require our advocacy and support. All Shared Care HUB participants who attend the ALC Shared Care Hub may not be providing care currently for the patient.
7. In advance of ALC HUB meetings, the Presenting Agency will identify the residents primary support and ensure they have the consent of the ALC resident and/or SDM, (this should be the person with the highest degree of contact and relationship with the client, such as family, SDM and/or other significant other they have identified) and relevant secondary support people they have involved in their care.
8. This consent is documented in the presenting agency health record system. Often a signed written consent is challenging to obtain, and as Ontario law permits verbal express consent, it is important to document that the resident and/or significant other understands (or is provided with the potential list of the ALC Shared Care Hub members) the players around the table.
9. In the event that an Agency member attending the ALC HUB, is personally connected (relative, neighbor, acquaintance, etc.) to the ALC resident being discussed, they are expected to leave the discussion citing conflict of interest and to respect the resident's privacy.
10. All participants will come to ALC HUB meetings prepared to share the key concerns for the residents identified as eligible for and in need of ALC shared care planning.
11. The person responsible for bringing the patient to the Hub will create a Coordinated Care Plan, or a designate determined at the HUB. A copy of the Coordinated Care Plan will be shared with the patient and care providers as appropriate.
12. Over time, anonymized statistical information may be shared for quality assurance.

Shared Care Planning Participation Expectations

All partners who participate in the ALC Shared Care Planning Hub commit to

- Only bring clients forward who meet the eligibility criteria for ALC shared care purposes.
- Abide by Ontario privacy laws as well as documentation policies as outlined by their organization.
- Only share as much information as needed about a resident's situation to inform actionable next steps that will reduce risk and improve the wellbeing of the resident.
- At all times be aware that all information that is shared at ALC shared care planning is to be kept confidential as we would want our own personal information managed.
- Be aware that even when an agency participant leaves their organization and/or no longer participates in the ALC HUB meetings, the obligation to keep all personal health information private continues.

Appendix A: ALC Shared Care Planning Partners

Canadian Mental Health Association Waterloo Wellington	North Wellington Health Care Corporation
Guelph Wellington Paramedic Service	Nurse Led Outreach Team (St. Joseph's Hospital, Guelph)
Waterloo-Wellington LHIN – Home & Community Care	Senior's Centre for Excellence
Hospice Wellington	Upper Grand Family Health Team
Minto-Mapleton Family Health Team	VON
Mount Forest Family Health Team	Groves Memorial Hospital
Resident:	Family/Significant other:
Other:	Other:
Other:	Other:

