

Step Five – Alternate Level of Care.

Unless you came to the hospital from a residential care facility, there will be no charge for the first 30 days after you have been reclassified to Alternate Level of Care (ALC-RC) status. The purpose of the 30 day grace period is to allow patients and families time to make appropriate financial arrangements. When you are transferred to a residential care facility, the grace period is no longer in effect and the daily rate is charged from the day you are admitted to residential care.

If you are a veteran and meet certain eligibility criteria with Veteran Affairs Canada, they may be able to assist you with these charges. To determine if you qualify for assistance, you should contact your local VA counselor. The unit Social Worker will provide you with these phone numbers.

Often there is a waiting period before you move to a Residential Care Facility. The hospital’s Alternate Level of Care (ALC) Unit on 3 South is a home-like area where patients are usually transferred while awaiting accommodation in a Residential Care Facility or to convalesce. It is difficult to anticipate when beds in the ALC Unit may become available and you may be transferred there with very short notice.

Within this ALC unit is the Sub-Acute unit which consists of 10 beds. These patients have been identified as having the ‘potential’ to return home quickly if given increased levels of support. Their stay is time limited.

Social Work coverage is available to provide orientation and support once you or your family member is transferred there and to assist with discharge planning when appropriate.

The 3S-ALC Social Worker may be reached at (604) 514-6000, local 5269 and the Sub-Acute Social Worker can be reached by pager (604) 450-0365 and cell (604) 807-1062.

We hope this information will assist you and your family in managing the move to a residential care facility. Please contact the unit Social Worker with any further questions or concerns. We would be pleased to help

Langley Memorial Hospital



Managing the Transition from Hospital to Residential Care

Most people face a number of changes during their lives. Some are eagerly anticipated, while others are put off for as long as possible. Any kind of change can be unsettling and time is needed to adjust and adapt. Health or physical limitations may result in the need to make another change in your life. You, along with your physician and/or your family members, have decided that for your health needs to be met; it is time to move from the hospital to a Residential Care Facility. (You may have heard these facilities referred to as Long Term Care Facilities, Nursing Homes or Continuing Care Facilities). The purpose of this brochure is to provide information which will help you take the next step.

Brochure developed by Social Work Services

Step One – Planning



Arrange to speak with the hospital unit Social Worker. Their role is to:

- Meet with you and your family to discuss plans and choices
- Refer you to appropriate community resources
- Provide support to you and your family

If you are a patient on unit:

2 north contact-----604-514-6000 local 5253
4 south contact-----604-514-6000 local 5233
3 south contact-----604-514-6000 local 5269
2 south contact-----604-514-6000 local 5762

Step Two- Reclassification



Once a patient is medically stable and no longer needing acute hospital care, a decision is made by the physician and the Health Care Team (e.g. Physiotherapist, Occupational Therapist, Social Worker, Dietician) to reclassify the patient from Acute to Alternate Level of Care (ALC) status. You, as the patient, may now be eligible for admission to a Residential Care Facility.

If you are not able to return home with supports to wait for residential care, you are expected to move to a facility with the first available opening (First Available Bed policy).

Step Three – Private or Public Residential Care



There are two types of residential care facilities available: Public and Privately funded.

Public:

- Provides Intermediate Care 3 or Extended Care (also known as Complex care) as assessed by the LTC Liaison
- Government subsidized
- Daily charges vary depending on your income
- There is an adjustment rate for couples sharing the same room
- Accessed through the local Long Term Care Liaison

Private:

- Multi-level care is available from respite to supportive housing to extended care (residential complex care)
- Charges vary depending on the amount of care required. See your unit Social Worker for contact information on specific facilities.

Step Four – Long Term Care Process



The Unit Social Worker will notify the Long Term Care (LTC) Liaison if you wish to be considered for residency in a public Residential Care Facility.

Their role is to:

- Review and assess your level of care requirements (i.e. ability to walk, getting in and out of bed, safety awareness etc.)
- Determine which Residential Care Facility could best meet your care needs.
- Arrange your admission to the Residential Care Facility with the first available opening.

The LTC Liaison may be reached at 604-534-4121 locals 5773 and 5796.

After you have been reclassified, ALC – Residential Care, (ALC-RC) you will be charged a daily rate. This fee helps to cover the cost of waiting in an acute care hospital for a vacancy in a residential care facility. The rate is established by the Ministry of Health for standard accommodation and is the same rate you would pay in a residential care facility. The rates vary between _____ and _____ and are subject to quarterly changes by the Ministry of Health. The daily rate is calculated from your last income tax return and is determined by the LTC Liaison.