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# Placing People into Residential Care after the Canterbury Earthquakes

After the 22 February earthquake, Canterbury lost over 600 aged care residential beds. Several facilities were destroyed, and approximately 300 residents had to be urgently relocated to other parts of New Zealand. Others were required to share rooms or be accommodated in communal areas within care facilities. As a result, the number of beds becoming available on a day-to-day basis within Canterbury to cater for additional (new) people requiring residential care is very limited. This will probably continue until facilities can be repaired or new facilities built, which is unlikely to occur in the next 12 months.

Consequently, Canterbury DHB convened an expert panel to develop these guidelines for determining who should be allocated the residential beds as they become available within Canterbury. The panel developing the guidelines comprised older person health clinicians, general practice, aged care advocates, and an ethicist. (More details - see page 8)

The Guidelines will operate for six months (from **1 April 2011** until **30 September 2011**) at which point they will be reviewed and, if required, amended to reflect the situation at that time.

The ultimate goal is to repatriate back to Canterbury each person who was displaced, if they wish to return. However this may take a long time to accomplish this.

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## Prioritisation Process

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- 1) Each request for a residential care bed will be assessed on a case by case basis, in accordance with the guiding principles (see page 2), prioritisation framework (see page 3), and specified criteria.
- 2) If the ranking cannot be easily determined using this process, it may be elevated to an Assessment Panel (Canterbury DHB staff) who would determine the outcome.
- 3) If the person or family are not satisfied with the decision, they can request the case to be reviewed by an Appeals Committee made up of consumers and people not employed by the Canterbury DHB.

## Guiding Principles

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### All decisions must:

- ▶ **Minimise harm.** The safety of vulnerable people is paramount.
- ▶ **Be fair.** All decisions need to be consistent.
- ▶ **Maintain people's rights.** The person's viewpoint is important.
- ▶ **Be compassionate.**
- ▶ **Maintain care standards.** This may mean that people who are not in their own room within a facility receive priority.

### The process is guided by these principles:

- ▶ Transparency.
- ▶ Effective communication.
- ▶ No person will be removed from their place of residence, even if another person is prioritised more highly.
- ▶ People will only be placed into residential care outside of Canterbury if:
  - ▶ they choose to do so or
  - ▶ there are patient-safety reasons for doing so or
  - ▶ it is required during an emergency.
- ▶ The Canterbury DHB will continue to control access to all available residential beds within Canterbury using the Single Point Of Entry process. CDHB will endeavour to purchase all beds as they become available, to ensure it is in a position to allocate beds according to this policy.
- ▶ If a person assessed as needing residential care cannot be allocated a bed, all attempts will be made to provide adequate support to the person in the community.
- ▶ No one should be disadvantaged, where possible. This includes residential care providers as well as family and friends.
- ▶ The repatriation of people to Canterbury will occur based on specified criteria (see page 4).
- ▶ Where possible, 20% of the available aged residential care beds will be set aside to repatriate people to Canterbury after **1 May 2011**.
- ▶ The Canterbury DHB will actively investigate options for increasing the number of residential beds and where possible facilitate the development of these beds.

## Prioritisation Framework

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The Prioritisation Framework has been adapted from a National Ethics Advisory Committee (NEAC) document “Getting Through Together”, where ethical values for a pandemic were developed and documented in 2007. The NEAC is an independent advisor to the Minister of Health.

These questions relate to deciding if the person should be wait-listed for residential care in Canterbury, including repatriation of those who were re-located outside of Canterbury.

- ▶ **Would this person meet the criteria for access to a residential bed during normal times?** (That is, when the demand for residential care does not exceed supply.)

For example: The person must still be clinically assessed as needing aged residential care by the existing needs assessment process. People should not get access to a residential bed without being clinically assessed first.

- ▶ **Is residential care in Canterbury the most beneficial form of care for this person?** Would they prefer to reside elsewhere in NZ where they have family?

For example: This can be used to help determine if a person should be repatriated to Canterbury or if a new entrant could be located outside of Canterbury, because they have family elsewhere in NZ. Aged care residents who were re-located in the North Island could be offered a place in the South Island (other than Canterbury).

- ▶ **Does this person require access to residential care immediately?** (That is, it is not possible to safely defer their entrance into residential care.)

For example: Could they be cared for at home with appropriate support? This may involve allocating the same resources (support) as if the person was in residential care.

- ▶ **Could residential care be provided in other settings with a similar health outcome?**

For example: This applies where the person is currently sharing a room, or their bed is in a communal area within a facility, or there is an option to place them in accommodation that is not a dedicated aged care facility, such as a hotel providing residential care or a retirement villa co-located with an aged care facility.

- ▶ **Is it possible to mitigate the negative effects if the person is not provided with residential care?**

For example: This question also relates to providing care within Canterbury. It may be possible for local family members to travel outside of Canterbury to visit the person. Drive time versus air travel may be a factor. Assistance with travel may be arranged with Work and Income (Ministry of Social Development), and if necessary, by the Canterbury DHB. For people re-located to the North Island, it may be more acceptable to re-locate to beds available in the South Island, as an interim step before returning to Christchurch.

- ▶ **Is this person highly ranked based on the assessment criteria?**

For example: This includes end-of-life situations. Refer to the Prioritisation Flowcharts (Repatriation (see page 5) or New Referrals (see page 7), as appropriate) for details on how people will be ranked.

#### ▶ **Is this person highly ranked based on order of presentation?**

This applies to new referrals and residents re-located within Canterbury. Each person will be ranked according to the Prioritisation Flowchart (see page 7), and if there are insufficient beds for all the people with the same ranking, then a person will be allocated a bed based on their order of entry to the waiting list. Those assessed as Priority 1 will be allocated any available beds before those assessed as Priority 2, and so on.

#### ▶ **Is this person highly ranked based on random selection?**

This applies to people who were re-located outside of Canterbury. Each person will be ranked according to the Prioritisation Flowchart (see page 5), and if there are insufficient beds for all the people with the same ranking, then a person will be allocated a bed based on a ballot. Those assessed as Priority 1 will be allocated any available beds before those assessed as Priority 2, and so on.

## **Prioritisation Criteria for Repatriating People to Canterbury**

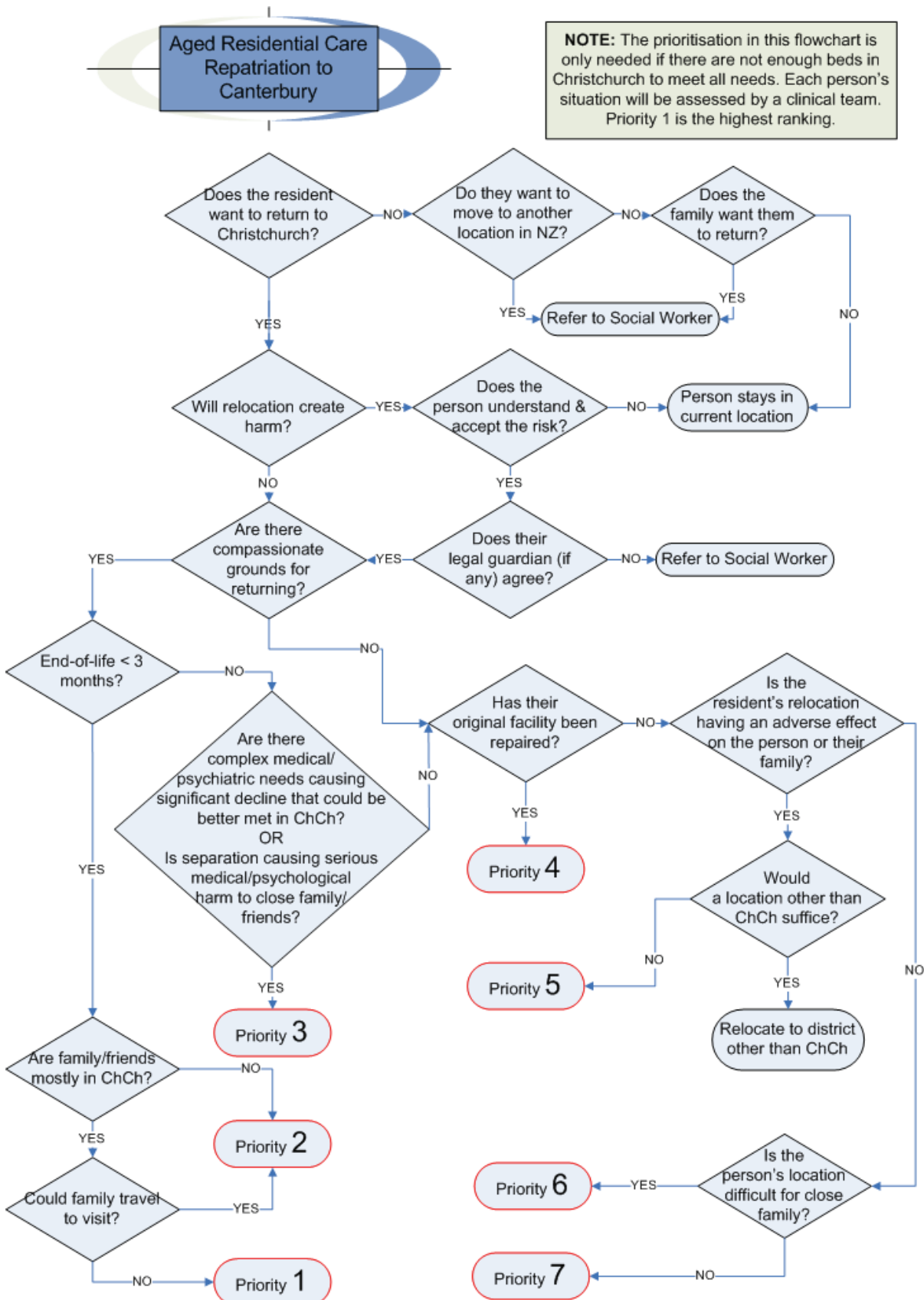
The ranking involves the clinical, social and compassionate needs of the person in residential care.

- ▶ **The person has expressed a strong desire to return.** The wishes of the person in care are paramount. All people must be asked (including people with dementia), and their legal representative also asked, if this is applicable, e.g., where there is an activated Enduring Power of Attorney or court appointed Welfare Guardian in place.
- ▶ **The re-location (transportation) will not create harm or the person understands and accepts this risk.**
- ▶ **There are compassionate grounds for repatriation**, such as an end-of-life situation. It should be a priority for the person and their family / friends to be together, however it may be possible or preferable in some situations for the family / friends to travel.
- ▶ **Their original facility in Canterbury has been repaired.** They should have priority for the proportion of these beds that are allocated to repatriation beds.
- ▶ **The location of their family and/or social support is having an adverse impact on the person and re-locating to another district (other than Canterbury) would not assist.** (That is, there are no close family or friends outside of Canterbury.)
- ▶ **The location of the person outside of Canterbury presents difficulties for their close family members.** For example, their immediate family is prevented from travelling to visit due to their own personal circumstances or they have difficulties communicating.

See also Flowchart - Repatriation to Canterbury (see page 5).

# Flowchart - Repatriation to Canterbury

See also: Prioritisation Criteria for Repatriating People to Canterbury (see page 4)



## Prioritisation Criteria for New Referrals (De Novo)

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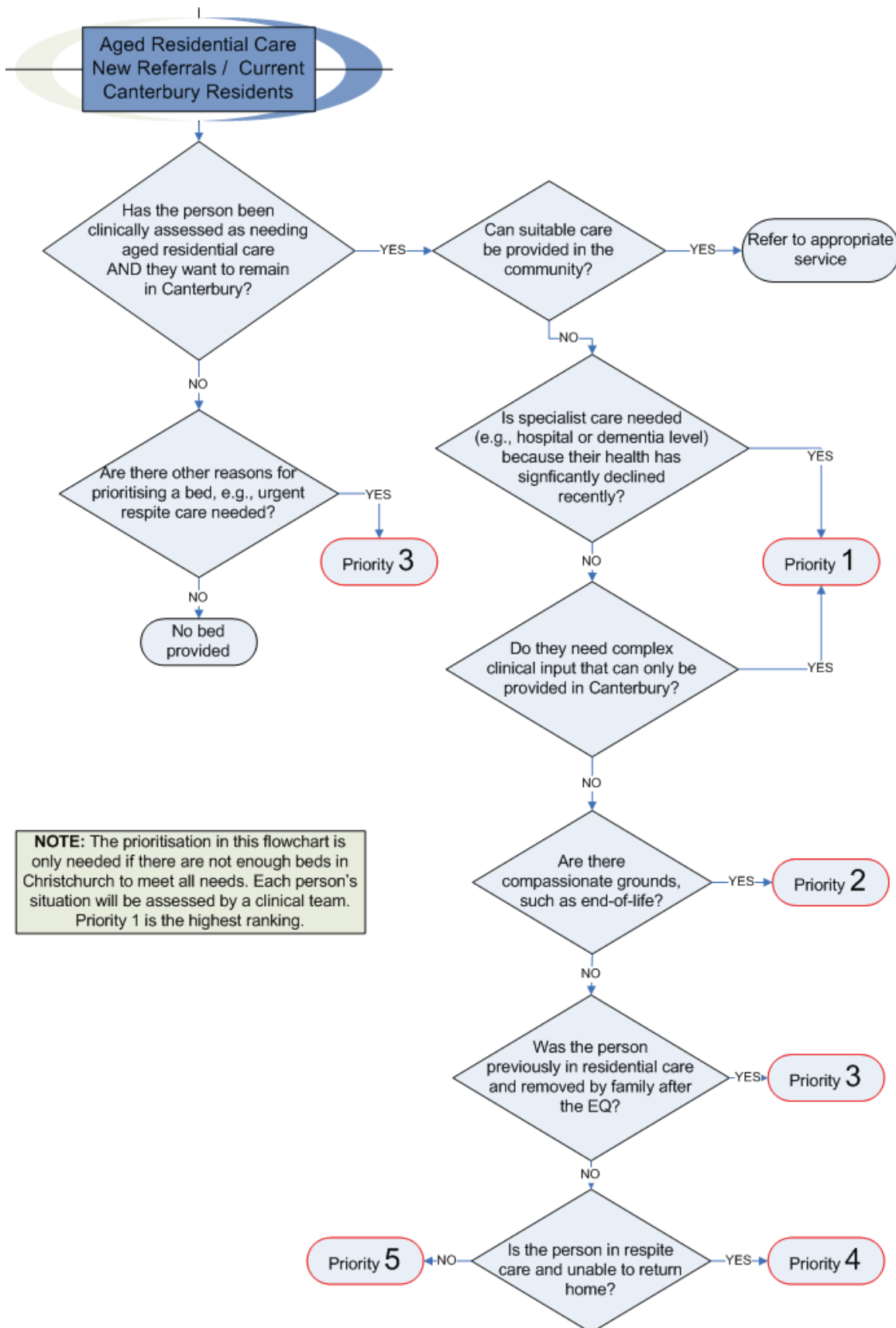
The ranking will involve the clinical, social and compassionate needs of the person.

- ▶ **The person has a strong desire to remain in Canterbury.**
- ▶ **Suitable care cannot be provided in the community.** This may exist where hospital-level, dementia rest-home or dementia hospital care is required, but can also include the inability of community providers to provide the home-based care required.
- ▶ **The person requires specialised care**, e.g., hospital level (clinical) care, because their health has significantly declined recently, including psychological stress, **or complex clinical input**, e.g., due to discharge from a public hospital.
- ▶ **There are compassionate grounds**, such as end-of-life (within three months) for the patient.
- ▶ **The person was previously a resident.** For example, they were removed after the earthquake by family and now want to return, or they had to be re-located during the re-building of a facility.
- ▶ **A person in respite care is not able to return home after their respite care time is over.**
- ▶ **Respite care is needed urgently and they have no other family within NZ.**
- ▶ **There is an absence of family or social support both in Canterbury and elsewhere in NZ.**

See also Flowchart - New Referrals/Current Canterbury Residents (see page 7)

## Flowchart - New Referrals/Current Canterbury Residents

See also: Prioritisation Criteria for New Referrals (De Novo) (see page 6)



## Expert Panel

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The expert panel who developed the Guidelines for access to Aged Residential Care in the aftermath of the earthquake.

<b>Name</b>	<b>Organisation</b>	<b>Position</b>
Liz Baxendine	Age Concern	National President
Kathy Peri	Canterbury DHB (CDHB)	Director of Nursing - Older Persons' Health and Rehabilitation
Angela Ballantyne	Otago University - Wellington	Senior Lecturer in professional Skills, Attitudes and Ethics
Dr Jean Herron	East Care Health	General Practitioner
Keith Gibb	CDHB Consumer Council	Chair
Jeff Kirwan	CDHB	Clinical Director Older Persons' Health
Daniel Williams	CDHB	Chair of Clinical Board
Lynda Irvine	CDHB	Service Manager, Older Persons' Health and Rehabilitation
Val Fletcher	CDHB	Consultant Physician
Carolyn Gullery	CDHB	GM Planning & Funding
Kerry Howley	Age Concern Canterbury	Registered Nurse - Community Health

In Attendance: Ian Boanas – CDHB Planning and Funding - Secretariat role