

BEING PREPARED!

Paul Gauthier

**Executive Director, Individualized Funding
Resource Centre Society**

info@ifrcsociety.org **604-777-7576**

Housekeeping Items

- Workshop is 2 hours, we will have a scheduled break
- Make sure you get a Participant Package. It has great Resource information, some of which we will be discussing!
- Washrooms
- Pictures – Does anyone object?

Welcome to the PREPARATION Stage of CSIL

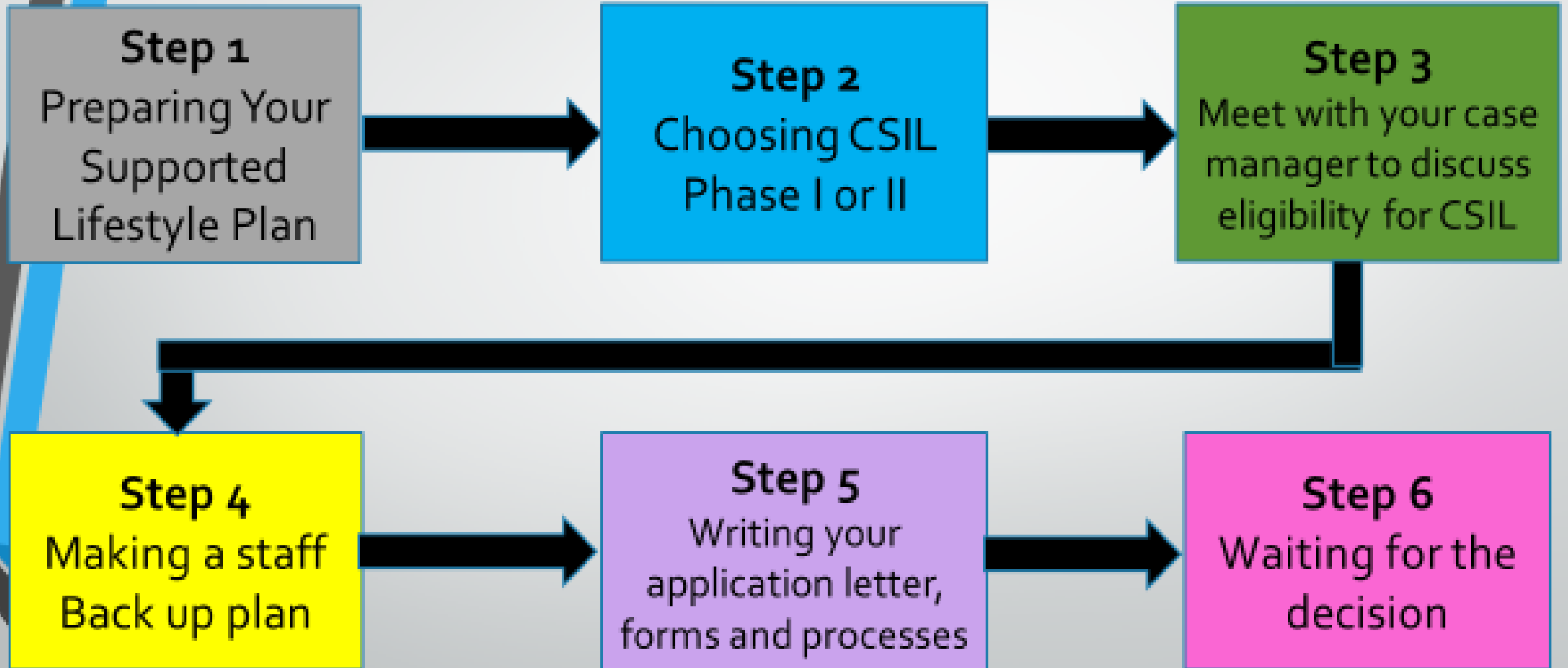
Today's Topics will include:

- Recapping the Supported Lifestyle Plan
 - Review **YOUR** Supported Lifestyle Plan
 - Continue our 'Group' Supported Lifestyle Plan
 - Assign 'times' to each task
- Meeting with your Case Manager
- Negotiating Hours
- Officially Applying to CSIL

RECAPPING Information

- ☐ Supported Lifestyle Plan
 - ☐ Overview
 - ☐ Problem Areas
 - ☐ Sharing tips that worked

CSIL Summary – The 6 step process!



Supported Lifestyle Plan [SLP]

It's your tool:

- ❖ to help you negotiate attendant support hours
- ❖ to help you with recruiting staff

How the personal care timeline connects to health issues

The SLP template includes:

- ❖ Detailed description of the entire day and the care that is required
- ❖ Overnight care
- ❖ Non-Daily Tasks
- ❖ A list of Medical Issues

SLP More Detailed Example: MORNING 6am - 12pm

- Take-off CPAP mask and sit me on bed while CPAP machine is being cleaned 12min.
- Bathroom 6min.
- Liquid intake 5min.
- Stretching to lessen the stiffness 15min.
- Transfer bed to shower commode [utilizing track lift, with sling etc. for all transfers] 15min.
- BM – well I am, assistant will Prepare clothes, Make bed Prep bed w/ towels and pillows 30min.
- Shower (moving chair to bathroom, adjust ramp, positioning in shower, rashes develop must keep clean) 45min.
- Shaving 5min.
- Dry body off well 5min.
- Transfer shower commode to bed 15min.
- Skin care/treatments/Medication cream (face, belly and foot) 15min.
- Dressing [rolling side to side etc.] 25min.

SLP More Detailed Example: MORNING 6am - 12pm, cont'd

- Transfer bed to E/W 15min.
 - Hair care 2min.
 - Breakfast Prep. 15min.
 - Hand feeding 30min.
 - Bathroom 10min.
 - Clean up from breakfast 5min.
 - Oral hygiene 5min.
 - Liquid intake 5min.
 - Face/hands 5min.
 - Reposition in chair 3min.
 - Clean up shower chair, put ramp back, fix up bathroom 10min.
 - Please Note: assistant will help me scratch my head, wipe my eye, blow my nose etc. 5min.
- TOTAL 303min.**
Approx. Hr. 5Hrs

It's all in the details!!

Morning | Dally Tasks

Morning Routine

Time per day

Transfer from bed to commode chair using ceiling lift

=

10 mins.

Toilet routine

During routine, prepare breakfast, wheelchair, bed with towel and pillows

=

20 mins.

Shower, including shampoo, body, shaving

=

20 mins.

Transfer from commode chair to bed using ceiling lift

=

10 mins.

Dry body off

=

5 mins.

Skin care/medicated cream

=

8 mins.

Dressing

=

10 mins.

Transfer from bed to wheelchair using ceiling lift

=

10 mins.

Hair care

=

2 mins.

Feed breakfast

=

15 mins.

Clean up from breakfast/shower, put items where can be reached

=

10 mins.

Total

=

120 mins

SLP Sample of Non-Daily Tasks

Take him to Allergy doctor for shots (1x/week)		8.6 min.
• 60 min./wk = 8.6 min./day		
• have to wait 30 minutes for reaction		
Massage Therapist (1x/week)		8.6 min.
• 60 min./wk = 8.6 min./day		
Cut his nails (1x/week)		1.4 min.
• 10 min./wk = 1.4 min./day		
• must be very careful due to his excessive shaking		
• he reaches for his face often, must keep nails short so he doesn't scratch his face		

Additions to the SLP

- Prepare a list of any medical issues that relate to personal care needs
- If family members live with you, describe their work and other responsibilities that prevent their ability to provide care.

SLP Sample of Medical Tasks

- ✓ **Acid Reflux**
- ✓ **Bladder**
- ✓ **Heat Rashes**
- ✓ **Sleep Apnea – utilizing a CPAP machine**
- ✓ **Diet**
- ✓ **Pressure Sores**
- ✓ **Seborrhea**
- ✓ **Athlete Feet**
- ✓ **Bowel**
- ✓ **Headaches**
- ✓ **Pain**

INSTRUCTIONS FOR COMPLETING THE TIME TASK ANALYSIS

HIGHLIGHTS of Guidelines:

- **Exceptional hours** based on a **risk assessment approach**
- **supplement** rather than **replace**
- personal and family resources are **unable to meet** the client's health needs
- all the other service options have been **fully explored** and shown to be **unsuitable**.

INSTRUCTIONS FOR COMPLETING THE TIME TASK ANALYSIS

Areas of Need May Include

Nutrition/Meal

- assessed as being at high nutritional risk ie Dementia
- no other appropriate meal options are available, affordable, and/or appropriate.
- When meal prep is authorized , a maximum of 4 hours per week (35 minutes per day) can be considered in order to supplement MOWs, frozen meals etc.

Shopping

- no shopping on behalf of clients or providing shopping assistance.
- shop-by-phone services should be utilized.
- supports the ordering of groceries if communication and/or organization of this task is a problem.

Alternative Options with Shopping Needs

- Family, friends or volunteer assist client shopping, volunteer shopping program or shopping by telephone with client.
- May call in an order while working with client and arrange for delivery when Worker is in the home.

Banking

CHW will not provide assistance with banking

Alternative Options with Banking Needs

- Family and friends can assist informally.
- Client can also make arrangement for direct deposit and withdrawal of most bills.
- Client can explore options with their financial institution.

Task sheet example

Sample Weekly Task Sheet								
Task	MON	TUES	WED	THURS	FRI	SAT	SUN	
Personal Equipment								
<input type="checkbox"/> Clean wheelchair								
<input type="checkbox"/> Clean commode								
<input type="checkbox"/> Grooming								
<input type="checkbox"/> Bowel movement								
<input type="checkbox"/> Trach suction								
Cleaning								
<input type="checkbox"/> Clean/wipe out fridge								
<input type="checkbox"/> Clean bathtub/shower/tiles								
<input type="checkbox"/> Wash dishes								
<input type="checkbox"/> Change sheets								
<input type="checkbox"/> Clean toilet								
<input type="checkbox"/> Laundry								
Bedroom								
<input type="checkbox"/> Make bed								
<input type="checkbox"/> Put clothes away								

CSIL APPROVED STANDARD TIME and TASKS

Personal Care	Time Allotment in Minutes	Notes
<ul style="list-style-type: none">▪ Bath▪ Shower	30-45	<ul style="list-style-type: none">-includes clean-up of area-standard is once weekly, more often if client has hygiene concerns or incontinent
<ul style="list-style-type: none">▪ Sponge bath – full▪ Sponge bath-partial	15-30	
<ul style="list-style-type: none">▪ Hair wash	15	
<ul style="list-style-type: none">▪ Hair comb/brush	5	
<ul style="list-style-type: none">▪ Oral hygiene, shave, hair	15	
<ul style="list-style-type: none">▪ Pericare without catheter	10-15	
<ul style="list-style-type: none">▪ Skin care	5-10	
<ul style="list-style-type: none">▪ Dress/undress	15	
<ul style="list-style-type: none">▪ Set up for personal care	5	
<ul style="list-style-type: none">▪ Toileting/changing incontinence product	10-15	

Use your Lifestyle Plan

Review your plan and summarize the tasks into a shorter and simpler format.

1. time of day (morning, afternoon or evening) and/or
2. type of task (personal care, safety maintenance activities or specialized health care).

Describe one of your daily tasks
(Identify every care task and its sub-tasks)

Afternoon

Task _____

Sub-Tasks

Time per day

Total

Ministry of Health CSIL Categories of Need Guidelines 2011

- General principles for determining:
 - category of need for a client
 - monthly hourly allocation, include:
 1. All **informal** care giving supports available to you, the client - including the amount of support and type of tasks caregivers can perform are identified and **excluded in calculations** for allocation of hours.
 2. A client's daytime needs are assessed separately from their overnight needs.

Categories of Need

Daytime Care Needs

Categories of Need

Overnight Care Needs

	Level 1	Level 2	Level 3	Level 4
General Description of Client Need	Client requires morning &/or evening assistance to get in and out of bed, dressing and undressing and transfers for bowel routine.	Client requires assistance for care tasks throughout the day.	Client requires infrequent support and overnight care is predictable or infrequent, and easily scheduled.	Client requires frequent overnight support.
	Client is independent throughout the day once set up.	Client may or may not be able to schedule care; and/or may require supervision during the day.	Care provider can sleep, or care for several clients with similar needs in same building or geographic area.	Care provider required to be awake for safety reasons including and/or numerous interventions.
		i.e., risk of choking; behavioural issues (wandering, frequent need for cueing, coaching, redirection).	i.e., 1-2 turns per night (self-turning bed options not available); ventilator dependent, and requires occasional night assistance.	i.e., greater than 2 turns per night (self-turning bed options not available); ventilator dependent, and requires regular suctioning and/or other interventions.

Categories of Need

Daytime Care Needs

Categories of Need

Overnight Care Needs

Level 1

Level 2

Level 3

Level 4

Instructions

Determine specific hours required, excluding tasks performed by informal caregivers.

Use Time Task Analysis Tool or similar tool approved by HA.

Unscheduled care needs may warrant hours at the higher end of the range.

Determine number of nights in a month where paid care provider is required overnight, then multiply by 2 hours.

Add overnight hours to daytime care hours.

Determine number of nights in a month where a paid care provider is required overnight, then multiply by 6 hours.

Add overnight hours to daytime care hours

Maximum Monthly Hours

0-120

0-240

0-300

Maximum of 300 hours based on max. 240 hrs daytime needs + max. 60 hrs overnight needs
(60 = 2 hrs x 30 days)

0-420

Maximum of 420 hours based on max. 240 hrs daytime needs + max. 180 hrs overnight needs
(180 = 6 hrs x 30 days)

BEFORE Meeting with Case Manager

VITAL!!

- Be sure to understand and know all of your needs
- Know the number of hours you need to be successful – prepare a Supported Lifestyle Plan

Meeting with a Case Manager - Hours

Contact your case manager to ask for an increase in home support hours, if you need them.

Arrange a meeting - you can have an advocate, if you choose.

- Present your support plan, and how many hours you need.
- Case manager will also use an assessment tool, Time Task Analysis and an Inter-RAI form

Meeting with Case Manager

- Be prepared **to educate** your case manager
- You meet with your case manager and provide a letter, stating why you want to go on the program
- The case manager will need to support your request
- If getting hours, may reassess if it hasn't been done in the last year
- When approved, create a backup plan, agency for emergencies

Meeting with Case Manager

- Arrange an appointment for a home visit **by themselves first**, give them a chance
- Present your supported lifestyle plan
- Case manager will also use an **assessment tool**
- Emphasize that you understand your support needs
 - 24 hour live-ins are possible -- flat rates

Being Prepared for Difficult Responses!

- **How you perceive it** (What may seem difficult now may not seem difficult later)
- **How you handle it** (positive or negative. Try to find the positive in every situation)
- **Be resourceful**
 - Never give up or give in when faced with a challenge
 - Find out as much information as you can
 - Talk to someone who has been through it
- **Always keep a good support system around you**
 - Family, friends, other CSIL Employers
- **Keep A good sense of humor**
 - Laughter is like medicine

Possible Responses from your Case Manager

Be prepared:

- Extended care facility, group home may be encouraged
- Meals on wheels
- Volunteers, Friends, Family
- Time task analysis
- The most we provide is four hours a day!
- If we give you 8hrs we cant give to 4 seniors
- Our health authority has not enough money like Vancouver
- Ask you to do transfers/personal care in front of them
- Looking around your apartment

Writing Your Letter of Application: Sample Letter to Your Case Manager

- Dear
- I would like to apply to be on the CSIL Phase I program because I would like to have more control over my attendant services.
- I believe that I have an excellent understanding of the requirements of being a good employer and of the responsibilities with this program. I have prepared a backup plan. I have also taken some first steps by contacting an accountant and developing a set of employee guidelines.
- Thank your for your consideration. If you have any further considerations do not hesitate to contact me.
- Sincerely,

Reviewing Participant's Package Documents to Help you **Be Prepared**

- ✓ Ministry of Health CSIL Categories of Need Guidelines 2011
- ✓ Sample Letter Applying for CSIL
- ✓ Module 2 - Workshop Evaluation Questionnaire – **to be collected**

What's Coming Up!

- ❑ Reviewing Employer Package and Representation Agreement
- ❑ Your CSIL Agreement; Terms, Monthly deposits, Your responsibilities
- ❑ And much more!

Don't forget to register and please fill out our Evaluation Questionnaire before you leave. Thank-you!

Thank you for coming!
Hope you enjoyed the presentation – Please fill out
the Workshop Evaluation Questionnaire before you
leave!



For more information please contact:
Individualized funding resource centre society

info@ifrcsociety.org 604-777-7576