

ARCHES Short-term Transitional Care Program

Patient and Family Information



Ontario Health atHome has partnered with community retirement homes to provide enhanced supports to residents in our community. Together, we are working to ensure that residents continue to receive quality care in the most appropriate setting. Through our Available Retirement Care Home Enhanced Supports (ARCHES), we are able to help you move from the hospital to a retirement residence with enhanced supports where you can make important decisions about your future care and living arrangements.

During your time in ARCHES, we will work towards a discharge plan which may be to your own home with supports, a long-term care home, retirement home or alternate-care setting. A care coordinator will guide and support you in making these decisions.

What are the benefits to you?

- You can regain your strength and independence, with opportunities to participate in social activities at the retirement residence.
- Retirement residence rooms are private, furnished and meals are provided.
- The retirement home will develop a care plan to meet your health and social needs.
- You will receive quality, in-home health care services from retirement home staff including personal support workers and nurses. Therapy and other supports will be added as needed to keep you safe.

Packing List *Please bring the following items, as needed*

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| ☐ Toothpaste, toothbrush | ☐ Tissues |
| ☐ Soap / body wash | ☐ Briefs (e.g., liners, heavy / overnight) |
| ☐ Body lotion / moisturizer | ☐ Pants x7 (elastic waist recommended) |
| ☐ Barrier cream (e.g., 3M Cavilon) | ☐ Shirts x7 |
| ☐ Deodorant | ☐ Sweaters |
| ☐ Shampoo | ☐ Pajamas / nightgowns (2 or 3) |
| ☐ Comb / brush | ☐ Socks / stockings |
| ☐ Electric shaver | ☐ Shoes / slippers |
| ☐ Mouth wash / rinse | ☐ Apron / clothing protector for meals |
| ☐ Mouth swabs | ☐ K-basin (if required) |
| ☐ Denture cleanser / fixture agent | ☐ Meal replacement shake (if needed) |
| ☐ Incontinence supplies | |

Moving day

- The first day can be busy and stressful, so you may wish to have a family member or friend with you to help you feel more comfortable.
- If you are able to ride in a car, a family member or friend can move you from the hospital to the retirement home. If you are unable to ride in the car, a care coordinator will assist you and your family in making arrangements for a transfer vehicle.
- A member from the retirement home will meet you to welcome you when you arrive at the home. They will go over the Retirement Home admission package and confirm finances and invoicing for daily rate.

A care plan will be developed between you and the retirement home when you move into the home. A care coordinator will reach out to you within the first 10 days to set up a visit with you and continue to support you with discharge out of the program.

Contact

Ontario Health atHome

Contact a care coordinator for transition planning to long-term care and/or home.

_____, Care Coordinator

Phone: _____

Retirement Residence

Contact for information on care and services provided in the retirement residence.

Program Manager:

Phone: _____

Email: _____

Office: _____

Answers to frequently asked questions

How long can I stay in the program? To be eligible for the program, a discharge plan must be in place (e.g., personal home, family or loved one's home, long-term care home, retirement home). Our goal is to help you create a longer-term care plan in the community. If your goal is to return home, your care team will work with you to transition you back within 30 days.

What is the cost of the program? The cost is a daily rate aligned to the Ministry of Long- Term Care basic accommodate rate, however, rate reduction is not applicable on the ARCHES Co-pay. This is collected by the retirement home. Your care coordinator and retirement home program manager will develop a care plan to keep you safe in the community on discharge. These services are covered by OHIP and may include nursing, personal support, physiotherapy and occupational therapy.

The patient is responsible for incidental fees related to medications and dispensing fees not covered under Ontario drug benefits, personal grooming supplies and optional Retirement home amenities (such as cable).

Why can't I stay in the hospital? Your doctor and your care team in the hospital have determined your acute medical needs are resolved and that you are medically stable and ready for discharge from the hospital. Your care needs can be met more appropriately in the community, while we continue to support you in making decisions about your next steps.

Why should I choose more than one long-term care home option? Many homes in the region and across Ontario have waitlists because of the number of people who require the level of care provided in these homes. By choosing up to five long-term care homes you are increasing the opportunity to find a long- term care home by the end of the transitional care program.

How do I confirm participation in this program?

Your care coordinator will work with you to complete an application. You will need to sign the consent with Ontario Health atHome indicating understanding of transitional bed program.

How can I prepare to move from the hospital?

You can contact the retirement home when you have received a bed offer from your care coordinator. The retirement home can tell you about services available through the retirement home (e.g. 24/7 on-site personal support worker supports and a call system). These may include free programs such as social activities, or additional services with an associated cost (e.g. cable, Internet, hairdressing).

How will I get from the hospital to the retirement home?

If you are able to ride in a car, a family member or friend can move you to the retirement home. If you are unable to ride in the car, a care coordinator will assist you and your family in making arrangements for a transfer vehicle.

What happens when I arrive at the retirement home?

You will continue to receive the quality care you need at the retirement home. This may include nursing, personal support worker and therapy services from Ontario Health atHome depending on an assessment of your needs. You will be introduced to the retirement home, including what to expect on a daily basis (e.g. meal times, activity calendars, laundry, schedules and fees).

Are there any considerations in light of COVID-19?

We are working closely with our health sector partners to ensure the continued safety and well-being of residents, families, and staff. Any specific information will be communicated directly with families.