

Policy Title:	ALC Status	
Applies To:	Team Members working in acute care units	
Approved:	Effective:	Next Review:
February 8, 2024	March 5, 2024	February 8, 2028
Sponsor:	Senior Director, Integrated Patient Access and Flow Network Senior Medical Director, Integrated Patient Access and Flow Network Chief Data Officer, Strategy, Performance & Analytics	
Approval Authority:	Clinical Operations Council	
Number: AD-AO-110	Manual: Administrative	

TABLE OF CONTENTS

PURPOSE.....2

PRINCIPLES AND VALUES2

POLICY STATEMENTS2

 Designation of ALC Status2

 Re-designation to Acute (Removal of ALC Status).....4

 Change in ALC Support Required.....4

REFERENCES.....5

RELATED DOCUMENTS5

 Policies5

 Work Instructions.....5

 Forms6

 Appendices.....6

 Other6

This is a CONTROLLED document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.

Appendix A: Definitions	7
VERSION HISTORY	9

PURPOSE

The policy standardizes the definition, criteria, and process for Alternate Level of Care (ALC) designation across all Inpatient Acute Care Services settings within Nova Scotia Health.

Note: This policy does not provide guidance on the billing aspect of ALC or any patient care/discharge processes for ALC patients.

PRINCIPLES AND VALUES

Nova Scotia Health is committed to:

- o Prioritizing patient care in the most appropriate environment. The ALC designation process is designed to ensure that patients receive care aligned with their needs, promoting their well-being and recovery.
- o Using data to drive decision-making. This commitment extends to leveraging data insights to inform strategic decisions, resource allocation, and process improvements across all zones.
- o Upholding the principles of person-centered care and resource optimization with timely designation of patients as ALC once they fulfill all specified criteria, so that obstacles to discharge are promptly addressed, contributing to efficient patient flow and bed management across the organization.

By adhering to these principles and values, Nova Scotia Health aims to strengthen the effectiveness of the ALC designation process and continually improve the delivery of exceptional patient care.

POLICY STATEMENTS

Designation of ALC Status

Notes:

The terms ALC and Long-Term Care (LTC) are often and mistakenly used interchangeably throughout Nova Scotia Health. Not all ALC patients are LTC, and not all LTC patients are ALC.

A patient who still requires acute care services but whose needs are less complex than the services provided in their current unit should **NOT** be designated as ALC.

For example, a patient in an intensive care unit awaiting transfer to a medical/surgical inpatient bed for further acute care.

1. Nova Scotia Health uses ALC designation to identify patients who no longer require Inpatient Acute Care Services at their current facility.
2. For a patient to be designated as ALC, **ALL** of the following criteria must be met:

- Clinical status is at baseline or new baseline supported by the patient's goals of care.
 - Medical issues are at baseline or new baseline with stable treatment plan and care plan established.
 - Mental Health is at baseline or could be managed effectively in community with supports.
 - Medication titration and changes are largely complete or could be managed effectively in community with supports and discharge scripts could be written if patient was being discharged.
 - No additional medical diagnosis is being sought or investigated that would require acute care services.
 - Palliative care treatments, if required could be provided in the community.
 - Nursing assessments are stable.
 - No test results are pending that could influence the discharge plan (to community or transfer to another hospital).
 - All necessary inpatient physician consults are completed, and arrangements are made for any non-urgent consults to be followed up in the community.
3. An ALC patient no longer meeting **ALL** of the above criteria and requiring Inpatient Acute Care Services must be re-designated to Acute Care.
 4. Patients meeting the criteria as stated above, must be designated ALC by the Most Responsible Health Care Provider (MRHCP) within 24 hours of the decision.
 5. The [Nova Scotia Health ALC Status Form](#) is the official record documenting ALC status and takes precedence over any previously existing ALC designation form.

-
6. The following must be documented on the [Nova Scotia Health ALC Status Form](#) by any Regulated Health Care Provider (RHCP), as appropriate, and in collaboration with the MRHCP:
 - 6.1. **ALC Support Required** (refer to **ALC Supports Required – Descriptions and Codes** for more information, page 2 of the Nova Scotia Health ALC Status Form). Select the **single** most significant support only.
 - 6.2. **Date of ALC Designation.**
 7. The [Nova Scotia Health ALC Status Form](#) must be signed by the MRHCP in order to make the designation official.
 8. ALC data must be entered into a source system on the same day using work instructions as applicable for the zone:
 - 8.1. Central Zone or areas using STAR, please follow the [Work Instructions – Tracking of Alternate Level of Care in STAR](#).

- 8.2. Eastern, Northern, and Western Zones or areas using Meditech, **please follow the [Work Instructions – Tracking of Alternate Level of Care in Meditech](#)**.

Re-designation to Acute (Removal of ALC Status)

9. An ALC patient requiring Inpatient Acute Care Services must be re-designated as Acute by the MRHCP within 24 hours of the decision.
10. The following must be documented on the [Nova Scotia Health ALC Status Form](#) by any RHCP as appropriate and in collaboration with the MRHCP:
 - 10.1. **Status:** document status as Acute
 - 10.2. **Date of Inpatient Acute Care Designation.**
11. The [Nova Scotia Health ALC Status Form](#) must be signed by the MRHCP in order to make the designation official.
12. The Status must be updated in a source system on the same day using work instructions as applicable:
 - 12.1. Central Zone or areas using STAR, please follow the [Work Instructions – Tracking of Alternate Level of Care in STAR](#).
 - 12.2. Eastern, Northern, and Western Zones or areas using Meditech, please follow the [Work Instructions – Tracking of Alternate Level of Care in Meditech](#).

Change in ALC Support Required

13. If the support required to discharge the ALC patient changes, the following must be documented on the [Nova Scotia Health ALC Status Form](#) by any RHCP, as appropriate, and in collaboration with the MRHCP:
 - 13.1. **Status:** document as Change in ALC Support Required
 - 13.2. **Signature:** Although the MRHCP signature is not required, an interdisciplinary Team Member signature must be included for documentation purposes.
 - 13.3. **Date** of Change in ALC Support Required
 - 13.4. **ALC Support Required**
14. The ALC Support Required must be updated in a source system on the same day using work instructions as applicable:
 - 14.1. Central Zone or areas using STAR, please follow the [Work Instructions – Tracking of Alternate Level of Care in STAR](#).
 - 14.2. Eastern, Northern, and Western Zones or areas using Meditech, please follow the [Work Instructions – Tracking of Alternate Level of Care in Meditech](#).
15. All subsequent changes in the patient's ALC status/support required must be documented on the [Nova Scotia Health ALC Status Form](#) and updated in a source system within 24 hours of the updated designation.

REFERENCES

- Alberta Health Services, University of Alberta, Covenant Health. (2022). *Improving Coding Practices for Alternate Level of Care (ALC) in Hospital Medicine Units*. Retrieved November 2023, from https://www.ualberta.ca/department-of-medicine/media-library/ezmqc-scic/2023-posters/alc_coding.pdf
- Canadian Institute for Health Information. (2023). *Guidelines to Support ALC Designation*. Retrieved June 2023, from <https://www.cihi.ca/en/guidelines-to-support-alc-designation>
- Canadian Institute for Health Information. (2022). *Alternate Level of Care Diagnosis List: Clarification of Use*. Retrieved June 2023, from <https://www.cihi.ca/sites/default/files/document/alternate-level-care-diagnosis-list-job-aid-en.pdf>
- Canadian Institute for Health Information. (2016). *Definitions and Guidelines to Support ALC Designation in Acute Inpatient Care*. Retrieved February 2024, from https://www.cihi.ca/sites/default/files/document/acuteinpatientalc-definitionsandguidelines_en.pdf
- Nova Scotia Health. (2023). *Library Services: Role of Most Responsible Health Care Provider*. Retrieved November 2023, from <https://library.nshealth.ca/GoalsOfCare#s-lg-box-16510017>
- Nova Scotia Regulated Health Professions Network. (2015). *Principles of Assignment and Delegation. Guidelines for Working with Unregulated Care Providers*. Retrieved December, 2023, from http://pdbns.ca/uploads/licensees/Assignment_and_Delegation_to_Unregulated_Care_Providers.pdf
- Ontario Health. (2021). *The Alternate Level of Care (ALC) Leading Practices Guide: Preventing Hospitalization and Extended Stays for Older Adults*. Retrieved August 2023, from [https://quorum.hqontario.ca/Portals/0/Indicators-and-change-ideas/ALC%20Leading%20Practices%20Guide%20v1%202021%20\(2\).pdf?ver=2022-03-30-133617-273](https://quorum.hqontario.ca/Portals/0/Indicators-and-change-ideas/ALC%20Leading%20Practices%20Guide%20v1%202021%20(2).pdf?ver=2022-03-30-133617-273)

RELATED DOCUMENTS

Policies

[Overstay Patients - Policy - NSHA AD-AO-010](#)

[Overstay Patients - Procedure - NSHA AD-AO-010.01](#)

[Repatriation - Policy and Procedure - NSHA AD-AO-050](#)

Work Instructions

[Tracking of Alternate Level of Care in Meditech](#)

[Tracking of Alternate Level of Care in STAR](#)

This is a CONTROLLED document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.

[MHA Inpatient Alternate Level of Care \(ALC\) Guideline Meditech/STAR Data Input Manual](#)

Forms

[ALC Status Form - Alternate Level of Care \(ALC\) Designation - LibGuides at Nova Scotia Health](#)

Appendices

[Appendix A: Definitions](#)

Other

[Goals of Care Library Guide](#)

* * *

Appendix A: Definitions

Alternate Level of Care (ALC)	<p>A patient who no longer requires Inpatient Acute Care Services provided at their current facility, based on meeting all of the following ALC criteria:</p> <ul style="list-style-type: none"> • Clinical status is at baseline or new baseline supported by the patient’s goals of care. • Medical issues are at baseline or new baseline with stable treatment plan and care plan established. • Mental Health is at baseline or could be managed effectively in community with supports. • Medication titration and changes are largely complete or could be managed effectively in community with supports, and discharge scripts could be written if patient was being discharged. • No additional medical diagnosis is being sought or investigated that would require acute care services. • Palliative care treatments, if required could be provided in the community. • Nursing assessments are stable. • No test results are pending that could influence the discharge plan (to community or transfer to another hospital). • All necessary inpatient physician consults are completed and arrangements are made for any non-urgent consults to be followed up in the community.
Inpatient Acute Care Services	<p>Encompasses a range of clinical health care functions and treatments, including emergency medicine, trauma care, acute medicine, acute care surgery, critical care, obstetrics, gynecology, acute pediatric care, acute mental health, acute rehabilitation, acute palliative care, and inpatient stabilization (2016, CIHI).</p>
Most Responsible Health Care Provider (MRHCP)	<p>The physician or nurse practitioner who has responsibility for directing and coordinating the care and management of an individual patient at a specific point in time.</p>
Regulated Health Care Provider (HCP)	<p>A health professional who is licensed or registered to provide health care under an Act of the Province specific to their profession and who provides health care or who is a member of a class of persons prescribed as regulated health professionals (Personal Health Information Act, SNS 2010, c 41).</p>
Team Member	<p>Unless specifically limited by a certain policy, refers to all employees, physicians, learners, volunteers, board members, contractors, contract</p>

workers, franchise employees, and those with affiliated appointments and other individuals performing activities within Nova Scotia Health.

VERSION HISTORY

Version:	Effective:	Approved by:	What's changed:
Original	2024-03-05	Clinical Operations Committee	N/A
Minor Revision	2024-04-16	Sponsors	Removed exception for MHAP Added clarification on requirement for signature in change of status.