

PRIORITY ACCESS SCREENING TOOL

Name:		PARIS ID:
DOB:	Age:	PHN:
Gender:		Phone:
Home Address:		

Assessment Start Date:

Assessment End Date:

Carried Out By:

Client Agreement

Client is aware of service and is in agreement to receive Date of agreement _____

OR

Client is aware of service and is not in agreement to receive Date of discussion _____

Comments

Complex Care Groupings

Complete most applicable Complex Care Grouping Tab

- ☐ A Continuous severe behavioural problems
- ☐ B Cognitive impairment, moderate to severe, but is socially appropriate
- ☐ C Cognitive impairment, moderate to severe, but is socially inappropriate
- ☐ D Physically dependent, but cognitively intact, with medical needs that requires ongoing professional care (and whose condition requires a planned program to retain or improve functional ability.)
- ☐ E Person is clinically complex, i.e. has multiple disabilities/complex medical problems that require professional/specialized nursing care and monitoring

Residential Admission Criteria

Client must meet ALL of the following criteria of the Provincial Residential Care Access Policy

- ☐ 1 The client needs 24 hour supervision and continuous professional care.
- ☐ 2 The client's medical causes of disability and dependency, which may be remedial, have been investigated and treated.
- ☐ 3 The client's condition is as medically and functionally stable as possible.
- ☐ 4 The client's degree of risk is not manageable within available community resources and services (including supportive living environments).
- ☐ 5 The caregiver is living with unacceptable risk to their well-being. N/A (no caregiver)
- ☐ 6 The client has agreed to accept admission to facility, and to occupy the 1st available appropriate bed within 48 hours of being advised.
Or authorized substitute decision maker (document in section below)

Health Care Decision Maker

Client	Substitute Decision Maker	Contact	Association	Phone Number	Alternate Number	Comments
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Degree of Urgency for Facility Care

In Community: ☐ Community Emergency ☐ Community High ☐ Community Intermediate
☐ In Hospital: Awaiting Placement

Special Care Filter

The following screening is required to determine if Special Care unit required.

Two of the following are required:

- ☐ Endangering his/her life such as: seemingly oblivious to needs or safety;
- ☐ Exhibits physically abusive behavioural symptoms towards others, or self-abusive acts
- ☐ Exhibits verbally abusive behaviours
- ☐ Persistent elopement attempts that are not easily altered
- ☐ Repetitive anti-social behaviours such as: disrobing in public, inappropriate sexual expressiveness; spitting, smearing stool
- ☐ Repetitive, intrusive locomotive or disruptive vocalizing behaviour

All of the following are required:

- ☐ Needs considerable directional assistance or behavioural modification
- ☐ Has moderately to severely impaired cognitive skills for daily decision-making
- ☐ Has an impaired ability to make self understood/understand others

Preferred Waitlist Location

Date

Recorded	Program	Location	End Date
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Care Levels

Care Level	Start Date	End Date	Recorded By	Date Recorded	Team Name
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Special Considerations for Client's Care

(E.g. Special Care) See Client Needs Assessment

- | | |
|---|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Oxygen |
| <input type="checkbox"/> DVA | <input type="checkbox"/> Special Care Unit |
| <input type="checkbox"/> Hemodialysis | <input type="checkbox"/> Tube Feed |
| <input type="checkbox"/> Peritoneal Dialysis | <input type="checkbox"/> Scooter |
| <input type="checkbox"/> Portable Lift | <input type="checkbox"/> Wheelchair |
| <input type="checkbox"/> Ceiling Lift | <input type="checkbox"/> Bariatric Wheelchair |
| <input type="checkbox"/> Behaviour | <input type="checkbox"/> Trach |
| <input type="checkbox"/> Other Specialized Equipment | <input type="checkbox"/> Vent |
| <input type="checkbox"/> Other If Other, Specify _____ | |

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Comments

Maximum Service Levels

If NOT using MAXIMUM service levels to avoid residential placement, please explain why not?

Not Currently Available Services

What services NOT CURRENTLY AVAILABLE would make it possible for this person to remain in the community?

Application Checklist

- ☐ LTC 1
- ☐ LTC 6
- ☐ Pre-Admission Medical Summary
- ☐ InterRAI - MDS-HC
- ☐ Priority Access Screen/Risk Ax

Details

Summary Tab - Sign Off

Page Complete? ☐ Date _____

Form Completed By _____

Reviewed By _____

Step 1 A - Continuous Severe Behavioural Problems

Instructions

Minimum score for Section 1 is 2. Minimum score for Section 2 or Section 3 is 3.

Section 1: Disease Diagnoses (DSM-IV) Minimum score for Section 1 is 2.

Specify all relevant diagnoses using DSM-IV or ICD9/10 code.

Assessment and diagnoses by psychiatrist/physician are required and must be faxed to Priority Access.

	Score
Major depressive disorder	<input type="checkbox"/> (2)
Dementia (any type)	<input type="checkbox"/> (2)
Personality disorder	<input type="checkbox"/> (2)
Bipolar disorder	<input type="checkbox"/> (2)
Schizophrenia or other psychotic disorder	<input type="checkbox"/> (3)
Substance related disorder	<input type="checkbox"/> (3)
Dual Diagnosis	<input type="checkbox"/> (3)
Other Disease of the nervous system	<input type="checkbox"/> (3)
If Other Disease, Specify _____	

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Section 1 Total:

Score

Section 2: Harm to Self (MDS-MH)

Minimum score for Section 2 or Section 3 is 3.

History of suicide attempt in the last year

☐ (2)

Considered performing a self-injurious act in the last 30 days

☐ (1)

Family / Caregiver / Friend / Staff expresses concern that client is at risk for self-injury

☐ (1)

Section 2 Total:

Section 3: Behavioural Symptoms

Minimum score for Section 2 or Section 3 is 3.

Behavioural symptoms in last 3 days

MDS (Grey fields are pulled from most recent complete MDS)

E3b Verbally abusive

E3c Physically abusive

E3d Socially inappropriate / disruptive

Section 3 Total:

WAS COMPLEX CARE GROUPING A CRITERIA MET?

☐

Additional Information

Section 4: Problem Conditions - Mental Health

(Provide Details in Comments)

Score

Delusions

☐ Present at any point in last 7 days

(2)

Hallucinations

☐ Present at any point in last 7 days

(2)

Section 5: Substance Use (MDS-MH)

Alcohol - Number of drinks in any single episode in last 14 days (If in Acute pattern prior to admission)

2 to 4

☐

(2)

5 or more

☐

(3)

Substance use within the last 7 days (or within last 3 days)

Inhalants

☐

(2)

Hallucinogens

☐

(2)

Cocaine and Crack

☐

(2)

Stimulants

☐

(2)

Opiates

☐

(2)

Cannabis

☐

(2)

Section 6: Medications

Psychotropic medications taken in the last 7 days

Antipsychotic / Nueroleptic

☐

(2)

Anxiolytic

☐

(1)

Antidepressant

☐

(1)

Medication compliance

Less than 80% of the time including failure to purchase

☐

(1)

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Tab 1 A Comments

Step 1 B/C - Cognitive Impairment & Social Appropriateness

Instructions

Minimum score for Section 1 is 3. Minimum score for Section 2 is 4.

If score for Section 3 is 2 or less, Complex Care Grouping B Criteria has been met.

If score for Section 3 is 3 or greater, Complex Care Grouping C Criteria has been met.

Section 1: Cognitive Skills

Minimum score for Section 1 is 3

MDS (Grey fields are pulled from most recent complete MDS)

Score

B2a Cognitive skills for daily decision making

MMSE Score

22 to 19 ☐ (1)

18 to 15 ☐ (2)

14 to 6 ☐ (3)

5 to 0 ☐ (4)

C2 Making self-understood

Section 1 Total:

Section 2: ADL Self-performance

Minimum score for Section 2 is 4.

e.g. little or no involvement or needs cueing

Wandering in last 30 days

Would have occurred if not supervised ☐

Occured ☐

(4)

H1Aa Meal Preparation

H1Ad Managing Medications

H2b Transfer

H2c Locomotion inside of home

H2d Locomotion outside of home

H2g Eating

H2h Toilet Use

H2j Bathing

Other Intolerable Risk ☐ (2)

If Other, Specify

Section 2 Total:

Section 3:

If score for Section 3 is 2 or less, Complex Care Grouping B criteria has been met.

If score for Section 3 is 3 or greater, Complex Care Grouping C criteria has been met.

Behavioural symptoms in last 3 days

E3b Verbally abusive

E3c Physically abusive

E3d Socially inappropriate / disruptive

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E4 Behavioural symptoms have become worse or are less well tolerated by family as compared to 90 days ago

Section 3 Total:

WAS COMPLEX CARE GROUPING B CRITERIA MET? ☐

WAS COMPLEX CARE GROUPING C CRITERIA MET? ☐

Tab 1 B/C Comments

Step 1 D - Physically Dependent But Cognitively Intact

Instructions

Minimum for Section 1 is 2. To meet criteria, total score from Sections 1 and 2 must be 9 or higher.

MDS (Grey fields are pulled from most recent complete MDS)

Score

B2a Cognitive skills for daily decision making

If Moderately or Severely impaired, complete Complex Care Grouping E (Tab E)

Section 1: Minimum score for Section 1 is 2.

H2b Transfer

H2c Locomotion inside of home

H2d Locomotion outside of home

H2g Eating

H2h Toilet Use

H2j Bathing

Section 1 Total:

Section 2: Total score from Sections 1 and 2 must be 9 or higher.

H1Ad IADL Self-performance: Managing medications

Ongoing Nursing procedures done in home

P2v Nurse monitoring less than daily

P2w Nurse monitoring daily

D1 Vision

I1a Bladder continence

I3a Bowel continence

K8b Health status stability Has conditions or diseases that make cognition, ADL, mood, or behaviour patterns unstable ☐

J1a Cerebrovascular accident (stroke)

J1c Coronary artery disease

J1d Hypertension

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		Score
J1e	Irregularly irregular pulse	
J1f	Peripheral vascular disease	
J1b	Congestive heart failure	
	Para / Quadriplegia <input type="checkbox"/> (2)	
J1j	Hemiplegia / hemiparesis	
J1i	Head trauma	
J1k	Multiple Sclerosis	
J1l	Parkinsonism	
J1t	HIV Infection	
J1x	Cancer	
J1y	Diabetes	
J1ab	Thyroid Disease (hyper or hypo)	
J1aa	Renal Failure	
J1z	Emphysema / COPD / Asthma	
	Other <input type="checkbox"/> (1)	
	If Other, Specify _____	
J1m	Arthritis	
J1p	Osteoporosis	
L1b	Severe malnutrition, cachexia	
L1c	Morbid obesity	
L3	Feeding	
	Respiratory Treatments	
P2a	Oxygen	
P2b	Respirator for assistive breathing	
P2c	Other Respiratory Treatments	
	Other treatments	
P2g	Dialysis	
P2k	Ostomy Care	
P2m	Tracheostomy Care	
	Therapies	
P2o	Occupational Therapy	
P2p	Physical Therapy	
K5	Falls frequency in the last 30 days	
P4a	No. of times admitted to hospital in the last 90 days with overnight stay	
P4b	No. of times visited Emergency Rm in the last 90 days without overnight stay	
Q4	Medication compliance	

Section 2 Total:

WAS COMPLEX CARE GROUPING D CRITERIA MET? ☐

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Tab 1 D Comments

Step 1 E - Clinically Complex

Instructions

Minimum for Section 1 is 2. To meet criteria, total score from Sections 1 and 2 must be 9 or higher.

Section 1: Minimum score for Section 1 is 2.

MDS (Grey fields are pulled from most recent complete MDS)

Score

H2b Transfer

H2c Locomotion inside of home

H2d Locomotion outside of home

H2g Eating

H2h Toilet Use

H2j Bathing

Section 1 Total:

Section 2: Total score from Sections 1 and 2 must be 9 or higher.

B2a Cognitive skills for daily decision making

H1Ad IADL Self-performance: Managing medications

Ongoing Nursing procedures done in home

P2w Nurse monitoring less than daily

P2v Nurse monitoring daily

K4a Frequency of Pain

K4e Medications adequately control pain

K4b Intensity of Pain

D1 Vision

I1a Bladder continence

I3a Bowel continence

J1a Cerebrovascular accident (stroke)

J1c Coronary artery disease

J1d Hypertension

J1e Irregularly irregular pulse

J1f Peripheral vascular disease

J1b Congestive heart failure

Para / Quadriplegia

☐ (2)

J1j Hemiplegia / hemiparesis

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		Score
J1i	Head Trauma	
J1k	Multiple Sclerosis	
J1l	Parkinsonism	
J1g	Alzheimer's	
J1h	Other Dementia	
J1t	HIV Infection	
J1x	Cancer	
J1y	Diabetes	
J1ab	Thyroid Disease (hyper or hypo)	
	Other <input type="checkbox"/> (1)	
	If Other, Specify _____	
J1z	Emphysema / COPD / Asthma	
J1aa	Renal Failure	
J1m	Arthritis	
J1p	Osteoporosis	
J1s	Any psychiatric diagnosis	
K8b	Has conditions or diseases that make cognition, ADL, mood or behaviour patterns unstable	<input type="checkbox"/>
K8e	Prognosis of less that 6 months to live	<input type="checkbox"/>
L1b	Severe malnutrition, cachexia	
L1c	Morbid obesity	
	Therapies	
P2o	Occupational Therapy	
P2p	Physical Therapy	
K5	Falls frequency in the last 30 days	
P4a	No. of times admitted to hospital in the last 90 days with overnight stay	
P4b	No. of times visited Emergency Rm in the last 90 days without overnight stay	
Q1	Number of medications	
Q4	Medication compliance	
	Other Intolerable Risk <input type="checkbox"/> (2)	
	If Other, Specify _____	

Section 2 Total:

WAS COMPLEX CARE GROUPING E CRITERIA MET? ☐

Tab 1 E Comments

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Step 2 - Review Of Current Services

Section 1: Formal Supports

Minutes rounded to even to minutes

MDS (Grey fields are pulled from most recent complete MDS)	Days	Hours	Minutes
P1a Home Health Aides			
P1b Visiting Nurses			
P1c Homemaking Services			
P1d Meals			
P1e Volunteer Services			
P1f Physical Therapy			
P1g Occupational Therapy			
P1h Speech Therapy			
P1i Day Care or Day Hospital			
P1j Social Worker in Home			
Respite Care	_____	_____	_____
Hospice Care	_____	_____	_____
In Nursing Home	_____	_____	_____
Presently in Acute Care	_____	_____	_____
Home Visit by Care Coordinator	_____	_____	_____
Other	_____	_____	_____
If Other, Specify _____			

Section 2: Informal Supports

Extent of Informal Help (Hours of Care Rounded)

For instrumental and personal activities of daily living received over the LAST 7 Days, indicate extent of help from family, friends, and neighbours.

Hours

G3a	Sum of time across five week days
G3b	Sum of time across two weekend days

Tab Review of Services Comments

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Step 3 - Degree Of Urgency For Facility Care

Category 1: Community Emergency

Client qualifies for this category if score is 3 or higher in Section 1, 2, or 3

If client does not qualify for Category 1, move on to Category 2

Section 1: Client Functional Health

MDS (Grey fields are pulled from most recent complete MDS)

Score

Did client live alone at time of placement referral?

☐

YES - Continue in Section 1

☐

NO - Go to Section 2

B2a Cognitive skills for daily decision making

H1e IADL Self-performance: Phone Use

H2b ADL Self-performance: Transfer

H2c ADL Self-performance: Locomotion in Home

Section 1 Total:

Section 2: Caregiver Functional Health

Cognitive skills for daily decision making

☐

Minimally Impaired (1)

☐

Moderately Impaired (2)

☐

Severely Impaired (3)

IADL Self-performance: Phone Use

☐

Some Help (2)

☐

Full Help (3)

☐

By Others (2)

Section 2 Total:

Section 3: Describe other key risk(s) to support this level of urgency

☐

Other Key Risk(s)

(3)

Section 3 Total:

Criteria Met for Category 1?

☐

Step 3 - Degree Of Urgency For Facility Care (Cont)

Category 2: Community High (Within 1 Month)

Client qualifies for this category if score is 5 or higher in Section 1, or 2

If client does not qualify for Category 2, move on to Category 3

Section 1: Primary Caregiver Burden

MDS (Grey fields are pulled from most recent complete MDS)

Score

Caregiver Status

G2a Caregiver is unable to continue

☐

Zarit Screener

G2b Primary caregiver expresses feelings of distress, anger or depression

☐

G2c Primary caregiver is not satisfied with support received

☐

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Extent of Informal help by primary caregiver (in Hours)

Sum across last 7 days is _____

Sum across last 7 nights is _____

Section 1 Total:

Section 2: Describe other key risk(s) to client or caregiver to support this level of urgency

☐ Other Key Risk(s) (5)

Section 2 Total:

Criteria Met for Category 2? ☐

Step 3 - Degree Of Urgency For Facility Care (Cont)

Category 3: Community Intermediate (Within 3 Months)

Client qualifies for this category if client does not qualify for Category 1 or 2 ☐

Casenote

Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.

----- End of Report -----