Vancouver CoastalHealth
Promoting wellness. Ensuring care.

PARIS
PRIMARY ACCESS
Regional Information System

TST ASSESSMENT

Name:		**PARIS ID:**
DOB:	**Age:**	**Team Name:**
Gender:		**Assessment Date:**
PHN:		**Assessment End Date:**

Hospitalization Dates

Admission Date: Estimated Discharge Date: Actual Discharge Date:

Identifiers

Type of Identifier	Alternate ID	From	To

Referral Triggers

Recorded By	Date Recorded	Referral Trigger	Date of Trigger

Potential Discharge Sector Selection Screener

VCH Resident	☐ TRUE	☐ FALSE
BC Resident >= 3 Months	☐ TRUE	☐ FALSE
Canadian citizen/Permanet Resident (includes Landed immigrant)	☐ TRUE	☐ FALSE
Age 55 or Older	☐ TRUE	☐ FALSE
Age 19 or Older	☐ TRUE	☐ FALSE
Requires 24/7 supervised / nursing care	☐ TRUE	☐ FALSE
Treatment Precluded at Lower Level of Care	☐ TRUE	☐ FALSE
Behaviour does not put other clients/caregivers at risk	☐ TRUE	☐ FALSE
Addictions issues not active	☐ TRUE	☐ FALSE
Needs IQ Level 1: SNF-Medical or SNF-Therapy, goals achievable within Interqual LOS criteria	☐ TRUE	☐ FALSE
Additional care (min 1 week to max 8 weeks) required to support return to "home"	☐ TRUE	☐ FALSE
Has a residence to return to upon discharge	☐ TRUE	☐ FALSE
Client does not have a cuffed trach	☐ TRUE	☐ FALSE
Client is not ventilated	☐ TRUE	☐ FALSE
Full participation in therapy / intervention prior to transfer	☐ TRUE	☐ FALSE
Advanced cognitive impairment ruled out	☐ TRUE	☐ FALSE
Primary goal of therapy / intervention is to return to home	☐ TRUE	☐ FALSE
Requires IV anti-microbial therapy via central venous line (e.g. PICC)	☐ TRUE	☐ FALSE
Addictions (Rx Team) Supports DC Plan	☐ TRUE	☐ FALSE
Able to mobilize without wheelchair	☐ TRUE	☐ FALSE
Care provider / client asking for / appears to require institutional care	☐ TRUE	☐ FALSE
Palliative Performance Scale < or equal to 40%	☐ TRUE	☐ FALSE
Life expectancy < or equal to 3 months	☐ TRUE	☐ FALSE

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Enrolled in BC Palliative Care Benefits	☐ TRUE	☐ FALSE
Client / Family / Substitute decision maker consents to D/C Plan	☐ TRUE	☐ FALSE
Client / Family consents to DC Plan Financial Fees	☐ TRUE	☐ FALSE
Meets IQ Acute or Sub Acute Rehabilitation Criteria, goals achieavable within Interqual LOS criteria	☐ TRUE	☐ FALSE
Client capable of direction own care	☐ TRUE	☐ FALSE

Potential Discharge Sectors

- ☐ **Residential Care [LTC]**
- ☐ **Supported Housing**
- ☐ **Mental Health Housing**
- ☐ **TCU: Vancouver (Braddan)**
- ☐ **TCU: Vancouver (P3TCU)**
- ☐ **TCU: Vancouver (CTCT)**
- ☐ **TCU: Outside Vancouver HSDA**
- ☐ **Home**
- ☐ **Hospice**
- ☐ **Dr. Peter Centre**
- ☐ **Assisted Living**
- ☐ **Rehabilitation Centre**
- ☐ **Outcome NOT Triggered**

Comments / Reason for Override

Home to Await LTC Placement Screener

The following screening is required for all clients deemed to require "Institutional care", in order to rule out direct facility placement from hospital. All questions must be marked YES.
Consider Home to Await Placement as an option when completing RAI-HC, but ensure client is ARTG, and PAT/AOA/HS agree to plan in advance of sending client home.

Institutional Risk Confirmed (RAI and PAT Screener = LTC)	☐ YES	☐ NO
Client has a home to return to AND it is an appropriate environment in which to provide care	☐ YES	☐ NO
Current home environment suited to patient level of mobility without renovations	☐ YES	☐ NO
Client is not a safety risk to others	☐ YES	☐ NO
Client has agreed to accept first available appropriate bed (FAAB) in residential care facility as "Priority Placement" AND is aware that his/her/service will be adjusted to current available resources if refused	☐ YES	☐ NO
Client is not at intolerable risk for abuse or neglect (AGL)	☐ YES	☐ NO
Professional care (e.g. nursing) needs can be met on return-to-home by community resources	☐ YES	☐ NO
Client needs (as identified by Personal Assistance and/or Home Support guidelines) can be performed by a Community Health Worker (CHW) (e.g. excluding injections) AND that resourcing is available.	☐ YES	☐ NO
If live-in support is required, CHW has space to sleep overnight (in a different room from client or with suitable privacy)	☐ YES	☐ NO
Client does not require 3 consecutive 8-hour (or 24 hour) awake shifts (unless palliative)	☐ YES	☐ NO
Caregiver is able to continue to provide care (not burned out)	☐ YES	☐ NO

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Outcome

- ☐ **Home to Await LTC Placement**
- ☐ **Direct Facility Placement from Hospital**
- ☐ **Outcome NOT Triggered**

Comments

Current Location

Date Recorded: Location Type:

Location:

City: Province: Postal Code:

Comments

Inter Qual LOC/ DCP

Assessed By | Date of Stay

Hospital Site | Unit

Client Population | Encounter Number

Attending Physician

Patient Service | Service Team

InterQual LoC / DCP

Review Type

Level of Care (LoC) | Criteria Subset

Criteria Met | Review Outcome

Client Status

Discharge Plan

Primary Sector? ☐ ☐ ☐

Actual DC Sector? ☐ ☐ ☐

DC Sector Type

DC Sector

DC Sector Detail

Delay Reasons (Pertaining to primary plan)

Delay Type

Delay

Delay Details

Considerations for Facility Care

The following screening is required for any client deemed to require facility care (LTC placement, TCU, etc)

- ☐ VRE positive
- ☐ MRSA positive
- ☐ CDif positive
- ☐ DNR during hospitalization
- ☐ Ceiling lift required
- ☐ Portable lift required
- ☐ Scooter access
- ☐ Electric Wheelchair access

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- ☐ Private Room required
- ☐ Geripsych involvement/ongoing consultations
- ☐ Language/Cultural considerations
- ☐ DVA (Veteran)
- ☐ Spousal considerations
- ☐ Respite

Treatments:

- ☐ Special diet required
- ☐ Tube Feed
- ☐ Wound care
- ☐ Tracheostomy
- ☐ Ventilated
- ☐ Hemodialysis
- ☐ Periotoneal Dialysis
- ☐ Intermittent catheterizations required
- ☐ Oxygen needs
- ☐ Other (specify below)
- ☐ Wheelchair access
- ☐ Bariatric Equipment required
- ☐ Special mattress
- ☐ Falls Risk
- ☐ Wanderguard system
- ☐ Secured perimeter
- ☐ MH follow up required
- ☐ Extended Leave
- ☐ One-to-one staffing
- ☐ Drug Use prior to admission
- ☐ Methadone use
- ☐ Smoker - Indendepent (can ambulate, light own cigarettes, etc)
- ☐ Smoker - supervision required

Transitional Care Units Only:

- ☐ NWB < 6 weeks
- ☐ NWB >= 6 weeks
- ☐ VAC Therapy
- ☐ Central Venous Catheter (including PICC)

Comments

Intake/TST has assessed that the following are required:

Assessed By	Assessment Date	Priority	Service Detail	Service	If Other, Specify	Team	End Date

Other Outcomes

- ☐ TST provided information to client only
- ☐ Client refused further service
- ☐ Faxed info to community only
- ☐ TST captured ALC data only
- ☐ Client didn't require service
- ☐ Other (specify below

Details

Diagnosis

Date	Diagnosis Type	Diagnosis	State	Aware?	Comments

Casenotes

-- End of Report --

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