

ALC-LTC Sign Off

Patient Name: _____

MRN: _____ **HCN:** _____ **UNIT:** _____

This patient was identified at risk for complex discharge and required collaborative Home First planning for discharge. After significant collaboration and effort, the QHC and CCAC care teams have explored all options for discharge. Please see attached Appendix “A” which outlines the discharge planning events and chronology. At this time, this patient has no alternative but to remain In Hospital to await long term care home (LTCH) placement. The outcome of this review has been discussed with both the South East Community Care Access Centre (CCAC) Client Services Manager and QHC Vice President and Chief Nursing Executive or Designate and all agree upon an ALC-LTC designation for this patient.

The Hospital and CCAC commit to on-going re-evaluation of Home First candidacy for this patient

Signatories to document	Signature	Date
South East CCAC, Client Service Manager		
Quinte Health Care, Manager, Patient Flow		
Unit Manager		
Program Director		