

## Covid-19 Response Planning: Priority 2 & 3 Service Modifications for Community/Specialty and Hospital Based Case Coordinators

Updated from April 26, 2021 version - Dec 8<sup>th</sup> changes in Blue, Dec 16<sup>th</sup> clarification in Red

Your knowledge of the client situation and assessment of their needs will inform the following actions.

Clients and their supports have a responsibility to identify a backup plan to their Case Coordinator and activate it when notified.

Modification of services labelled as Visit Priority Code (VPC) 2 and/or 3 will be done by Case Coordinators at intake, reassessment (in community or hospital) or when directed by Program. VPCs should be reviewed and modified as needed, based on client/family/caregiver communication and assessment of situation (refer to COVID-19 Response Planning: Home Care VISIT PRIORITY CODES and Nursing VISIT PRIORITY CODES document). All VPC 3 requests require clearly documented rationale in the v2020 Presenting Situation and Objectives/Dated Note.

Vaccination status does not exempt clients from being reviewed for potential modification of services.

### Wave 4 Response Planning, re: Household Maintenance, Laundry

**All other available resources must be considered first.  
Any exceptions require discussion with TM/CAD to determine if rationale warrants approval.**

For **new** Clients:

- New requests for Household Maintenance will not be considered.
- New requests for Household Maintenance and Laundry – only laundry may be considered after all other options have been explored. Approval will be required by the TM/CAD of the area from which services will be requested.

For **existing** Clients:

- New requests for Household Maintenance will only be considered after all other options have been explored.
- New requests for Laundry will only be considered after all other options have been explored.
- **Reinstatement** requests for Household Maintenance or Laundry services will only be considered after all other options have been explored.

**NOTE:** Approval for each of the above situations will be required by the TM/CAD of the area from which services will be requested.

### Care Planning in Consideration of Wave 4 Direction

#### **Hospital Based CCs**

Explore all options. If Home Care is deemed to be the appropriate care provider for laundry service, HBCC must obtain approval from TM/CAD of the area from which laundry assessment by CCC is being requested. Approval to be requested via email and include clear rationale for the CCC to do an assessment for laundry services.

**NOTE:** Awaiting TM/CAD approval does not delay discharge from hospital (Planned Discharges and Hospital Holds). Once approval is received, update v2020 Presenting Situation and Objectives/Dated Note and send a second task to request laundry assessment, clearly stating that TM/CAD approval was received.

#### **Community CCs**

Explore all options. If Home Care is deemed to be the appropriate care provider for laundry service, CCC must obtain approval from their TM/CAD. Approval to be requested via email and include clear rationale for the laundry request. Dated Notes, v2020 Presenting Situation and Objectives, and task template should clearly indicate that TM/CAD approval was granted.

#### **Specialty CCs**

Explore all options. If Home Care is the only possible care provider for laundry services, Specialty CC must obtain approval from the TM/CAD of the area from which services are being requested. Approval to be requested via email and include clear rationale for the laundry request. Dated Notes, v2020 Presenting Situation and Objectives, and task template should clearly indicate that TM/CAD approval was granted.

## Actions for Review of Existing Service – Community/Specialty CCs

1. Clients with VPC 2 and/or 3 visits will be contacted by the Case Coordinator. Reassessment of needs can be done via phone call to either the client or the caregiver OR during reassessment of services by CC.  
\*reference “Service Modification Factors to Consider” on page 3/4

Ensure client/caregiver has accurate contact information for the assigned Case Coordinator and After Hours. Enter a Dated Note in EHCR to reflect the conversation that occurred.

2. If services are modified/temporarily canceled, the CC will update documentation as follows:

- a) v2020 Presenting Situation and Objectives document section 11.0 Service Summary to indicate which services have been modified or temporarily cancelled.
- b) In the affected Orders’ Service Plan comments, write: *“Family/backup/alternative providing care temporarily in response to COVID-19”*

3. a. Clients with **partial** service modifications will require CC follow up at minimum every 6 weeks, regardless of who initiated the service modification. A record of clients whose services have been modified/temporarily canceled will be kept utilizing Supervisor Requirements in EHCR, **for follow up purposes.**

The due date for checking in with each client will be based on clinical judgement by the Case Coordinator given their knowledge of situation, but is to be completed, at minimum, every 6 weeks.

When service modification/cancellation is initiated by client/caregiver:

The screenshot shows the 'Client Supervisor Requirement' form. The 'Requirement' dropdown is set to 'CC General', 'Class' is 'Supervisor Type', and 'Supervisor Type' is 'CC'. The 'Due Date' dropdown is set to 'MINIMAL CHECK-IN EVERY 6 WEEKS'. The 'Description' field contains 'Covid19 CLT cancel'. There are 'OK' and 'Cancel' buttons at the top right.

When service modification/cancellation is initiated by Home Care:

The screenshot shows the 'Client Supervisor Requirement' form. The 'Requirement' dropdown is set to 'CC General', 'Class' is 'Supervisor Type', and 'Supervisor Type' is 'CC'. The 'Due Date' dropdown is set to 'MINIMAL CHECK-IN EVERY 6 WEEKS'. The 'Description' field contains 'Covid19 HC cancel'. There are 'OK' and 'Cancel' buttons at the top right.

At check-ins, if the visits are still modified/canceled, reset the due date according to the **follow up timeline.**

The Supervisor Requirement may be completed once services are resumed or client is discharged, and a **corresponding** task should be sent to the Scheduling Unit. If services are being resumed, the comment *“Family/backup/alternative providing care temporarily in response to COVID-19”* previously added to the existing Orders’ Service Plan Comments should be removed from the existing Order(s); and the v2020 Presenting Situation and Objectives section 11.0 Service Summary should reflect the updated care plan.

**3 b. If client/caregiver advises the CC that they would like to cancel ALL Home Care services, regardless of who initiated the conversation, CC will inform client/caregiver that they will check in every 6 weeks and that their Home Care file will be closed after 6 months of non-utilization of services.**

Ensure client/caregiver has accurate contact information for the assigned Case Coordinator and After Hours. Enter a Dated Note in EHCR to reflect the conversations that occurred initially, at check-ins and/or at discharge.

If after 6 months' time services are still unused, the CC will contact client/caregiver via phone to advise of discharge, and send a corresponding letter (using template letter provided) reiterating discharge, and informing of how to access services in the future should the need arise:

For clients in community, call Central Intake (204-788-8330).

For clients in hospital, request a Home Care consult to explore potential service needs for safe discharge.

Upload the letter to the Client/Caregiver Communication folder in the EHCR Documents page.

**4. Case Coordinator will send a task to the Scheduling Unit to modify/temporarily cancel visits ongoing by clearly identifying the reason for cancellation**

When service modification/cancellation was initiated by client/caregiver

When service modification/cancellation was initiated by Home Care

## Service Modification Factors to Consider

### Discussion of the Presence of an Available/Reliable Backup Plan

- Confirm the presence of a backup plan.
- Consider that some clients may have additional access to backup assist/informal supports at this time given supports may be at home instead of work or school.
- Consider whether utilizing client's back up would create risk to the client, e.g. Family member is isolating, has symptoms and is unable to attend to provide the care.
- Consider that there are entry restrictions in some buildings which will prevent the usual backup from being able to enter and assist with care.
- Consider potential for caregiver fatigue with increased demand for their assist.

- Can the service be “shared” with informal supports as opposed to completely the informal support’s responsibility; family may be open to a reduction as opposed to full suspension of service.

**Modification of non-essential services (VPC 3)**

- Laundry (if approved): Consider client’s continence and amount of available clothing/linens in the home. If other daily calls are in place, consider splitting and reassigning laundry tasks to these calls (e.g.: am HCA put clothes in washer, then pm HCA puts clothes in dryer).
- Household maintenance (if approved): consider the actual tasks that are required to be completed and how long those tasks would take based on the Client’s residence, and indicate the appropriate amount of time in the Orders’ Service Plan page.
- Bathing: Consider consolidating other services that client is receiving related to hygiene (e.g.: if receiving peri-care daily), could then consider adding full sponge bath during the AM call or reducing frequency of afternoon bath assist). Consider client’s ability to sponge bath self and factors that make client at higher risk of skin breakdown if a full bath is not provided.
- Bulk meal prep: Explore meal delivery services, having client purchase pre-made foods or easy to prepare foods.
- Social respite: Consider the caregiver’s ability to complete tasks such as grocery shopping, banking etc. without the social respite in place and their ability to maintain their role as primary care giver. Consider option of PCH scheduled respite to decrease caregiver burden over an extended period of time.

**Modification of essential services (VPC 2)**

- Work respite: Consider if caregiver is an essential service worker, respite may need to remain in place. Consider if the caregiver is working at home and if scheduled calls throughout the day would be a better alternative than full hours of work respite. If caregiver working from home and respite is still required, consider reducing the hours that normally would have been allotted for travel time to/from work.
- Meal prep/heat and serve: Consider client’s ability to get cold meals or meal delivery/frozen food. If Home Care already in place for am care, have worker leave a ready lunch/supper instead of another visit.
- Dressing: If the visit is only for dressing - consider if care can be provided once daily.
- Graduated compression stockings: Consider the availability of reliable backup for don/doff. Note that Graduated Compression Stockings must be removed at night.
- Delegated tasks: Consider the task that has been Delegated and what is the current back-up plan for this activity.
- Assigned tasks: Includes oral medication and any other task assigned by nursing to HCA – consider the availability of reliable backup.

Partial sponge, perineal care/toileting, transfers: consider the availability of reliable backup.

**Caregiver Fatigue from extended periods of modified home care service**

- Reinforce with caregivers that they should call immediately if they are experiencing distress. Discuss approaches or solutions that can ease burden and mitigate client or caregiver presentations to the ED/UC.