



## Home Care Centralized Scheduling Office Transition Frequently Asked Questions

### Introduction to the Home Care Centralized Staffing Office (HCCSO) – Why transition to a centralized model?

#### Background

Home Care schedules 450,000 visits per month and demand and acuity is growing. Population demographics are changing, which impacts the current and future demand of Home Care Services.

Home Care scheduling is currently decentralized, with three entities and two separate employers:

- Scheduling units within each WRHA community area offices (13);
- WRHA Centralized Staffing Office (CSO);
- After Hours Central Intake (AHCIP) at the Provincial Health Contact Centre (PHCC) at the Misericordia Health Centre (separate Employer).

#### Why are we transitioning to a centralized, 24/7 model for home care scheduling?

As the home care program and the clients we serve have evolved, a number of issues and risks associated with the current scheduling model have become apparent, including:

- many variations in work processes, resulting in variations in service delivery across community areas impacting data integrity;
- an increased work demand, which has become challenging to complete in an 8-hour day;
- scheduling support from AHCIP is stretched as a result of the increased demand, especially on weekends, leading to delays in response to calls from Direct Service Staff;
- variations in scheduling that are not compliant with collective agreements; and
- vulnerable scheduling units with small staffing complements, which impacts our ability to work proactively.

In 2023, a case occurred involving significant delays in starting Home Care services for a Palliative client. A review of this incident by an independent consultant identified 21 recommendations for improvements to home care delivery, including three related to scheduling:

1. Provide 7-day scheduling coverage, including evenings, overnight shifts, and weekends, to better align with the 24/7 operation of Home Care services.
2. Terminate the After-Hours contract and bring evenings, overnights and weekend administrative scheduling and coordination in-house to a centralized office.
3. Centralize Home Care Office Scheduling Units.



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There is also the question of data integrity – if we are all entering and actioning information differently, then we have significant difficulty in making good decisions related to home care operations, now and into the future.

### **How was the HCCSO model decided upon?**

After looking at all options, Community leadership committed to the centralization and concentration of all scheduling activity to occur at one site, with 24/7 access and support. This model will retain community area clustering of staff, so that expertise and knowledge will carry over to the centralized site.

This decision was not taken lightly given the magnitude of the change, but the positive outcomes for both clients and staff were the deciding factor. Also very importantly, shifting the focus of After Hours and Central Intake to provide client excellence in service delivery and having HCCSO be the point of contact for staff working in community was key in the decision to move forward.

### **How will the transition to the HCCSO improve home care scheduling?**

The HCCSO model will positively impact both staff and clients in a number of ways, including:

- service benchmarks will be established and monitored, focusing on client and staff satisfaction;
- consolidating expertise in one location will improve the standardization of processes and allow for better client support;
- centralization will facilitate training and mentoring to address staff retention issues;
- fostering a robust and skilled scheduling team that will share workload and spread a scheduling clerk's day to day workload over three shifts will help improve work satisfaction;
- centralization will provide direct phone support for DSS and nurses during after hours; and
- separate client calls from staff calls will improve service the experience for both groups.

### **What are the next steps?**

We understand there are still outstanding questions that are operational in nature, or otherwise. The Program team is working on these details, but our goal is to retain as many current work flows and communication pathways the same. For instance, utilizing tasks within EHCR will remain the same.

You will have received a list of upcoming FAQs. Please review this list to see when your particular question may be answered.

If, after you read the FAQs, you still have a question that is more specific, please email [askcommunityhr@wrha.mb.ca](mailto:askcommunityhr@wrha.mb.ca).