



## Home Care Centralized Scheduling Office Transition Frequently Asked Questions

### How does the HCCSO impact my role? Part I

Each of you is likely wondering: how will the HCCSO impact my day-to-day work? This FAQ is intended to provide a high-level summary of what you can expect. Further details, including any role-specific changes, will be communicated by your relevant Program Support team member, such as your Case Management Specialist, Nurse Educator, or Manager for Admin Staff. For Direct Service Staff, you can expect more details from your Resource Coordinator. Other details will continue to be shared in the weekly FAQ updates.

#### Impacted Roles:

[Direct Service Staff](#)

[Direct Service Nurses](#)

[Administrative Staff](#)

[Scheduling Clerks](#)

[Resource Coordinators](#)

[Nursing Resource Coordinators](#)

[Case Coordinators](#)

[Hospital-Based Case Coordinators](#)

[Managers and Directors of Health Services](#)

### How will the HCCSO impact Direct Service Staff?

- You will be able to reach a Scheduling Clerk 24 hours per day, 7 days per week through a new phone number: 204-940-3100. This number will “go live” at 6 a.m. on Monday, March 31<sup>st</sup>.
- Until then, After Hours is still your first point of contact after work hours.
- Your Resource Coordinator is not changing, and you will still work out of your regular community office.
- For casual staff, you would pick up a DVS at your community office as you do now.
- Safe Visit Plans would be picked up at your community office for both EFT and casual staff.
- All other items you need: PPE, gloves, hand sanitizer, for example, will continue to be picked up at your community office.

### How will the HCCSO impact Direct Service Nurses?

- You will be able to reach a Scheduling Clerk 24 hours per day, 7 days per week, through a new phone number: 204-940-3100. This number will “go live” at 6 a.m. on Monday, March 31<sup>st</sup>.



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- All client care plan changes will be called into this number.
- This is the same number you will call for all income protection (sick) calls.
- You will continue to access paperwork, files, supplies and documents at your community office through your Nursing Resource Coordinator and Nursing Admin when you come in for planning, Collaborative Care team meetings, safety huddles and team meetings.
- Paid Hour Adjustment Forms and shift schedule changes will continue to be submitted directly to your NRC.
- The posting of the four-week rotation and AUA shifts will continue as they are.
- After Hours Nurses will still be available in evenings, weekends and holidays as they are now for clinical support through the same new number: 204-940-3100
- All casual nurses will be issued mobile phones in the coming weeks and will be using the Procura mobile app. This will enable more dated notes to be utilized by all nurses, instead of paper Integrated Progress notes.

### **How will the HCCSO impact Administrative Staff?**

- As all scheduling clerks will be moving to a 24/7 model, including those scheduling clerks supporting nursing, a shift of work will need to occur that more accurately reflects the scope of the role.
- In community, AY3s are timekeepers, and this will now extend to processing Direct Service Nurses' payroll in SAP.
- Other tasks such as collating documents for referrals and client files will continue to be prepared as they are now and provided to the NRC/CC.
- Discharge files will be submitted by nurses directly to nursing admin support for discharge from EHCR.
- AY2s will be tasked to assist with printed information and client home files for Direct Service Staff.
- Managers of Facility Support (or designate) will be working with individual community teams on workflow changes based on your staffing compliment at each community area.

### **How will the HCCSO impact Scheduling Clerks?**

- All community and nursing Scheduling Clerks will be co-located at 80 Sutherland.
- Your work functions remain the same: scheduling client visits, communicating with DSS and DSN, answering calls from DSS and DSN, following up on incoming tasks, planning coverage for sick calls, vacancies and vacations, and communicating to other home care staff such as Resource Coordinators, Case Coordinators, and Hospital Based Case Coordinators.
- You will have a direct supervisor (the HCCSO Supervisor) that can assist with all day-to-day support and will help with prioritization of work, communicating to and from After Hours, and who will be your first point of contact for any issues you may encounter on your shift.

### **How will the HCCSO impact Resource Coordinators?**

- All DSS will continue to report to you at your community office.



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- Communication to and from the HCCSO will occur via EHCR tasks, but there will be a phone for urgent matters.
- Additionally, the HCCSO Supervisor will be a point of contact to discuss any non-urgent matters including scheduling questions and Return to Work details.
- Procura mobile alerts will be monitored by centralized scheduling 24/7.

### **How will the HCCSO impact Nursing Resource Coordinators?**

- Communication with the SC will occur using e-referral tasks for all items actionable items related to clients (i.e. cancellations/service changes) and employees (i.e. vacation/other leave).
- Required access will be granted.
- AY3s will assume SAP timekeeping role for nurses.
- SCs will make adjustments to nurse schedules in EHCR
- Collaborative Care Team meetings, safety huddles and planning time will continue unchanged.
- Nursing clinics will have Primary Care Assistants to assist with room prep and client scheduling.
- Monitoring of the Mobile Start/Stop Alerts will shift to the SCs. If the alert cannot be resolved by the SC, it may be escalated up to NRC.
- After Hours lists and reports are being discontinued with go live.

### **How will the HCCSO impact Case Coordinators?**

- Communication with the HCCSO will occur using e-referral task to the Community Area Scheduling Unit Planner. Note: Areas that currently enter the SU username (e.g. AS02) will no longer continue this practice; only the SC is to change the username as this indicates the task has been accepted.
- The SC will send the e-referral task back to the CC if there are clarifications/corrections required to orders/tasks.
- The CC will continue to send e-referral tasks to the SU when documents have been updated for the Client Home File (e.g. AMTR, client ID record, client labels, etc.).
- E-referral tasks from HBCC will continue to be sent to Comm/Spec CC prior to forwarding on to the HCCSO.

### **How will the HCCSO impact Hospital-Based Case Coordinators?**

- Hospital-Based Case Coordinators will continue to send e-referral tasks to Community Area/Specialty Program Admin Planners as per existing process.
- The SC will continue to phone The HBCC when services are ready or if there are questions.
- The HBCC will continue to send e-referral tasks to the Community Admin Planner and email CSO on weekends.

### **How will the HCCSO impact Managers and Directors of Health Services?**



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- Communication pathways will continue from Manager to Manager and Director to Director.
- We will continue to meet and discuss any unexpected issues arising from the centralization of Scheduling Clerks, ensuring the HCCSO is responsive to adjustments required and feedback on opportunities for improvement.
- Our overriding goal is to provide support to all our Direct Service Staff and Direct Service Nurses and to ensure we continue to deliver quality, consistent services to clients that facilitate patient flow and align with the goals of families and loved ones supporting clients.