Priority Home – Frequently Asked Questions for Hospital Staff

What is *Priority Home*?

Priority Home is a person-centred collaborative philosophy focused on keeping patients, specifically high needs seniors, safe in their homes for as long as possible, with community supports. When acute hospital care is required, *Priority Home* aims to support patients to return home on discharge, as staying at home is the best and safest solution. Under *Priority Home*, paneling a patient from hospital to a long term care (LTC) bed is considered only after all other community options are considered. LTC applications will generally not be started in hospital.

Key points:

- Discharge planning in hospitals should always focus on discharging patients home first;
- Everyone in the hospital should promote with clients/ family home as the primary discharge destination, even if the ultimate destination is not the patient's current home;
- Identify patients in hospital or community at risk of PCH placement early in the patient journey and focus efforts on discharge/ staying home; and
- Hospital patients will not be designated Alternate Level of Care (ALC- LTC) until all other placement options have been exhausted.

How *Priority Home* Helps?

Home is the best place! *Priority Home:*

- Reduces risk for hospital acquired infections and hospital associated de-conditioning;
- Gives our patients/clients time to optimize functioning post-acute hospitalization prior to making a major decision about the future; and
- Provides our patients/clients the best environment to experience the significant life transition of moving to a PCH and other alternate housing options.

We know that when given a choice, most individuals prefer to be at home than in a hospital. On average, 1, 200 WRHA clients per year are paneled and moved directly from acute care to a personal care home. Based on experience from other provinces:

- 50% of these clients can return home safely with intensive home care services; and
- 80% of clients who are discharged with *Priority Home* did not require LTC placement after recovery at home and were discharged with regular home care services.

Who to consider for Priority Home Services:

- Anyone who is being considered to be referred to Long Term Care
- Anyone who is either designated ALC-LTC or being considered for ALC-LTC designation
- Patient where there is potential for premature PCH placement from hospital and for whom an intensive case management / restorative approach may assist with re-examining a return to community
- Patient who can safely wait in the community for LTC placement
- Clients who may need urgent PCH placement from community or Emergency Department / Urgent Care

Who may not be appropriate for Priority Home Services:

- Patient who is medically unstable
- Patient whose care needs cannot be feasibly or safely met by home care services (e.g., requires 24-hour support and supervision from home care; non-modifiable behaviour that poses a threat to self or others)
- Home Care hospital hold clients as they are already being discharged with regular home care services
- Patient without a home to return to

These clients may be more appropriate for other available services as appropriate until they are ready to return home with Home Care.

How is *Priority Home* Services by Home Care Different from Regular Home Care Services?

WRHA Home Care program serves approximately 15,000 clients at any given time and is able to provide safe, effective Home Care to those who need the services. Home Care program has many regular and specialized services including Nursing Services, Health Coordination, Stroke Services, Manitoba Home Nutrition Program, and Self and Family Managed Care program. Home care staff draw on the expertise of all available resources as well as working closely with other community programs/ services (i.e. Mental Health, Primary Health Care, GPAT, Community Therapy Services) to support clients stay in community as long and safely as possible. *Priority Home* Services is an additional service option within the WRHA Home Care Program and is designed to enhance Home Care's capacity to provide short term, transitional, intensive case coordination, and restorative services to appropriate clients for up to 90 days.

Most clients who would normally discharge with home care will continue to do so as usual. All other community based programs/services will continue to deliver services as usual and should continue to be accessed to support discharges to community. However, a recent report by the Canadian institute for Health Information (CIHI) identified that a larger proportion of seniors in hospital entered a Personal Care Home when they might have been able to be supported in home care. This is a particular group of patients that *Priority Home* Services may be able to support for discharge to community if they are being considered for PCH placement.

Priority Home team will be a dedicated home care team that will provide services city wide to clients on *Priority Home* Care Caseload and will work closely with other Home Care staff and Community programs/ services. *Priority Home* Case coordinators have nursing backgrounds and will have smaller case load to provide intensive case coordination 7 days a week. The team will also include Occupational Therapists, Physiotherapists, Speech-Language Pathologists, and Rehabilitation Assistants to provide rehabilitation services as needed. Experience from other provinces shows that this particular target group clients don't necessarily need more Health Care Aide/ Home Support workers supports at home than what is offered by the WRHA Home Care Program but timeliness, reliability, and flexibility of Home Care is important especially during initial recovery phase and that will be an important focus of the *Priority Home* team.

Client safety is still very important. Anyone needing ongoing extremely high hours of home care will be excluded (e.g. 24 hour care). Clients must have home to return to and must be safe (to self and others) at home.

When is *Priority Home* starting?

The *Priority Home* philosophy applies to all inpatient hospital services including acute care, rehabilitation, or mental health, as well as those admitted to an emergency department. *Priority Home* service starts November 6th, 2017. Services will be gradually rolled out in the region and will not be available at all sites on November 6th. Regular roll out updates will be provided.

How do I refer to *Priority Home*?

Follow currently established home care referral processes:

- In Hospital: Through Hospital Based Case Coordinator
- In Community: Central Intake/ Other established processes

Home Care Staff will determine best way to provide Home Care supports utilizing suite of Home Care Services, including *Priority Home.*

How can the interdisciplinary health care team support the *Priority Home* philosophy?

The *Priority Home* philosophy is the responsibility of the entire health care team. Patients place a great deal of trust in their health care providers and you play an important role in the success of the *Priority Home* philosophy.

Hospital staff should avoid premature discussions about living arrangements after the patient leaves hospital and should also avoid encouraging LTC as an option. Supporting a patient's return to home, recognizing that community supports are available, and outcomes are better when patients recuperate at home with those supports (where they aren't exposed to inherent risks of hospitals including infection, lack of mobility, and isolation). Patients would not be discharged to home if it was not suitable to do so.

Who can I contact with questions or where can I go for additional information?

Talk to your manager for more information or visit http://webdev.manitoba-ehealth.ca/cps/wrha_intranet/priority-home/ for additional resources, including educational material for staff and clients.

You can also visit http://home.wrha.mb.ca/improvement/healing.php for information on system wide changes occurring within the WRHA.

You can also speak with Home Care Case coordinator or member of Home Care Management team.