Modified Home Care Delivery in Retirement Homes
Guidance to Local Health Integration Networks Delivering Home Care under the *Home Care and Community Services Act, 1994*
Issued May 8, 2020

Context

As the COVID-19 pandemic continues to evolve in Ontario, the Ministry of Health (the "ministry") is taking further action to ensure the province's health care system is protecting the health and well-being of Ontarians. In response to the heightened risk to seniors residing in congregate settings, the ministry is recommending modifications to existing home care delivery arranged by Local Health Integration Networks (LHINs) in accordance with the *Home Care and Community Services Act, 1994* (HCCSA) to support compliance with relevant ministry COVID-19 guidance and Chief Medical Officer of Health directives under the *Health Protection and Promotion Act* regarding care in retirement homes.

This guidance document will be revisited, as appropriate, to support ongoing delivery of home care in retirement homes.

Purpose and scope

LHINs will work with retirement homes and LHIN-contracted home care service provider organizations (SPOs) to take immediate steps to modify home care delivery arrangements in retirement homes to address guidance and directives related to the COVID-19 pandemic, where they have not already done so.

The following guiding principles have been developed to assist with considerations related to delivery modifications:

1. Resident-centred decision-making with a focus on resident choice, as well as containment and prevention of COVID-19 infection.
2. Accountable and integrated care that is informed by clinical guidance and delivered by qualified health human resources.
3. Respect for scarce home care resources.
4. Solutions are practical, customized and time-limited to reflect immediacy of pandemic response.

Implementation

This pan-LHIN guidance for home care delivery in retirement homes supports consistent implementation across LHINs as they continue to deliver HCCSA services to home care clients in all care settings. It is expected that any modifications to care delivery arrangements be made in partnership with the retirement home to leverage modifications in retirement home-provided services or schedules and to ensure home care requirements of residents are appropriately addressed.

Regular and ongoing communication between the retirement home and the designated LHIN care coordinator or care coordination team is expected to ensure resident care needs are being met and changes to care needs and services are communicated.

A. Shift-based home care delivery in retirement homes

Where possible, LHINs are requested to swiftly establish and expand full-time shift-based care by LHIN-contracted SPOs working in retirement homes. This approach works best where existing care needs can be re-configured into full-time shifts. This arrangement will support the goals of ensuring continuity of care with existing LHIN clients, retaining current home care capacity, and limiting the number of care settings in which staff are working.

To support the shift model being responsive to care needs of clients residing in retirement homes (e.g. resident discharged from hospital), utilization of virtual care may be considered, where appropriate, to augment LHIN-contracted SPO staff providing care on site. (See Section B below.)

The LHIN should identify a LHIN care coordinator or a care coordination team to each retirement home as the point of contact for the retirement home to monitor care requirements and adjust care plans and the shift-model as appropriate.

B. Other modifications to LHIN-delivered care

The full-time shift-based model may not be appropriate in all circumstances. For example, allocated home care service volumes may not require a full shift for a particular service.

In those circumstances, regular part-time shift-based care (or half shifts) should be considered as a way to reduce the number of staff and work settings. The LHIN may consider temporarily increasing the service allocation to support a full-time or part-time shift model, where there is sufficient home care capacity to continue to deliver home care to clients outside of the retirement home.

Shift arrangements may also consider non-HCCSA services as part of the Sessional Initiative in cases where the retirement home is experiencing staffing challenges due to COVID.

The use of virtual care may complement or replace in-person care, alone or in combination with SPO staff on site. For example, a LHIN may organize an SPO nurse to work virtually with an SPO PSW in the home. Virtual delivery of professional services should align with the guidance issued by the ministry: *Interim Guidance to Local Health Integration Networks and Approved Agencies Delivering Home Care under the Home Care and Community Services Act, 1994* (issued March 18, 2020 and updated on April 17, 2020).

Guided by infection prevention and control best practices, LHINs, SPOs and retirement homes may find other models of care that limit the number of workers and work settings, particularly where shift-based home care delivery and other modifications may not be suitable. Such models may include direct agreements with retirement homes or other models of delivery. LHINs are expected to assess the local impact of other delivery models on the available home care workforce and ability to serve existing home care clients inside and outside of the retirement home. LHINs may be required to seek ministry approval for those models.

Communication with clients

Communicating service delivery changes to the home care clients will be jointly undertaken by the LHIN and retirement home, through an agreed upon and collaborative approach. This communication will note the continued role of the LHIN and the LHIN care coordinator in assessing care and overseeing care delivery. The communication will also note that these changes are time-limited and in response to the COVID-19 pandemic.

Medical supplies and equipment

Medical supplies and equipment costs authorized by care coordinators for clients residing in retirement homes continues to be the funding responsibility of the LHIN where eligible clients have met the eligibility criteria for receiving nursing or therapy services through the LHIN.