



Team Name: Regional Home Care Team	Reference Number: CLI.5411.PL.002
Team Lead: Regional Director Home Care	Program Area: Home Care
Approved by: Executive Director- East	Policy Section: Service Delivery
Issue Date: April 19, 2016 Review Date: Revision Date:	Subject: Client Not Home for a Scheduled Home Care Visit

POLICY SUBJECT:

Client Not Home for a Scheduled Home Care Visit

PURPOSE:

To provide direction to Home Care (HC) employees in regards to the planning for and procedural interventions required when a client is not at home for a scheduled HC visit.

To determine if a client is in their home/suite and possibly requiring medical attention when not answering the door/intercom/phone for a scheduled HC visit.

BOARD POLICY REFERENCE:

Executive Limitation (EL-01) Global Executive Restraint & Risk Management
Executive Limitation (EL-02) Treatment of Clients

POLICY:

In compliance with the Brian Sinclair Inquest (March 2015) recommendations, Southern Health Santé-Sud recognizes the vulnerability of Home Care clients and strives to ensure client safety. Staff will report immediately when a client is not home for a scheduled HC visit. All reports of a client not home for a scheduled visit will be prioritized for immediate response. Clients of the HC Program will be involved with the planning for and informed of the steps that will be followed should they not be home for a scheduled HC visit. Exceptions to this policy require special approval as per Home Care Special Approval/Over Service Limit policy CLI.5411.PL.001.

DEFINITIONS:

Direct Service Staff (DSS): Home Care Attendant, Direct Service Nurse (DSN) and any other staff visiting the home including contracted agency staff.

Client Contact: person(s) identified during the admission process to receive information and/or provide direction in regards to the safe and appropriate delivery of HC services, e.g. family member, neighbor, friend, public trustee, building caretaker/manager or any other individual indentified.

IMPORTANT POINTS TO CONSIDER:

Vulnerability is commonly defined as “at risk for; easily hurt or harmed physically, mentally or emotionally” resulting in less ability of an individual to function (cope) in a safe and socially acceptable manner. Vulnerable adults are at increased potential for harm and/or danger (Cutcliffe & McKenna, 2005). Internal factors such as increasing age, chronic disease, medical co-morbidities, cognitive impairment and external factors such as living alone, poverty, and lack of a support system can threaten the health and safety of an individual. (Culo, 2011). The Manitoba Vulnerable

Persons Living with a Mental Disability Act (1993) recognizes that “vulnerable persons are presumed to have the capacity to make decisions affecting themselves, unless demonstrated otherwise”. Southern Health Santé-Sud HC program accepts the premise that all HC clients are competent to make decisions affecting themselves unless otherwise demonstrated. However, by virtue of the presence of health condition(s), disabilities and/or other co-morbidities and/or risk factors all individuals receiving HC services are considered to be vulnerable.

HC clients by nature of age and infirmity are at risk for unexpected events that would render them unable to answer the door or phone. Clients have varied support systems to help ensure their safety when they do not answer the door or phone.

Under The Residential Tenancies Act [Province of Manitoba Acts] Section 54(10) states "A landlord shall not enter a rental unit occupied by a tenant under the tenancy agreement except where (a) an emergency exists and entry to the rental unit is necessary; (b) the tenant consents to the entry..."

PROCEDURE:

Planning - Case Coordinator (CC) Planning Responsibilities

1. Discuss/review with client and family using appropriate HC fact sheets/client information handouts:
 - Potential risks.
 - Expectation that they call and notify the HC office as soon as possible if they are not going to be home for a scheduled visit (internal processes e.g. pink card, number 13, notes on door, etc. are not acceptable and will be ignored).
 - Expectation that HC will follow-up on all reports of client not home for a scheduled visit and the actions HC will initiate if unable to reach the client or their contact.
 - Options to access the home in the event that HC is unable to reach contact person.
 - Options to access the home in the event that in exceptional circumstances the client has no contacts.
 - Risk of wandering and option of “Safely Home Registry”.
 - If the building caretaker/manager or client contact is part of the plan for access to the suite/home, the client/family is responsible for negotiating with the building caretaker/manager or client contact formal consent to access the apartment/home.
2. Update client contacts annually and as necessary including home, work, cell and out of town locations (e.g. cottage).
3. For all referrals:
 - Ensure at least two (2) current contacts are identified including first and last name of each contact with home, work, cell and out of town phone numbers as available. Identify who is the primary and secondary client contact.
4. Document in Client’s Interdisciplinary Progress Notes any/all.
 - Discussions with client/family pertaining to Client Not at Home for a Scheduled HC Visit policy including client/family responsibilities, planned actions/options and any special instructions should client not be at home for a scheduled HC visit.
 - Reports of client not home for a scheduled HC visit and follow up outcomes.
5. Document in Procura Care Plan “Additional Service Plan Notes” and/or Nursing Service Request Form “Special Instructions” as appropriate.
 - Plan for home access when client does not appear to be home for a scheduled HC visit e.g. lock box, entry from building caretaker/manager/client contact.
 - Changes to care plan should client not be home for a scheduled visit (e.g. once client located, reschedule visit for high risk tasks ASAP).
6. Notify Resource Coordinator(RC)/RC-Nursing as appropriate of:
 - Changes in client contact information initially and as changes occur.
 - Plan for access when client does not appear to be home for a scheduled HC visit e.g. lock box, entry from neighbor/landlord.

- Changes to care plan should client not be home for a scheduled visit. (e.g. once client located, reschedule visit for high risk tasks ASAP).
7. For clients who are habitually not home, liaise with the RC/RC-Nursing/Nursing Supervisor to;
- Review the care plan to explore factors as to why the client might not be home for scheduled HC visits (e.g. not wanting service, forgetfulness, time of service, personality conflict, client unaware of scheduled time of visit).
 - Review need for service.
 - Review potential options to minimize occasions of client not home for a scheduled visit, e.g. phoning prior to visit, alternative arrangements for access, change times of services, nursing clinics.
 - Document in Procura Care Plan “Additional Service Plan Notes”/Nursing Service Request Form “Special Instructions”– Actions to minimize occasions of client not home for a scheduled visit.
 - Document in Procura “General Comment Page” a notation that states “Actions to minimize occasions of client not home for a scheduled visit” and check “Notify User of Comments” Option Box which will alert RC/ scheduler/on-call (in red print) that there are actions to minimize occasions of client not home for a scheduled visit and to refer to the individual client service plan for details.
8. If client continues to be habitually not at home for scheduled HC visits after attempts to minimize;
- Discuss with client and/or family to develop a “Client Habitually Not Home Plan” and document such discussions in Interdisciplinary Progress Notes noting:
 - possible negative outcomes if client does not receive scheduled service;
 - special directions regarding communication with client contacts;
 - date plan discussed with client/family;
 - Client Habitually Not Home Plan.
 - Document the individualized “Client Habitually Not Home Plan” in the Procura Care Plan, “Additional Service Plan Notes”/Nursing Service Request Form “Special Instructions” and ensure a copy of revised care plan including the ‘Client Habitually Not Home Plan’ is placed in client home and office file.
 - Document in Procura “General Comment Page” a notation stating “Client Habitually Not Home Plan”; and check “Notify User of Comments” Option Box that will alert RC/scheduler/on-call (in red print) that there is a “Client Habitually Not Home Plan” in place and to refer to the individual client service plan for details.

Resource Coordinator/Resource Coordinator Nursing Planning Responsibilities

1. Communicate any changes of client contacts, service address, name changes, etc. to CC for entry into Procura.
2. Notify DSS of any changes in client contacts, name, location for service, care plan information, etc.
3. Document in Procura client schedule planned service cancellation and reason for cancellation.
4. For all clients who are habitually not home:
 - Check client care plan in Procura to see if “Client Habitually Not Home Plan” is in place.
 - Review the care plan with CC/DSN/Nursing Supervisor to explore factors why the client might not be home. (e.g. not wanting service, forgetfulness, time of service, personality conflict, client unaware of scheduled time of visit, etc).
 - Review and collaborate with CC/DSN/Nursing Supervisor possible actions to minimize instances of a client not home for scheduled services e.g. phoning prior to visit, alternative arrangements for access, change times of services, nursing clinics, etc.
 - Document actions to minimize occasions of client not home for a scheduled visit in Procura “Order Comments”.
 - Work with CC to ensure documentation as necessary in Procura Care Plan “Additional Service Plan Notes”/Nursing Service Request Form “Special Instructions” regarding:
 - plan for access when client does not appear to be home for a scheduled HC visit (e.g. lock box, entry from neighbor/landlord);
 - changes to care plan should client not be home for a scheduled visit. (e.g. once client located, reschedule visit for high risk tasks ASAP);

- actions to minimize occasions of client not home for a scheduled visit;
- Client Habitually Not Home Plan.
- Work with CC to ensure documentation completed in Procura “General Comment” page, “Client Habitually Not Home Plan” and “Notify User of Comments” Option Box checked.

Intervention - Report Received That Client Does Not Appear To Be Home For a Scheduled Visit

Refer to Client Not Home for a Scheduled Visit Intervention Algorithm for Procedural Flow Sheet
 CLI.5411.PL.002.SD.01

Note: At any time during this procedure the client and/or client contact(s) is reached in person by phone the intervention(s) cease and responsibility for client follow-up is assigned to the client contact as necessary.

Direct Service Staff (DSS) Responsibilities

1. Make at least 2 (two) attempts within 5 (five) minutes to contact client. Use alternate means to reach client if safe to do so e.g. check if door is locked, knock on windows, etc. If door is unlocked or if Care Plan instructions are for DSS to enter the home e.g. with key from a lock box or designated person (e.g. building caretaker/manager; client contact) then DSS should do so to look for client. (If entry into client’s home/suite is achieved, ensure door is locked when leaving premises.)
2. If client is not home, immediately attempt to telephone client contact(s) in person (voice mail is not considered in person, keeping in mind PHIA guidelines).
 - If a **client contact is reached** in person the DSS will:
 - ask the client contact to follow-up regarding client not answering the door;
 - request that the client contact notify the CC (leave phone message if necessary) re: client whereabouts and/or if further cancellation of service is required;
 - notify RC/RC – Nursing (leave phone message if necessary) that client is not answering door and that client contact (state who) was reached in person, will follow up and will notify CC of client whereabouts and/or if further cancellation of service is required.
 - If **client contact(s) CANNOT** be reached in person (voice mail is not considered in person) the DSS will:
 - Regular Office Hours:**
 - notify RC/RC-Nursing IMMEDIATELY that client is not answering and DSS has not been able to reach a client contact in person;
 - if regular RC/RC-Nursing is not available, the DSS will call the CC and indicate it is URGENT and they need to speak to someone in person.
 - After Hours:**
 - notify On-Call immediately that the client is not answering and DSS has not been able to reach client contact in person;
 - leave a message for regular RC/RC - that client was not home for scheduled visit, client contact(s) were not reached in person by phone and On-Call was contacted.
3. Upon direction from RC/RC-Nursing/On-Call, DSS may be requested to:
 - retry access to client home;
 - retry client contact person(s);
 - attempt alternate access (e.g. caretaker if client lives in a suite);
 - attempt to locate client in alternate location in the block;
 - report outcome to RC/RC-Nursing/On-Call.

RC/RC-Nursing On-Call Responsibilities

1. Prioritize DSS call for immediate response.
2. Check Procura;
 - If visit was cancelled and reason why.

- For risk factors, comments and/or specific instructions in Procura Care Plan “Additional Service Plan Notes”/Nursing Service Request Form “Special Instructions” e.g. Plan for Access when Client Does Not Appear to be Home for a Scheduled HC Visit; Client Habitually Not at Home Plan.
3. Request DSS if appropriate to:
 - Retry access to client home.
 - Retry client contact person(s).
 - Attempt alternative access e.g. if client lives in suite contact caretaker to request access.
 - Attempt to locate client in alternative location in the block.
 - Report outcome to RC/RC-Nursing/On-Call.
 4. Attempt to call client contacts listed in Procura as applicable.
 5. Contact CC/On-Call HC Manager IMMEDIATELY if the following situations occur:
 - Client contact(s) unable to be reached in person and client still not home.
 - Building caretaker/manager not available or refuses access.
 - DSS has gained entry and found client in distress (after emergency response activated as appropriate).
 - DSS has gained entry and confirmed client is not home.

Regular Office Hours: Contact the CC directly (if regular CC is not available, contact the Regional Manager – HC Case Coordination) and tell them it is URGENT and that you need to speak to someone in person immediately.

Afterhours: Contact On-Call HC Manager and tell them it is URGENT and that you need to speak to someone in person immediately.
 6. Document:
 - in Procura client schedule visit cancelled and reason for cancellation as “client not home for scheduled visit” in the drop down menu option;
 - name of DSS who spoke with the client contact as well as the name of client contact in client schedule;
 - a notation in comment section and/or in on-call notes regarding action(s) taken and outcome.

Case Coordinator/On-Call Responsibilities

1. In the event that the client contact(s) have not been reached in person and a client is still not home the CC/On-Call HC Manager will:
 - Prioritize call for immediate response.
 - Check Procura for risk factors, comments and/or specific instructions in Procura Care Plan “Additional Service Plan Notes”/Nursing Service Request Form “Special Instructions e.g. Plan for Access when Client Does Not Appear to be Home for a Scheduled HC Visit; Client Habitually Not at Home Plan.
 - Assess risk – Refer to Quick Reference Guide: Client Not Home for a Scheduled HC Visit: Factors to Consider in Decision Making Re: Interventions (CLI.5411.PL.002.SD.02).
 - Continue to attempt to call client and all client contacts – frequency based on risk.
 - Call hospitals to enquire if client is in emergency or has been admitted.
2. Contact Regional Manager to discuss situation and intervention options.

Regular Office Hours: Contact Regional Manager – HC Case Coordination

Afterhours: Contact On-Call HC Manager
3. Implement plan as discussed with HC Manager.
4. Contact RCMP if directed by manager to discuss:
 - Emergency access to the home. RCMP services are responsible for securing site after access and providing explanations to client and family regarding repairs required as a result of emergency access by Police service.
 - Accessing the Safe Home Registry (wanderers Registry).
5. Document report and all discussions and interventions in Interdisciplinary Progress/On-Call Notes.
6. Communicate outcome to regular team members as appropriate.

HC Manager/On-Call Responsibilities

1. Provide direction to CC, RC, RC-Nursing and/or On-call designate.

2. Consider contacting DSS, CC, RC, RC-Nursing if necessary.
3. Notify Regional Director of events and input as appropriate.
Regular Office Hours: Contact Regional Manager – HC Case Coordination
After Hours: Contact On-Call HC Manager
4. Communicate with CC, RC and/or RC - Nursing when decision to stop looking has been made.
5. Provide direction regarding special forms that may be required based on outcome e.g. Occurrence Report.
6. Document notes as appropriate.

EVALUATION

The HC leadership team will complete, analyze, identify areas of concern and develop action plans to address opportunities for improvement by:

- Analysis of occurrence/near miss bi annual reports.
- Analysis of client/family complaints.
- Analysis of Procura “Cancellation–Client Not at Home for Scheduled Visit “reports.

SUPPORTING DOCUMENTS:

[CLI.5411.PL.002.SD.01](#) Client Not Home for a Scheduled Home Care Visit Intervention Algorithm

[CLI.5411.PL.002.SD.02](#) Quick Reference Guide: Client Not Home for a Scheduled Visit - Factors to Consider in Decision Making

REFERENCES:

BC Medical Journal (October 2011). *Risk Assessment and Intervention for Vulnerable Older Adults*, Culo, Sandi. pages 421-425. <http://www.bcmj.org>

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Southern Health-Santé Sud Policy (August 13, 2015). CLI.5411.PL.001 *Home Care Special Approval/Over Service Limit*

Winnipeg Regional Health Authority (June 2009). *Home Care Guidelines: Client Not Home for Scheduled Visit*

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