



<p>Team Name: Regional Home Care Leadership Team</p> <p>Team Lead: Regional Director - Home Care</p> <p>Approved by: Executive Director - East</p>	<p>Reference Number: CLI.5411.SG.005</p> <p>Program Area: Home Care</p> <p>Policy Section: Service Delivery</p>
<p>Issue Date: September 29, 2018</p> <p>Review Date:</p> <p>Revision Date:</p>	<p>Subject: Home Care Services: Elimination</p>

STANDARD GUIDELINE SUBJECT:

Home Care Services: Elimination

PURPOSE:

To maintain client safety and skin integrity, promote optimal level of functioning, and continuity of care, Home Care clients who meet eligibility requirements may receive assistance with management of their elimination (bowel and bladder) needs.

To identify the eligibility criteria for elimination (bowel and bladder) services.

DEFINITIONS:

Optimal level of functioning – When a client has achieved their highest level of functioning which enables them to perform activities of daily living without negatively impacting their physical, social, intellectual, emotional, occupational and spiritual wellbeing.

Unable to afford – A client does not have enough money to purchase needed service. Home Care does not conduct a formal means test to identify a client’s available financial resources. To assist in determining the client’s ability to purchase services without a formal means assessment, the Case Coordinator will explore with the client the following in a respectful manner:

- How the purchase of services would impact their ability to:
 - Pay rent, hydro, telephone
 - Purchase medications
 - Cause financial burden

The Case Coordinator will accept the clients accounting of their financial status and ability to pay in good faith. Home Care will not deny services where the client has indicated an inability to pay.

IMPORTANT POINTS TO CONSIDER:

➤ Eligibility Requirements

- The person must be eligible for Home Care (Eligibility for Home Care CLI.5410.PL.004).
- The environment is assessed as safe for client and staff for this activity.
- The client is unable to perform elimination tasks independently.
- Client/family/caregiver is unable to arrange for or afford services available through a community resource.
- Client has no family/caregiver who can assume responsibility for provision of these services.

➤ Guideline(s) for Frequency

- The minimum amount, type and frequency of service required to meet the client's elimination needs shall be assessed by a Case Coordinator and implementation based on best practice and available resources.
- Urinary Care Management
 - Skin Care/Perineal Care (including indwelling and condom catheter) and Toileting/Continent Product Management:
 - Condom Catheter – perineal care with every condom application and removal.
 - Indwelling Catheter – perineal care and cleansing around catheter insertion site with every bag change or a minimum of daily to a maximum of two (2) times per day.
 - Toileting and/or changing continence products – Up to a maximum of four (4) times a day, which includes perineal care.
 - For cleaning of equipment – commodes and urinals to be cleaned daily.
 - Condom Catheter Care
 - Application / Removal of condom catheter up to a maximum of two (2) times per day unless extended wear product is being worn. (Refer to Product Manufacturer's Instructions.)
 - Indwelling Catheter (Catheter changes and irrigations)
 - Best practice guidelines recommend frequency of change when clinical symptoms are present (decreased urinary output, sediment in the urine) or based on physician orders.
 - Catheter irrigation based on physician orders.

- Suprapubic Catheter Care (Changes)
 - Frequency for changes based on physician's orders. General guidelines for frequency of change is:
 - Approximately every 4-6 weeks – Latex with hydrogel coating
 - Approximately every 6-8 weeks – Silastic/silicone
 - Dressing change based on clinical assessment to maintain skin integrity.
- Connecting Tubes and Drainage Bags Changing
 - Change drainage bag between leg and night bags to a maximum of two (2) time a day, to be included with emptying of drainage bags.
 - Empty drainage bag up to a maximum of four (4) times a day.
 - Rinse /clean drainage bag and tubes twice a day.
 - Replace leg/night bag and catheter tip syringe weekly or sooner if contaminated, heavily soiled or leaking.
- Bowel Care Management
 - Skin Care/Perineal Care/Toileting/Continent Product Management
 - Up to a maximum of four (4) times a day for toileting/changing of continent products.
- Assisting with Bowel Routine (Suppositories)
 - According to client's bowel routine, physician's order.
- Administering Enema
 - According to client's bowel routine, physician's order.
- Ostomy Care (Emptying and Cleaning Ostomy Pouch)
 - As per client's established bowel routine.
- Ostomy Care (Changing ostomy appliance)
 - Two (2) times per week and as required.
 - Skin Care – with each ostomy appliance change.
- Where it has been assessed that the care to be provided requires client specific training, the Case Coordinator in collaboration with the Nursing Supervisor (where applicable) will arrange for the training of Home Care staff (including family/caregiver) prior to the provision of care. For example, this may include training for management of a catheter or an ostomy by a Direct Service Nurse.
- The Manitoba Ostomy Program is available to provide supplies/support to all Manitobans. Information about the program can be found at the following website: http://www.ostomy-winnipeg.ca/woa_mop.html.
- Wherever possible, clients/family/caregiver(s) are taught new ways of performing activities of daily living in order to enhance and promote health and independence.
- Determining eligibility for Home Care includes assessing the client's available support system. Family/caregiver and community resources are considered prior to Home Care provision of elimination services.

- Incontinent Supplies
 - Clients who require assistance with management of their incontinence are eligible for supplies to meet their elimination needs base on the Case Coordinator’s assessment and in accordance with the eligibility criteria for Home Case supplies.
 - Clients receives the minimum amount and type of incontinent supplies, when assistance is required for the management of incontinence.
 - The client/family/caregiver is responsible to provide incontinent supplies to facilitate the provision of elimination needs when the client does not meet eligibility criteria for Home Care supplies. An example is; client/family/caregiver purchase the incontinent supplies when they do not require assistance for management of incontinence or the client is requesting a specific product based on personal choice that is not available through Home Care.
- Equipment
 - Home Care is responsible to provide and maintain equipment to facilitate the provision of elimination needs as per eligibility criteria for Home Care equipment e.g. commode chair.
 - Client/family/caregiver is responsible to provide and maintain equipment that is not provided by Home Care and is required to meet clients elimination needs/tasks e.g. raised toilet seat, urinal.

PROCEDURE:

1. The Case Coordinator is responsible to:
 - Complete an assessment of elimination needs and ability to perform tasks independently.
 - Assess the availability and capability of family/caregiver supports to assist/perform client elimination needs.
 - Verify client meets eligibility criteria for service.
2. The Case Coordinator determines if elimination (bowel and bladder) services required are in accordance with the Eligibility Criteria and Guidelines for Frequency.
3. When elimination services are provided to those Home Care clients assessed as requiring these services, the care plan will:
 - Be discussed/developed in collaboration with the client/family/caregiver.
 - Clearly identify the tasks, Home Care and client/family/caregiver responsibilities.
 - Include the frequency of service and supplies/equipment to be provided/required.
4. The Case Coordinator:
 - Orders client equipment/supplies if required (Standard Medical/Equipment Order Form – MDA (*Purchase Requisition Form (Non Routine Purchases)* [ORG.1710.PL.001.FORM.01](#)))
 - Registers client in Procura to Home Care Attendant and Equipment/Supplies (if receiving).

- Review and sign the Home Care Client Information Sheet: Elimination (CLI.5411.SG.005.SD.01) with client/family/caregiver (leave with client/family/caregiver).
- Document on the Manitoba Health & Healthy Living - Care Plan Information MG-1840 form the information sheets reviewed and left with client/family/caregiver and services provided.

SUPPORTING DOCUMENTS:

[CLI.5411.SG.005.SD.01](#)

Home Care Client Information Sheet: Elimination

[CLI.5411.SG.005.SD.02](#)

Case Coordinator Service Considerations: Elimination

REFERENCES:

Home Care Direct Service Protocols (WRHA) *based on Manitoba Health Direct Service Protocols, September 2009*

Manitoba Health Seniors and Active Living, *Therapy Services Policy HCS 207.11, July 18, 2009*

Manitoba Health, Seniors and Active Living, *Personal Care Services Policy HCS 207.14, October 3, 2009*

Responsibility for Payment for Equipment and Supplies (*Prepared by Antoinette Zloty, Manitoba Health, in consultation with the Provincial Home Care Managers Network*).

Therapy Services, Manitoba Health Seniors and Active Living, *Policy HCS 207.11, July 18, 2009*

Home Care Special Approval Over Service Over Protocol Request Form

[\(CLI.5411.PL.001.FORM.02\)](#)

Eligibility for Home Care [\(CLI.5410.PL.004\)](#)

Manitoba Health & Healthy Living - [Care Plan Information MG-1840 form](#)

Purchase Requisition Form (*Non Routine Purchases*) [\(ORG.1710.PL.001.FORM.01\)](#)