



<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.002</p> <p>Program Area: Home Care</p> <p>Policy Section: Service Delivery</p>
<p>Issue Date: September 28, 2018</p> <p>Review Date:</p> <p>Revision Date: March 15, 2019</p>	<p>Subject: Home Care Services: Mobility/ Exercise and Transfer/Positioning</p>

STANDARD GUIDELINE SUBJECT:

Home Care Services: Mobility/Exercise and Transfer/Positioning

PURPOSE:

To facilitate safety, promote optimal level of functioning and continuity of care in meeting mobility/exercise and transfer/positioning needs, Home Care clients who meet eligibility requirements may receive assistance with mobility/exercise and transfer/positioning.

To identify eligibility criteria and guidelines for service frequency.

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 mobility/exercise and transfer/positioning 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.
- Guidelines for frequency
 - The minimum amount, type and frequency of service required to meet the client’s mobility/exercise (as directed by Therapist) and transfer/positioning treatment plan shall be:
 - Walking as an exercise – up to a maximum of daily if clients care plan includes escort to meals this would be considered as clients “walking as an exercise”,
 - Passive Range of Motion – up to a maximum of daily,

- Active exercise program – up to a maximum of daily,
 - Transfers/positioning – maximum of 4 visits in 24 hours,
 - Walking/exercise programs are performed in conjunction with other client care activities, where scheduling and client care plan permits.
- Wherever possible, to enhance and promote health and independence, clients/family/caregiver shall be taught new ways of providing assistance/performing mobility/exercise and transfer/positioning.
 - Home Care is responsible to provide and maintain equipment to facilitate the provision of mobility, transfer and positioning needs as per eligibility criteria for Home Care equipment e.g. Mechanical lift. For equipment not provided by Home Care, the client/family is responsible to provide (e.g. transfer belt) Responsibility for Payment for Equipment/Supplies (CLI.5411.SG.006.SD.01).
 - There will be times when (e.g. Home Care clients with environmental and/or equipment needs) the most appropriate setting for assessments/interventions may be in the client's home or off-site location e.g. work, educational setting. In these circumstances, a referral may be necessary to a Community Based Rehabilitation Services using referral form (CLI.6310.SG.007.FORM.01).

PROCEDURE:

1. The Case Coordinator is responsible to:
 - 1.1. complete an assessment of independence and safety of mobility/exercise and transferring/positioning,
 - 1.2. assess the availability and capability of family/caregiver supports with mobility/exercise and transferring/positioning,
 - 1.3. respond to requests for mobility/exercise and transfer/positioning services from Rehabilitation Services.
2. Where the Case Coordinator identifies the need for a more comprehensive assessment, the Case Coordinator consults a SCHIPP Peer Leader and/or refers client to Rehabilitation Services by completing the Community Based Rehabilitation Services Referral form (CLI.6310.SG.007.FORM.01).
3. In instances where it has been assessed that the care that is to be provided requires client specific training, the Case Coordinator, in collaboration with the multidisciplinary team, will arrange for the training for Home Care staff (including family/caregiver) prior to the provision of care. The Occupational Therapist or Physiotherapist provide initial training. The Nurse Educator/Direct Service Nurse participates in the training and is responsible for training of new Home Care employees. For example, this may include training for transfers using a mechanical lift by an Occupational Therapist or SCHIPP Peer Leader or training for range of motion exercises by a Physiotherapist, Direct Service Nurse or Nurse Educator.
4. Based on recommendations from the SCHIPP Peer Leader/Rehabilitation Services report, the Case Coordinator completes/updates the care plan including teaching sheets provided by Rehabilitation Services.
5. The Case Coordinator completes the Home Care Special Approval/Over Service Limit form (CLI.5411.PL.001.FORM.01) if Home Care services are required off site.

6. The Case Coordinator:
 - 6.1. Orders client equipment if required,
 - 6.2. Registers client to “Therapy Department” and “Equipment/Supplies (if receiving)” in Procura,
 - 6.3. Closes clients to “Therapy Department” when Home Care services are not required based on the Rehabilitation Consult,
 - 6.4. Reviews and signs the Home Care Client Information Sheet (CLI.5411.SG.002.FORM.01) with client/family/caregiver (leave with client/family/caregiver),
 - 6.5. Documents on the Care Plan Information MG-1840 form (CLI.5411.SG.002.FORM.01) the information sheets reviewed and left with client/family/caregiver and the services provided.

SUPPORTING DOCUMENTS:

[CLI.5411.SG.002.SD.01](#)

Home Care Client Information Sheet – Mobility/Exercise and Transfer/Positioning

REFERENCES:

Home Care Direct Service Protocols (WRHA) based on Manitoba Health Direct Service Protocols, September 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 # 207.11, July 18, 2009

CLI.5411.PL.001.FORM.01 Home Care Special Approval/Over Service Limit form

CLI.6310.SG.007.FORM.001 Community Based Rehab Referral Form

CLI.5410.PL.004 Eligibility for Home Care

CLI.5411.FORM.01 Care Plan Information MG-1840 form