Team Name: Regional Home Care Team Team Lead: Director - Home Care, Palliative Care & Seniors Approved by: Regional Lead – Community & Continuing Care	Reference Number: CLI.5411.PL.009 Program Area: Home Care Policy Section: Service Delivery
Issue Date: March 31, 2022 Review Date: Revision Date:	Subject: Interruption of Home Care Services (Cancellation / Suspension / Withdrawal)

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POLICY SUBJECT:

Interruption of Home Care Services (Cancellation / Suspension / Withdrawal)

PURPOSE:

To provide direction and mitigate risk to clients in the event of an interruption (cancellation / suspension / withdrawal) of essential home care services including when a client declines services or is absent for scheduled essential services.

BOARD POLICY REFERENCE:

Executive Limitation (EL-02) Treatment of Clients
Executive Limitation (EL-03) Treatment of Staff

POLICY:

This policy complies with the Brian Sinclair Inquest (March, 2015) and the Frank Alexander Inquest Implementation Plan recommendations (Fall, 2015).

In the event of an actual or potential risk of service interruption, Home Care professional staff are responsible to work toward timely resolution of the cause of the service interruption, identify alternate strategies to meet client needs and ensure adequate communication with the client/family/caregiver and members of the client's health care team including the primary care provider.

Client/family/caregiver and the primary care provider are notified in writing of suspension and/or withdrawal of services including actions taken in an attempt to continue service

provision, alternate plans/options to providing service and the Home Care Case Coordinator's phone number should the client wish to discuss Home Care services in the future.

Clients whose service is suspended or withdrawn or who voluntarily refuse Home Care services but do not have an alternate care plan in place to ensure care provision, shall be reassessed for health status and safety minimally every two (2) weeks for at least a three (3) month duration or until alternate care arrangements have been made.

At no time shall Home Care services be suspended/withdrawn without the authorization of the Director - Home Care, Palliative Care & Seniors or designate. **Permanent withdrawal of Home Care services requires the approval of the Regional Lead – Community & Continuing Care.**

The Interruption of Home Care Services (Cancellation / Suspension / Withdrawal) policy is specific to community-based Home Care clients.

DEFINITIONS:

Client: Refers to recipients of Home Care services.

Primary Caregiver: Person who takes **primary** responsibility for someone who cannot fully care for themselves. It may be a family member, a trained professional or another individual (e.g. friends, partners, public trustee, landlord, neighbor, etc.). Depending on culture, there may be various members of the family engaged in care.

Primary Care Provider: May include Physicians, Nurse Practitioners, Physician Assistants and Clinical Assistants who are responsible for providing comprehensive care to client.

Service Interruption: Situations where Home Care services are suspended, cancelled or withdrawn due to such situations as workplace safety and health risk(s) or when the client is frequently absent for scheduled visits and/or declines services.

Service Cancellation: Home Care initiates the service cancellation for a short (brief) period e.g. one (1) to three (3) days when it is felt that Direct Service Staff's (DSS) safety is in immediate jeopardy. The intention is that the safety concern is resolved in a short time frame; if not resolved, service would proceed to a possible suspension until the concerns are resolved. Examples of when services may be cancelled for a short (brief) period may include:

- Client's behavior is unpredictable and could potentially lead to a dangerous situation;
- Client threatens physical harm to others.

Service Suspension: Home Care temporarily suspends services for a defined period of time (up to three (3) months) while the care team works to rectify the matter that has led to the service suspension. The intention is that services will resume following resolution. Examples of when temporary service suspension may occur include:

- Client does not adhere to Home Care policies e.g. Animals/Pets in the Home and Areas Policy;

- Workplace Safety and Health issues exist e.g. mold, mice, client is aggressive to Direct Services Staff, non-adherence with safe transfers;
- Client not home and/or refuses Home Care services on a recurring basis.

Service Withdrawal: Home Care services withdrawn for an undetermined period with no intention of resumption (usually permanent). Often this results in closure of the client to Home Care. Examples of when Home Care services may be permanently withdrawn may include:

- Client's refusal to adhere to program policy, even after there have been meetings and attempts to implement plans to resolve the identified issue e.g. Animals/Pets in the Home and Areas; and
- Workplace Safety and Health issues that the client refuses to take actions to resolve e.g. mold, mice, behavior concerns.

Transfer of Services: Home Care services transferred for a defined or undefined period, to another clinical program to meet client care needs. Transfer of services includes the set of actions designed to ensure the safe and effective coordination and continuity of care as clients move within, across or between health care services and providers.

Voluntary Refusal / Interruption of Home Care Services <u>WITH</u> Alternate Care Plan Identification: Home Care services refused or cancelled for a predetermined or undetermined length of time at the voluntary request of the client/family/caregiver. The client/family/caregiver identifies an alternate care plan to meet client care needs safely during the service interruption. Examples of when a client/family/caregiver may voluntarily interrupt Home Care services but have an alternate care plan in place may include:

- Client has a family member visiting who will provide for their care and the client/family/caregiver has notified the Home Care office to cancel service (unless services have been cancelled by client/family/caregiver, the expectation is that services will still be delivered while the family is visiting);
- Client moves in with a family member on a permanent basis and family will assume responsibility for care provision.

Voluntary Refusal / Interruption of Home Care Services <u>WITHOUT</u> Alternate Care Plan Identification: Client/family/caregiver refuses or cancel Home Care services for a predetermined or undetermined length of time and is **not** able to identify an alternate care plan to meet client care needs safely during the service interruption. Examples of when a client/family/caregiver may voluntarily interrupt Home Care services, but not have an alternate care plan in place include:

- Client is not home and/or refuses Home Care visits on a reoccurring basis;
- Client/family/caregiver is not able or willing to identify an alternate care plan to ensure client care is safely and reasonably provided for during the service interruption.

<u>IMPORTANT POINTS TO CONSIDER:</u>

Clients who are receiving Home Care services are considered vulnerable and at increased risk for harm or injury by virtue of their compromised health status and/or functional disabilities.

PROCEDURE:

1. Home Care client visits are assigned a priority code by the Case Coordinator (CC), Direct Service Nurse (DSN) (Treatment Clinics), which is documented in the client's health record and reviewed regularly.
2. Direct Service Staff notify the Case Coordinator or designate of potential or actual risk.
3. If the Direct Service Staff safety is in **immediate jeopardy,** the Case Coordinator consults with the Manager - Case Coordination & Seniors or designate and may cancel the next scheduled visit(s) for up to a maximum of three (3) days following discussions with or notification to client/family/caregiver to ensure they are able to take responsibility for client care.
4. When there is an actual or potential risk of service interruption, the Case Coordinator or designate (Nursing Supervisor, After Hours Manager):
   - Assesses the risk posed to the client and Direct Service staff;
   - Consults with team members;
   - Explores and confirms alternative ways/resources to meet client care needs and mitigate the identified risks (see Appendix A). Possible alternatives for service delivery are; alternate service location e.g. Home Care Treatment Clinic or through other partners such as Mental Health, Primary Care Provider, Community Disability Services.
   - If <u>able</u> to resolve the risk with the client/family/caregiver, the Case Coordinator or designate;
     - Identifies the actions taken to resolve risk;
     - Communicates actions to mitigate risk to Resource Coordinator/Scheduler, Direct Service Staff and client/family/caregiver;
     - Documents communications/actions agreed to with client/family/caregiver to resolve the risk in the client's Electronic Home Care Record and updates the Safe Visit Plan.
   - <u>If unable</u> to resolve the risk with the client/family/caregiver, the Case Coordinator or designate:
     - Informs client/family/caregiver of the possibility of service suspension if unable to mitigate the risk;
     - Notifies Primary Care Provider of risk and possibility of service suspension;
     - Reviews with the Manager, Case Coordination & Seniors or designate the risk assessment, discussions with client/family/caregiver, alternate options to service delivery explored and rationale to suspend services;
     - Documents assessment, discussions with client/family/caregiver, actions taken and alternative care provision in the client's Electronic Home Care Record.
5. Decision to temporarily suspend Home Care services:
   - Manager, Case Coordination & Seniors or designate consults with the Director, Home Care, Palliative Care & Seniors or designate prior to approving temporary suspension of services.
   - Temporary suspension of services requires the approval of the Director - Home Care, Palliative Care & Seniors or designate.
   - Once the decision to suspend services is authorized, the Case Coordinator:

- Places the decision in writing, using the Suspension of Home Care Services Letter Template (CLI.5411.PL. 008.FORM.01) and sends via registered mail to the client and primary caregiver. The letter communicates:
  - Reason(s) for the service suspension;
  - Improvement plan required for service to be re-established;
  - Time frame for improvement plan to be implemented, not greater than thirty (30) days;
  - Options and plans for alternate service providers/methods to have care needs met;
  - Contact information for the responsible Case Coordinator;
  - Information regarding the right to appeal the decision including current contact information for the Manitoba Health Appeal Board;
  - Home Care follow-up plans.
- Places a copy of the letter in the client's Electronic Home Care Record and forwards a copy to the primary care provider.

6. If unable to identify an alternate care plan during a temporary service interruption or suspension, the Case Coordinator:
   - Contacts client/family/caregiver at minimum every two weeks to:
     - Continue to discuss alternate care plans to resolve the risks that led to the service refusal/suspension;
     - Monitor client's health status.
7. If unable to resolve the risk(s) at the three (3) month interval and there is no foreseeable resolution to the identified issue(s), the Case Coordinator reassesses the situation and notifies the Manager - Case Coordination & Seniors.
8. The Manager - Case Coordination & Seniors:
   - Consults with the Director Home Care - Palliative Care & Seniors;
   - Initiates an Ethics review in accordance with Southern Health-Santé Sud: Ethical Decision-Making policy (ORG.1810.PL005).
9. The Director, Home Care, Palliative Care & Seniors reviews the case situation, including outcome of the Ethics review with the Regional Lead - Community & Continuing Care to identify opportunities for mediation and for consideration of permanent withdrawal of service.
10. If Home Care services are permanently withdrawn, the Director Home Care - Palliative Care and Seniors, upon direction and approval of the Regional Lead - Community & Continuing Care:
    - Communicates the decision in writing to the client/family/caregiver by completing the Withdrawal of Home Care Services Letter Template (CLI.5411.PL.008.FORM.02) and sends via registered mail to the client/family/caregiver.
    - The letter will communicate:
      - Decision to withdraw services permanently, and reason(s) why;
      - Closure of Home Care file;
      - Information regarding the right to appeal the decision including current contact information for the Manitoba Health Appeal Board;
      - Notification to primary care provider;

- Case Coordinator contact information should client/family/caregiver wish to discuss resumption of Home Care services.

- Forwards a copy of the letter to the Director Home Care - Palliative Care & Seniors and Primary Care Provider and retains a copy in the client Electronic Home Care Record.

11. Prior to re-opening or re-establishing Home Care services previously suspended or withdrawn the Case Coordinator:
    - Meets with client/family/caregiver to review previous risk(s) that led to the suspension or permanent withdrawal of Home Care services;
    - Identifies the effectiveness of actions taken to mitigate risk;
    - Completes the Client Home Care Standard Agreement Template Form (CLI.5411.PL.008.FORM.03) to identify responsibilities;
    - Attaches the Standard Home Care Agreement as an addendum to the client care plan located in the client home and Electronic Home Care Record;
    - Documents on Dated Notes the completion of the Client Home Care Standard Agreement document alerting the reader that an agreement addendum exists to the client care plan.

SUPPORTING DOCUMENTS:

CLI.5411.PL.009.FORM.01	Suspension of Home Care Services Letter Template (English)
CLI.5411.PL.009.FORM.01.F	Suspension of Home Care Services Letter Template (French)
CLI.5411.PL.009.FORM.02	Withdrawal of Home Care Services Letter Template (English)
CLI.5411.PL.009.FORM.02.F	Withdrawal of Home Care Services Letter Template (French)
CLI.5411.PL.009.FORM.03	Client Home Care Standard Agreement Template
CLI.5411.PL.009.SD.01	Client Home Care Standard Agreement Template - Example

REFERENCES:

Interlake-Eastern Regional Health Authority. *Home Care Program Policy: Suspension or Withdrawal of Home Care Services. June 2015*.

Province of Manitoba: *Frank Alexander Inquest Provincial Implementation Team: Frank Alexander Inquest, Recommendation Implementation Plan, http://www.gov.mb.ca/health/documents/fai_report.pdf, Fall 2015*

Province of Manitoba. *The Provincial Implementation Team Report on the Recommendations of the Brian Sinclair Inquest Report. March 2015.*

Winnipeg Regional Health Authority *Home Care Operational Directive: Interruption of Essential Care and Services, April 29, 2016.*

ORG.1810.PL.005 Ethical Decision-Making policy