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**EFFECTIVE:** OCTOBER 15, 2012

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1.A Home and Community Care Services

1.B Approved Service Providers

1.C Delegation of Tasks

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## Intent

This policy manual sets out ministry requirements for health authorities in planning and delivering publicly subsidized home and community care services (hereafter called “services”) including:

- services prescribed as being administered by the home and community care program under the *Continuing Care Act*, Continuing Care Fees Regulation and Continuing Care Programs Regulation;
- specific services provided by facilities licensed or registered under the *Community Care and Assisted Living Act*, Residential Care Regulation and Assisted Living Regulation;
- specific services provided by licensed private hospitals or extended care hospitals designated under the *Hospital Act*, and Hospital Act Regulation; and *Hospital Insurance Act* and Hospital Insurance Act Regulation.

## Policy

Health authorities must plan and deliver, either directly or through contracted service providers, a range of programs and services appropriate to the needs of individuals assessed as eligible for home and community care services. Although the specific mix of programs and services may vary from community to community, health authorities must ensure that clients have access in all areas of the province, where practicable. Health authorities must provide information to the public about home and community care services, how to access the services and how to make a complaint.

Home and community care services include:

- case management;
- home health services including:
  - home support services;
  - community nursing services;
  - community rehabilitation services;
  - adult day services;
- housing and health services including:
  - assisted living services;
  - group home services;
  - family care home services;
- residential care services, including respite care, convalescent care and residential hospice palliative care; and
- other services determined appropriate by health authorities to meet unique client needs.

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In addition to the principles and policies set out in the Health Services Management Policy for Health Authorities, health authorities must:

- deliver services in a manner that promotes the health, safety, well being, dignity and independence of clients and their families up to and including the end of life;
- ensure that all facilities have policies and protocols consistent with Ministry of Health policy, *Response to Visitors Who Pose a Risk to Health or Safety in Health Care Facilities*.
- provide services to supplement, rather than replace, the efforts of individuals and their caregivers to meet their health needs and make decisions about lifestyle and care;
- plan services in collaboration with clients and family, clients' physicians and other health care professionals; balancing risk to both client and caregiver;
- ensure services are evidence based, and focused on achieving positive outcomes for the client;
- ensure services are sustainable, demonstrating effective use of health resources to achieve positive outcomes for clients, caregivers and health care providers;
- integrate services in a manner that meets needs and can respond in an urgent situation;
- ensure that the client's behaviour and/or home environment does not jeopardize the safety of staff providing health services; and
- require that staff report possible abuse and neglect.

Health authorities must develop operational policies and procedures in accordance with provincial policy and ensure that all service providers have access to both ministry and health authority policies for reference.

### Exceptions to Policy

Health authorities may authorize exceptions to policy in client specific circumstances, based on assessed need. Health authorities must maintain a record of waivers and any exceptions to provincial policy and report these, with the relevant background information such as rationale and timeframe for the exception, to the ministry.

### Inclusion of Technology in Planning and Delivery of Home and Community Care Services

In the planning and delivery of home and community care services, health authorities must incorporate technology applications that support health care delivery to connect health providers, clients, caregivers and educators across geographical and organizational boundaries.

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Health authorities will also advance opportunities in the use of information sharing, clinical resource portals and communication tools and technologies to improve the quality and consistency of care across geographic regions, support collaboration between health providers and maximize client access to health services information.

## Definitions

**care** is assistance, professional services or treatment required by clients to meet their health care needs.

**caregivers** are the client's family and friends who provide support, care, and other assistance.

**client** is an individual who meets the eligibility criteria for home and community care services, has been assessed, and has accepted and is receiving services through the health authority. Throughout this manual, when the term "client" is used, it may mean the individual receiving services, or their legal representative.

**end of life** is a period of disability or disease that is progressively worse until death. End-of-life care – also called hospice care, comfort care, supportive care or palliative care – focuses on comfort, dignity and quality of life.

**health authority** is an organization constituted under the direction of a regional health board, as designated by the Minister of Health Services in 2001, to plan and deliver health services in a geographic area.

**ministry** means the Ministry of Health.

**service provider** is either a health authority or an approved contractor of a health authority who plans and delivers publicly subsidized home and community care services directly to clients.

**urgent** means that the client's safety may be at significant risk if health services were not provided, but does not include a medical emergency which requires assessment and/or intervention by a physician or nurse practitioner.

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## Format of the Manual

Each chapter in this policy manual includes the following headings:

- **Intent** – A brief statement of the purpose of the policy.
- **Policy** – Statements describing the health authorities' responsibilities in providing services under the applicable legislation and regulations.
- **Definitions** – Key terms used in the policy (e.g., client).
- **References** – Information and links to key related material (e.g., legislation, Accreditation Canada and other standards, policies and protocols).

## References

Assisted Living Regulation

*Community Care and Assisted Living Act*

Community Care and Assisted Living Regulation

*Continuing Care Act*

Continuing Care Fees Regulation

Continuing Care Programs Regulation

*Health Authorities Act*

*Health Care (Consent) and Care Facility (Admission) Act*

Health Services Management Policy for Health Authorities, Ministry of Health Services, February 2011

*Hospital Act*

*Hospital Insurance Act*

Hospital Insurance Act Regulations

Response to Visitors Who Pose a Risk to Health or Safety in Health Care Facilities, Ministry of Health, Policy Communiqué 2012-13

Residential Care Regulation

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## Intent

To ensure publicly subsidized home and community care services are provided only by approved service providers.

## Policy

All publicly subsidized home and community care services must be provided by a health authority, or health authority approved service providers that have a valid contract to provide services on behalf of the health authority (See Policy 3.B, Information Requirements).

The health authority is required to:

- ensure that the service contract includes a requirement for compliance with all relevant legislation, regulation and provincial policies, including this policy manual; and
- provide all approved service providers with access to the policy manual, and notification of all revisions to it issued by the ministry for the duration of the contract between the health authority and the service provider.

Designation as an approved service provider is not transferable. A new application is required if there is a change in:

- the ownership of an approved service provider; or
- the category of service provided by the service provider (e.g., the addition of an adult day service to an existing home health or residential care services contract).

## References

*Continuing Care Act*, section 4

*Hospital Insurance Act*, section 29

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## Intent

To define health authorities' responsibilities when managing the delegation of professional tasks to an unregulated care provider.

## Policy

When a client's care plan includes professional tasks that may be delegated, a health care professional may delegate these tasks to an unregulated care provider if proper safety measures are put in place.

To ensure the client's safety, health authorities must establish operational policy respecting the delegation of professional tasks to unregulated care providers consistent with the provincial Personal Assistance Guidelines that cover:

- the schedule of care tasks routinely performed by an unregulated care provider;
- professional tasks that may be delegated to an unregulated care provider; and
- the process required for the delegation of personal assistance tasks from a health care professional to an unregulated care provider.

## References

*Health Professions Act*

Personal Assistance Guidelines, Ministry of Health Services, November 2008