Provincial Clinical Policy	

Title: Home Care - Palliative Care in the Home

Level: Provincial
Service Area: Home Care
Applicable to: All healthcare providers, organizations, and facilities across Manitoba involved in delivering health services provided or funded by the government or a health authority.

Approved by: Shared Health Executive Team

Document Number: 630.105.114
Category: 630 – Provincial Primary, Home/Community & Palliative Care Program
Subcategory: 630.105 – Home Care

Document Date: 25-Nov-2024
Last Revision Date: 01-Mar-2017

Notice: *This document has been transitioned from Manitoba Health, Seniors, and Long-Term Care to Shared Health. Shared Health is planning to complete an in-depth review of the material and post an updated version once available.*

1.0. Purpose

1.1. To outline eligibility criteria for palliative care provided in the home.

1.2. To outline the services offered.

1.3. Background

1.3.1 Palliative care is administered by each regional health authority (RHA). The formal Palliative Care Program is broader in focus and provides palliative specific support and services to Manitobans regardless of their place of residence e.g. hospice, personal care home, acute care facility etc. Home care services are provided as per home care eligibility criteria.

1.3.2 Palliative care attributes taken from the National Cancer Control Programs: Policies and Managerial Guidelines, 2nd ed. Geneva, World Health Organization, 2002:

1.3.2(a) provides relief from pain and other distressing symptoms;

1.3.2(b) affirms life and regards dying as a normal process;

1.3.2(c) intends neither to hasten nor postpone death;

1.3.2(d) integrates the psychological and spiritual aspects of patient care;

1.3.2(e) offers a support system to help patients live as actively as possible until death;

1.3.2(f) offers a support system to help the family cope during the patient's illness and in their own bereavement;

1.3.2(g) uses a team approach to address the needs of patients and their families, including bereavement counseling if indicated;

1.3.2(h) will enhance quality of life, and may also positively influence the course of illness; and

1.3.2(i) is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

2.0. Scope

2.1. Applies to all regional health authorities (RHA) in Manitoba, responsible for administering and coordinating Home Care services.

2.2. Applies to all Home Care staff within an RHA, involved in assessing and delivering Home Care services.

3.0. Definitions

3.1. Defined Terms

3.1.1 Caregiver: A person who is providing care because of a prior relationship with a client. A caregiver may be a biological family member or "family by choice" (e.g., friends, partners, neighbors).

3.1.2 Home Care: The coordinated delivery of a broad range of health and social services to meet the needs of the persons who require assistance or support in order to remain at home or whose functioning without Home Care is likely to deteriorate making it impossible for the person to stay at home in the community.

3.1.3 Palliative Care: Is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

3.1.4 Reassessment: A specific activity, as well as an ongoing process involving the systematic re-evaluation of a patient's or client's needs and forms the basis for revising/refining a previously established treatment, care and/or service plan.

3.2. Abbreviations

3.2.1 Personal Care Home (PCH): Premises in which personal care services are provided to residents in the premises, but does not include a private residence in which care is provided by an individual to his or her family member.

3.2.2 Regional Health Authorities (RHA): refers to regional health authorities established or continued under the Government of Manitoba, Health System Governance and Accountability Act.

3.3. Professional Groupings

3.3.1 Home Care Case Coordinators (HCCC): A professional hired by the RHA to complete client assessments to determine eligibility, to develop the Care Plan with the client and/or family/designated other and refer exceptional case decisions to the Home Care Manager.

4.0. Policy

4.1. Home care services support individuals who require palliation and could be maintained in the home environment to receive care there while providing relief for the caregiver.

4.2. Eligibility Criteria

4.2.1 Client eligibility is established when a Home Care Case Coordinator or other designated professional RHA staff determines all of the following criteria are met:

4.2.1(a) Eligibility for home care services;

4.2.1(b) Diagnosis of a terminal illness;

4.2.1(c) There is an issue of symptom control, psychosocial or spiritual distress, or functional impairment related to the terminal illness for which the Palliative Care Program is being consulted;

4.2.1(d) Medical condition which can be managed in the home; and

4.2.1(e) The client and caregiver(s) agree to adhere to operational policies as set out by the RHAs which may include but are not limited to:

- nature and frequency of therapy;
- emergency procedures;
- equipment and supplies;
- personal care; and
- sharing of information.

4.3. Inclusions

4.3.1 Eligible clients may receive:

4.3.1(a) Case management by Home Care Case Coordinators or other designated professional RHA staff;

4.3.1(b) Supplies and equipment as required for maintenance of treatment plan (some supplies and equipment are the responsibility of the client);

4.3.1(c) Drug benefit coverage through the Palliative Care Drug Access Program.

4.4. Discharge Criteria

4.4.1 A client may be discharged from palliative care for any of the following reasons:

4.4.1(a) condition improved;

4.4.1(b) condition deteriorated;

4.4.1(c) death;

4.4.1(d) moved out of province;

4.4.1(e) palliative care in the home no longer meets the client's needs; or

4.4.1(f) the client or caregiver is unwilling to cooperate with treatment plans.

4.5. Responsibilities

4.5.1 Reassessment for continued eligibility for palliative care in the home is the responsibility of the RHA in collaboration with client and caregiver(s).

4.5.2 RHAs may establish centralized waiting lists. Reassessments of individuals on the waiting list(s) are the responsibility of the RHA.

5.0. Procedure

5.1. Not Applicable

6.0. Resources

6.1. Not Applicable

7.0. References

7.1. World Health Organization (2002). *The national cancer control programs: Policies and managerial guidelines* (2nd ed.). Geneva: World Health Organization.

7.2. Related Policy Documents

7.2.1 Government of Manitoba (2017). *HCS 207.1 Role of Family/Informal Support Network.* Home Care Policy Manual.

7.2.2 Government of Manitoba (2017). *HCS 207.2 General Eligibility.* Home Care Policy Manual.

7.2.3 Government of Manitoba (2017). *HCS 207.3 Service Level Policy.* Home Care Policy Manual.

8.0. Contact(s)

8.1. Provincial Director Health Services, Primary, Home/Community and Palliative Care Program - Shared Health

For questions about the implementation and application of this controlled document, please contact your immediate manager. Management may consult with the Provincial Clinical Service Lead, Home & Community Care – Shared Health for support.