

## **RESPITE SERVICE STANDARDS MANUAL**

*This Standards Manual sets forth, in a single document, the standards for the Respite Service delivery based on a commonly agreed-upon set of guidelines by the Champlain community of Respite Service provider organizations.*

*Approved: December 2017*

*Reviewed/Revised: Apr 2018; Jan. 2019; Jan. 2020; Apr 2022*

*Champlain Respite Service Standards, 2017;2020; most recently reviewed **Apr 2022***

## **PURPOSE AND SCOPE**

The Respite Service Standards Manual sets forth, in a single document, the commonly agreed-upon guidelines for the operation of Respite services as provided within Ontario Health East.

Standards are the foundation of quality improvement programs. Standards are useful tools to provide direction to organizations, funders, the public and clients, and to set mutually agreed expectations for service in order to obtain optimal results.

The intent of the Respite Service Standards Manual is to act as both a guide in the development and operationalization of Respite service specifically as it is provided in Ontario Health East.

These standards have been designed to align with:

- Ontario Healthcare Reporting Standards (OHRS), Chapter 10, definition of Respite service
- The directives of Ontario Health, specific to Respite Service.

This Standards Manual is a comprehensive effort on the part of the Champlain community of seven (7) provider organizations of Respite Service to standardize and bridge gaps between and across agencies in pursuit of a comprehensive delivery of Respite service. The standards Manual is written and maintained by VHA Health & Home Support on behalf of Respite providers.

Provider agencies of Respite Service have a responsibility to respect and adhere to the standards to:

- Operate in accordance with applicable laws, regulations and policies;
- Operate in accordance with these Respite Service standards;
- Take steps to establish and maintain an internal framework that effectively enables these Respite service standards.

## **ACKNOWLEDGEMENTS**

The Respite Service standards were developed by representatives of the provider organizations approved by Ontario Health East to provide Respite service:

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## **SCOPE OF RESPITE SERVICE**

### **Definition of Respite**

OHRS FC 72 5 82 34 COM IH & CS – Respite

The provision of short- or long-term significant others relief. The service is provided at the residence of the service recipients and may include homemaking, some personal care, light housekeeping, attendant care, monitoring, supervision and/or activation.

#### **Includes:**

- employee compensation for providing direct services – homemaking and respite workers
- coordination costs – direct staff compensation
- transportation costs (eg. fuel, public transit costs, gas and mileage)

#### **Excludes:**

- volunteer compensation.

Client fee: \$10.00/hour

*Source: OHRS Chapter Ten, Ontario Ministry of Health and Long-Term Care, Health Data Branch (version 12.1 2023/24).*

## **Respite Service Overview**

Respite Service provides temporary relief to care recipients and clients.

Respite Service is provided in a supportive, enriching and therapeutic environment, within the home. Services are provided on a planned basis, generally for a few hours or days at a time.

Respite Service serves a dual purpose:

1. 'respite' is a service primarily offered to family/friends/caregivers, while
2. 'care' is provided to the frail or disabled family member (the 'client').

In this way, Respite Service can be designed to:

- meet the therapeutic needs of the client;
- offer opportunities to develop the client's social, recreational and life skills;
- strengthen families by reducing stress and ultimately improving long-term functioning of both caregivers and clients;
- reduce the stress of clients and caregivers, promotes the well-being and safety of clients, and contributes to stable families; and
- maintain or enhance the quality of life for families whose members have disabilities or chronic conditions.<sup>1</sup>

Within Ontario Health East, Respite Service includes non-medical personal support, homemaking, medication reminders and assistance, supervision and/or activation, safety monitoring and caregiver support, each when needed.

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<sup>1</sup> Canadian Healthcare Association, 2012, *Respite Care in Canada*

**Personal Support** includes tasks to assist with or supervise the Activities of Daily Living (ADL)<sup>2</sup> such as:

- Washing
- Bathing
- Toileting
- Grooming, including hair care, oral/mouth care
- Dressing/undressing
- Assistance with eating/feeding
- Assistance with mobility, including transferring.

**Homemaking** includes tasks that assist with the Instrumental Activities of Daily Living (IADL), such as:

- Tidying up the bathroom/kitchen/bedroom after use
- Changing bedding
- Light meal preparation / clean up after use
- Garbage disposal
- Laundry
- Light housekeeping.

**Medication reminders** (cueing) comprises of a verbal reminder (in person) to the client at pre-scheduled times to take their medication(s).

**Medication assistance** provides physical assistance with opening and administration/ consumption of pre-dosed medication under the direction of a client, or written/verbal instruction from the caregiver or Power of Attorney (POA) / Substitute Decision-Maker.

**Supervision and/or Activation** includes oversight/monitoring to ensure safe and healthy behaviours and to promote socialization as well as active, independent living.

**Safety monitoring** includes telephone or in-person visits to monitor the safety and well-being of the client and/or the caregiver, and their environment.

**Caregiver support** to prevent and/or postpone disabilities, distress, discomfort and preventable injury and illness, and to increase the capacity of older adults to have meaningful control over their health and well-being.

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<sup>2</sup> As per the approved program standard for Personal Support Worker (P.S.W.) program of instruction (July 2014) leading to an Ontario College Certificate delivered by an educational institution registered and approved by the Ontario Ministry of Training, Colleges and Universities (MTCU).

**Respite Service Provider organizations within Ontario Health East -**

Within Ontario Health East, there are seven (7) not-for-profit community support organizations approved to provide Respite Service:

1. Marianhill Inc. (Respite provider for Western Champlain)
2. The Mills (Respite provider for Western Champlain)
3. Ottawa West Seniors Support (Respite provider for Ottawa West)
4. Rural Ottawa Seniors' Support Services (Respite provider for Ottawa South)
5. VHA Health & Home Support (Respite provider for Ottawa Centre and Ottawa East)
6. Williamsburg Non-Profit Housing Corporation (Respite provider for Eastern Champlain)
7. Carefor Home & Community Services (Respite provider for Eastern Champlain).

## **PARTNERS IN RESPITE SERVICE DELIVERY**

### **Respite Service Provider Organizations**

Respite Service is provided exclusively by seven (7) not-for-profit service provider organization that ~~are~~were approved to do so by the Champlain LHIN (now Ontario Health East). Approved provider organizations of Respite Service are funded for Respite under the Ministry of Health and Long-Term Care, OHRS Chapter 10 definition of Respite Service.

### **Ontario Health East**

Ontario Health is mandated by the Government of Ontario to plan, coordinate, integrate and fund health care services across the province of Ontario. Regionally, Ontario Health East is accountable for establishing service provider criteria and for monitoring service performance.

Ontario Health East's role as it pertains to service delivery is to:

- Create a vision for community support services, including Respite Service;
- Facilitate and engage service provider organizations to implement the key elements that will help realize the vision;
- Make the necessary investments to allow services to realize their potential;
- Establish an effective monitoring and performance management system;
- Support new and innovative ideas for health care improvement.

### **Hospitals**

The relationship between local area hospitals and Respite service provider organizations is an important one. Hospitals recognize Respite Service as a viable discharge option for frail seniors. Respite service makes the difference between a patient being designated as ALC (Alternate Level of Care) versus a patient returning to the comfort of their own home with supports.

### **Ontario Health Teams (OHTs)**

When Respite Service provider organizations and OHTs work together, the care received by the client/care recipient that has multiple, complex conditions is more coordinated.

### **Home & Community Care Support Services (HCCSS)**

Home and Community Care Support Services is often the link for access to in-home and long-term care services. Respite Service compliments Home & Community Care Support Services, allowing for increased frequency and intensity of non-medical services, thereby reducing risk of hospitalization and/or premature admission to long-term care institution.

### **Community Support Service (CSS) Providers**

Respite Service provider organizations work in partnership with Community Support Service providers to create an integrated care plan that meets the needs of frail seniors and caregivers at risk. CSS programs complement Respite Service.

### **Standards for Respite Service` provided within Ontario Health East**

- A. **Service Philosophy** – Respite Service is guided by a service philosophy that:
- a. provides a basis for how the program will meet the needs of caregivers and/or clients; and
  - b. guides the development of a client-centred Service Plan that identifies activities and personal care tasks based on the best available evidence of service effectiveness.

#### **The provision of Respite Service is guided by the following principles:**

- ✓ We are committed to community-based healthcare that is:
  - chosen because of a client-centred approach;
  - responsive to our community;
  - provided in partnership with our colleagues to help improve quality of life.
- ✓ We are committed to high quality healthcare service that:
  - encourages and preserves, and, if necessary, supplements the support provided by families and friends;
  - is based on assessed need, including the risk to the client/caregiver if service is not provided.
- ✓ We are committed to providing responsive Respite Service where:
  - there will be flexibility in service planning because every client's situation is unique;
  - an individual's autonomy is respected, including a person's right to knowingly live at risk to one's self and to accept or refuse services;
  - services are provided in a manner that respects the person's official language of choice as well as their personal and cultural values (including but not limited to Indigenous and Francophone cultural values).
  - people with the greatest need are the highest priority for service.

B. **Accessing Respite Service** – planned, intermittent and predictable Respite Service is available to eligible clients within Ontario Health East at any time (e.g. weekends, evenings, nights and holidays).

1. Provider organizations of Respite Service assess the need for respite care in their community and collaborate with other agencies to promote available, affordable Respite Service.
2. Using the model of ‘every door leads to service’, Respite Service can be accessed through any Respite Service provider organization as well as through Home & Community Care Support Services.
3. Provider organizations have a network of partnerships so that clients and caregivers can be connected with Respite Service before they become overwhelmed with care-giving responsibilities.

C. **Eligibility Criteria** - consistent and objective criteria for Respite Service eligibility shall be used across all Respite service provider organizations.

1. The person (also known as a ‘client’) is a senior aged 65 years of age or older, and/or a person with a physical disability, who may have one or more of the following:
  - a. suffers from a chronic disability,
  - b. has dementia / Alzheimer’s
  - c. is a caregiver suffering from burnout or has a caregiver that is suffering from burnout/fatigue.
2. The person is insured under the Ontario Health Insurance Act (OHIP) as evidenced by a valid Ontario Health Card.
3. The person demonstrates a greater need for personal support services but may also have a need for homemaking service.
4. Service can be provided on a regular, planned, pre-scheduled basis (eg not urgent care).
5. The person or the person’s family or POA, have agreed to payment of \$9.00 per hour of Respite Service, generally for a minimum of two (2) hours of service/week in urban centres and three (3) hours of service/week in rural areas, to a maximum of fifteen (15) hours per week.
  - a. Services are provided on a case-by-case basis so that hours of Respite Service may be adjusted to meet the evolving care needs of individual clients, up to hospitalization and/or long-term care placement and depending on the availability of resources.

D. **Referrals**

1. Referrals for Respite Service are received from:
  - Individuals and families (self-referral)
  - Community Support Service provider organizations
  - Hospitals
  - Home & Community Care Support Services.
2. Respite Service provider organizations will have processes in place to:
  - a. refer applicants to other organizations to more appropriately meet the applicant’s needs;



b. waitlist applicants, when resources are unavailable.

E. **Screening and Intake** - the screening and intake practices of Respite Service provider organizations ensure that individuals receive prompt and responsive access to appropriate services.

1. Screening of applicants shall be done by the geographically-appropriate Respite Service provider organization.
  - a. All applicants are treated equitably.
  - b. Screening practices are prompt and responsive.
2. Intake supports the timely start of Respite Service.
  - a. Applicants and service provider organizations discuss:
    - how the caregiver's request and the dependent person's needs match the agency's services;
    - what services will be available and when; and
    - any concerns about Respite Service.
  - b. **Urgency Criteria** – 'urgency' refers to urgency of a person's health care need as well as an individual's social supports. Individuals who are assessed as having the highest care needs or as living at the highest levels of risk may be seen as having greater urgency than other individuals and will receive priority access to Respite Service.
  - c. **Service Priority:** Respite Service provider organizations will prioritize applicants for service. Highest priority for immediate service is for individuals:
    - who are at imminent risk of health decline or risk of poor recovery for care recipient or caregiver;
    - who are palliative or where the caregiver is identified as palliative;
    - who have limited access to caregiver(s) and community supports;
    - who are at potential risk of abuse, neglect or self-neglect in the present living situation arising from the ability of the care recipient and/or their caregiver to manage their health and daily living needs (eg caregiver burnout).
3. Where resources are unavailable, Intake will provide for placement on a waiting list, based on the above-noted priorities for service provision.
4. Applicants who cannot be served, or cannot be served promptly, are referred or connected to appropriate resources by the service provider organization receiving the referral.

- F. **Acceptance Criteria** – priorities for Respite Service are based on assessed need, level of risk and/or availability of resources.
1. Respite Service shall be provided to persons where:
    - a. The person meets Respite Service eligibility criteria;
    - b. The person has provided consent (both verbal and written) for the service to be provided by the geographically-appropriate Respite Service provider organization.
    - c. The Respite Service provider organization has the resources to be able to provide the service.
  2. The Respite Service provider organization may reconsider providing or continuing to provide service in circumstances which may include but are not limited to circumstances where:
    - a. The applicant is unwilling to accept the assessment process or Service Plan, or to cooperate with plans for delivering services, including but not limited to payment of fees in a timely fashion;
    - b. There are serious reservations about the safety of providing services to the applicant or within the applicant's home situation/environment;
    - c. The Respite Service provider organization has inadequate resources (financial or personnel) to effectively serve the needs of the applicant.
  3. For situations where, due to safety or resource concerns, a Respite Service Provider organization is considering not providing Respite Service, withdrawing Respite Service or placing conditions on the provision of Respite Service, Respite Service provider organizations will have policies and procedures that include the following considerations:
    - a. The rights and responsibilities of the applicant, especially the right to knowingly take risks;
    - b. Identification and definition of what Respite Service is able to provide;
    - c. An exploration of reasonable alternatives to provide similar service(s);
    - d. Clear explanation to the applicant and others regarding any conditions or changes for providing service;
    - e. Alignment of service provision with employee rights under the Ontario *Occupational Health & Safety Act (1990)* and any other relevant legislation.
  4. The process of non-acceptance of an applicant will include communication to the applicant the reason(s) for the non-acceptance and/or referral to another service/service provider organizations.

G. **Assessment** - applicants must demonstrate, through assessment, a need for Respite Services.

1. Clients are major participants in the assessment process and not simply the subjects of the assessment.
  - a. New and returning clients must participate in an assessment/assessment interview.
2. The assessment will be conducted by a person who has completed the accepted interRAI training on the proper use of the Ministry-approved assessment tool ('the Assessor').
3. The Assessor will inform applicants/clients, or the substitute decision-makers, of their rights prior to the assessment interview.
  - a. In some cases, the exercise of a right might affect the ability of the Respite Service provider organization to serve a client's needs (e.g refusal to partake in the assessment interview; refusal to respond to assessment questions; refusal to allow the Assessor to view current assessment completed by another service provider organization, and similar).
4. The Ministry-approved assessment tool - an interRAI HC or interRAI CHA – will be used to assess the care needs of each applicant.
  - a. The information gathered for assessments is directed at concerns identified in initial screenings and limited to material pertinent for meeting service requests and objectives.
  - b. Assessments are conducted in a culturally responsive manner to identify resources that can increase service participation and support the achievement of agreed-upon goals. *(NB> culturally responsive assessments can include attention to geographic location, language of choice and the person's religious, racial, ethnic and cultural background. Other important factors include age, sexual orientation and developmental level).*
5. During the assessment process, all clients have the right to:
  - a. Have their views and desires recorded during the assessment interview;
  - b. Choose whether to have a third party present during the assessment interview;
  - c. Choose to have a representative or translator, if required, for the assessment interview;
  - d. Refuse to answer any question or refuse to participate in part or all of the assessment;
  - e. Be fully informed of the Assessor's service decisions and to participate in service planning; and
  - f. To restrict release of the assessment to third parties.
6. The service environment must be safe and suitable for the provision of Respite Service, for the applicant, staff and the Respite Service provider organization, in accordance with the Ontario *Occupational Health and Safety Act (1990)*.
7. Priority is given to individuals with urgent needs and in emergency situations (see E. Screening and Intake).
8. When Respite Service is inappropriate to meet an applicant's needs, Respite Service provider organizations shall refer applicants to an organization for the most appropriate service.

**Commented [VB1]:** CSS is mandated to use the CHA; do we accept HC assessments for Respite clients?

- H. **Service Planning and Monitoring** – each client and caregiver participates in the development and on-going review of a Service Plan that is the basis for delivery of appropriate services and support.
1. Service planning is an inclusive, person-centred, strengths-based process for identifying needed services and desired results. Clients, caregivers and/or substitute decision-makers are participants in the development of the Service Plan.
    - a. Service Plans are communicated to the appropriate parties.
  2. During service planning, the service provider organization explains:
    - a. available options;
    - b. the benefits and alternatives of available services; and
    - c. how the service provider organization can support the achievement of desired outcomes.
    - d. an expedited service planning process is available when crisis or urgent need has been identified
    - e. the client's rights and responsibilities.
  3. The Service Plan is developed with the client/caregiver prior to the provision of care, and includes:
    - a. a description of services to be provided;
    - b. services goals, desired outcomes, and timeframes for achieving them;
    - c. guidelines for requesting additional planned or emergency respite care;
    - d. fees and payment arrangements, and
    - e. evidence of the client's/caregiver's overt consent (eg both written or verbal)
    - f. the caregiver's signature on the initial plan and significant revisions to the Service Plan.
  4. The Service Plan addresses, as appropriate:
    - a. The linguistic preference(s), cultural background, religious beliefs of the client, and any related training requirements for assigned workers;
    - b. the family's unmet service and support needs;
    - c. possibilities for maintaining and strengthening family relationships; and
    - d. the need for support of the individual's informal social network.
  5. The worker(s) assigned to the client and a Respite Service supervisor review the case to assess:
    - a. service plan implementation;
    - b. progress toward achieving goals and desired outcomes; and
    - c. the continuing appropriateness of the agreed upon goals.
  6. The assigned worker(s) and caregiver regularly review progress toward achievement of agreed upon service goals.
  7. The Service Plan shall be updated on a regular basis to reflect changing needs, met or changed goals, altered service or support.
    - a. Consent must be reviewed and documented on an annual basis at a minimum.

I. **Service Limits** – Respite Service provider organizations are required to comply with the directives of Ontario Health East.

1. In general, the minimum amount of Respite Service authorized is two (2) hours of service per week.
2. Weekly service may not be limited (depending on the availability of resources) in the following circumstances:
  - a. The client is palliative;
  - b. The client is on a waitlist for placement in a long-term care facility and is being supported in the community because there is no suitable bed available within 50 kilometers of the client's community of choice;
  - c. The caregiver is hospitalized or otherwise absent from the caregiving role for a limited time.
3. In general, consideration is given to ensuring the client receives the most appropriate service for their care requirements.

J. **Support Services for Caregivers** - caregivers receive support to help resolve issues specifically related to caregiving.

1. Respite Service provider organizations work with clients and their caregivers to:
  - a. coordinate services; and
  - b. resolve obstacles to accessing or receiving services, including non-medical transportation, homemaking or fees.
2. Caregivers receive support to address issues related to caretaking and caregiver stress and are provided with referrals for needed services including:
  - support groups and counselling services;
  - health, mental health, and substance use services;
  - domestic violence services;
  - shelter and housing services;
  - social, recreational and adult day programs.
3. Respite Service provider organizations work with caregivers to make warm referrals (eg via telephone, CareDove or similar) to other community resources.

K. **Individualized Service Plan and Supervision** – all clients receiving Respite Service have a Service Plan that is developed in collaboration with the Respite Service provider organization, the client, the caregiver and others, if applicable.

1. Every client has an individualized, coordinated Service Plan that:
  - a. is based on assessed need;
  - b. defines client-centred goals and focuses on maximizing the client's abilities;
  - c. ensures the client's preferences and right to choose is reflected in the Service Plan and its implementation;
  - d. determines how Respite Service will be implemented.
2. Respite Service provider organizations will ensure the assigned staff:
  - a. are familiar with the care recipient's daily routine, preferred foods and activities, and needed therapeutic or medical care; and
  - b. respect the culture, race ethnicity, language, religion and sexual orientation of the care recipient.
3. Respite providers offer activities with enriched content appropriate to the interests, age, development, physical abilities, interpersonal characteristics, and special needs of the care recipient.
4. When service recipients experience accidents, health problems or changes in appearance or behaviour, information is promptly recorded and reported to caregivers and administration, and follow-up occurs, as needed.
  - a. When Respite Service is provided in the caregiver's home, the provider is familiar with the safety plan for the home. *(NB> the provider should be familiar with the location of first aid and other supplies needed to provide care as well as fire safety protocol.)*
5. Service recipients receiving overnight respite care have sufficient uninterrupted sleep and, when practical, follow their usual and familiar routines for bedtime, bathing and meals.

L. **Client Records** – service provider organizations shall maintain records on all clients receiving Respite Service.

1. An adequate client record will generally contain:
  - a. Identifying data (eg. surname, given names, birth date, valid OHIP number, address, etc.)
  - b. Reference to a current interRAI assessment of the client
  - c. Current client-specific Service Plan, including schedule of shifts and the amount of Respite Service provided.
  - d. Documentation of discharge or discontinuation of Respite Service.
2. The Respite Service provider organization is responsible to ensure that client records are kept confidential and that the privacy of individual client information is protected.
3. Information storage methods must permit the ready retrieval and consolidation of client records stored in different formats, for the purpose of secure destruction, in accordance with established record retention schedules.

4. Each Respite Service provider organization must have policies regarding the collection, use, disclosure and retention of health information with consent or as otherwise specifically authorized in the applicable legislation.

M. **Case Closing** –when Respite Service is no longer appropriate or required, service will be discontinued and the client will be transitioned to any subsequent provider.

1. The case closing process is a planned and orderly process that:
  - a. clearly defines and includes assignment of staff responsibility; and
  - b. involves the client, caregiver and others, as appropriate.
2. Upon case closing, the Respite Service provider organization notifies any collaborating services providers, as appropriate.
3. When the Respite Service provider organization decides to discontinue services against the client or caregiver's wishes, the agency makes every effort to link the person to appropriate services.
  - a. When termination of services is probable due to non-payment, the agency works with the caregiver to identify service options, and determines its responsibility to provide services until appropriate arrangements are made.

N. **Collection of Client Fees (client contribution)** – Respite Service provider organizations must adhere to the cost of services to be paid by clients and to the amount of subsidy permitted by Ontario Health.

1. Client fees are billed at the rate of no less than \$10/hour<sup>3</sup>. Invoices will be sent to the client/caregiver on a monthly basis.
2. The Respite Service provider organization has policies in place that address the non-payment of client fees no less than following the second month of non-payment.
  - a. **Bad Debt allowance**: 15% of total annual client contribution may be used to offset any uncollected client fees (ie. 'bad debt')<sup>4</sup>.
3. **Missed Scheduled Shifts** – when a client is not home for a scheduled shift, the Respite Service provider organization will follow-up with the client.
  - a. When a Respite Service Worker does not arrive for a shift, the client shall not be billed for the missed service.
4. **Cancellation of Scheduled Shift(s) by Client** – when a client or caregiver cancels service with less than 24 hours notice:
  - a. the first offence is forgiven and the assigned PSW is paid for the full shift.
  - b. Subsequent cancellations of less than 24 hours notice shall be billed to the client/caregiver at the regular rate UNLESS the client/caregiver has an unforeseen hospitalization, death or medical appointment. Proof may be required where the client/caregiver cancels frequently. The PSW shall be paid for the full shift.

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<sup>3</sup> Client fee adjusted from \$9.00/hr to \$10/hr effective April 1, 2019, as agreed by all providers and the Champlain LHIN (now Ontario Health East)

<sup>4</sup> As per calculations for Respite budgets, October 2012.

- c. Each service provider will review the client's/caregiver's need for service according to the circumstances.

O. **Client Complaints** – Respite Service provider organizations have a complaints resolution process in place that is followed by all staff.

- 1. All clients and caregivers, as well as staff are educated about the Client Bill of Rights<sup>5</sup>.
  - a. Clients are notified about how to lodge complaints and about the process to resolve complaints.
- 2. Complaints and appeals may be made about service decisions concerning the following<sup>6</sup>:
  - a. Eligibility for services
  - b. Exclusion of a particular task from a Service Plan
  - c. Quantity/frequency of service
  - d. Quality of service
  - e. Termination/discharge/suspension of service
  - f. Violation of client rights.

P. **Clients' Right to Appeal** - clients and/or substitute decision-makers have the right appeal an assessment for Respite Service, the Service Plan and/or discharge decisions made by a Respite Service provider organization.

- 1. Respite Service Assessors, Managers and service staff will ensure that the client and/or caregiver is informed of the right to appeal and the process for appeal.
- 2. There is no appeal process for fee determination decisions as fees are set by Ontario Health East and not by individual Respite Service provider organizations.

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<sup>5</sup> Government of Ontario, *Connecting People to Home and Community Care Act, 2020*.

<sup>6</sup> *ibid*



Q. **Personnel** - Respite Service workers are paid employees who are qualified to provide temporary care to improve individual and family well-being, reduce caregiver stress, and promote family stability.

Respite Service Workers -

1. Respite Service workers are competent to:
  - a. provide personal care and/or homemaking service;
  - b. identify and report changes in functioning;
  - c. respect and appreciate the cultural background, heritage and identity of persons receiving services;
  - d. communicate effectively;
  - e. detect abuse; and
  - f. determine if a crisis situation is imminent and intervene using appropriate resources.  
*(NB> competency can be demonstrated through education, training or experience)*
2. Respite Service workers are skilled in the following areas, as appropriate to the services provided:
  - a. providing personal care and homemaking tasks;
  - b. observation and reporting, especially of health needs or problems;
  - c. their employer's plans for handling emergencies;
  - d. use of adaptive equipment, such as wheelchairs; and
  - e. other areas necessary to serve the target population. *(NB> skills can be demonstrated through education, training or supervision).*
3. Respite Service workers are screened and hired<sup>7</sup> prior to having contact with families, including:
  - a. age of majority (are at least 19 years of age);
  - b. a criminal record and abuse registry check indicating no criminal record that would affect a client's care, safety or well-being;
  - c. relevant caregiving experience; and
  - d. valid first aid/CPR certificate.
  - e. evidence of a health evaluation prior to providing care to determine their ability to perform the essential functions of the job, with or without reasonable accommodation. *(NB> a physical examination is preferred, or a general health screening performed by a qualified medical practitioner, provided that the screening addresses communicable diseases.)*

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<sup>7</sup> Policy and Guidelines for Screening of Community Personal Support Workers (PSWs), Ontario Ministry of Health & Long-Term Care, 2003.

Assessors -

1. Personnel who conduct assessments are qualified by standardized training in the use and application of the interRAI CHA tool and other approved tools.
2. Assessors have the skill and experience to recognize individuals and families with special needs.

Service Supervisors/Managers –

1. Supervisors have:
  - a. a degree in social work or comparable human service field with one year of relevant experience; or
  - b. education in nursing as well as current registration with the appropriate College, and one year of relevant experience.

R. **Occupational Health & Safety** – Respite Service is delivered in a safe manner that minimizes risk of harm to clients, staff, organization, the environment and the Champlain LHIN.

1. Care delivery environments are assessed for risks of harm to clients and to staff.
2. Where risks or potential risks are identified, action plans to prevent or reduce risk of harm are developed in collaboration with the client, caregiver and the Respite Service provider organization.
3. Respite Service provider organizations are required to have policies and mechanisms in place to ensure the provision of a safe work environment for staff that comply with the *Ontario Occupational Health & Safety Act (1990)*.
4. Respite Service provider organizations have a risk management program that includes:
  - a. Staff education during Orientation and regularly thereafter regarding risk identification, prevention and reduction;
  - b. Occurrence reporting
  - c. Accident prevention, reporting and management
  - d. WSIB coverage for employees
  - e. Insurance coverage that is sufficient to protect the service provider organization from loss or damages, including general liability, errors and omissions and crime (loss) insurance.
  - f. An Emergency Preparedness Plan that is regularly reviewed and is congruent with the emergency response plans of Public Health, where available
  - g. A Pandemic Preparedness Plan
  - h. Policies and procedures in place for the detection and reporting of suspected or actual abuse and/or neglect of clients/caregivers that reflects the prevailing law.

S. **Continuous Quality Improvement** – each Respite Service provider organization provides client-centre services with clients considered as full partners in planning, implementation and evaluation of the service.

1. Respite Service provider organizations partner with clients, caregivers and other stakeholders in the planning, delivery and evaluation of services.
  - a. Clients' level of satisfaction with their Respite service is regularly assessed to identify opportunity(s) for service improvement.
  - b. Provider organizations of Respite Service in Ontario Health East are members of the Champlain Respite Providers Network.
    - i. Feedback from stakeholders is sought and included as part of service development.

T. **Waitlist Management** – Respite service provider organizations have a consistent process for assessing and waitlisting applicants for service.

1. Applicants are placed on the Waitlist according to the date of their application. The person with the earliest application date will be given priority for start of service.
  - a. Applicants are brought onto active Respite Service when resources are available.
  - b. Waitlist applicants contacted to start active service will have four (4) hours to make the decision to accept Respite Service.
  - c. Where there is more than one person with the same application date, active service will be offered to the applicant who, in the following order:
    - i. The client is palliative;
    - ii. There is a caregiver present who is suffering burnout or is currently hospitalized (or has an time-limited hospitalization that is planned and imminent);
    - iii. The client is 85 years of age or older;
    - iv. The client is socially isolated.
2. The Waitlist shall not be impacted:
  - a. if an applicant's unmet needs change while on the Waitlist and an assessment/ reassessment indicates the need for a different service/level of care.
  - b. by any complaints resolution process.
3. Once an applicant has been placed on the Waitlist, they shall remain on the Waitlist until:
  - a. the applicant is accepted onto active Respite Service.
  - b. the applicant requests to remove their application for Respite Service from the Waitlist.
  - c. the applicant, upon assessment, is removed from the Waitlist for Respite Service.

U. **Respite Service Standards Review Process** – Respite Service provider organizations within Ontario Health East agree to comply with the standards set forth in this manual.

1. The standards herein will be reviewed by the approved Respite Service provider organizations no later than two (2) years after the effective date.
2. An earlier review may be triggered by the following:
  - a. Legislation, regulatory or directive changes which affect the provision of Respite Service (and therefore these standards);
  - b. Ontario Health East and other stakeholders identify challenges to the standards.

## APPENDIX A – GLOSSARY OF TERMS

### **Client**

The recipient of service, caregiver or significant other.

### **Client-centred Care**

Care whereby clients' needs and preferences are the focus of Respite Service delivery.

### **Client Fee**

The amount of money clients/caregivers pay towards the cost of their services as determined by the Champlain LHIN/Ontario Health East.

### **Individualized Service**

Service that is planned and implemented based on a specific client's needs and preferences.

### **Occurrence Reports**

Written statements that are used to report circumstances where events deviate from normal practice, standards or expectations that have quality implications and may pose actual or potential risk of liability to the service provider organization.

### **Ontario Health**

Ontario Health is mandated by the Government of Ontario to plan, coordinate, integrate and fund health care services across the province of Ontario. At the regional level, Ontario Health East is also accountable for establishing service provider criteria and for monitoring service performance.

Ontario Health's role as it pertains to service delivery is to:

- Create a vision for community support services, including Respite Service;
- Facilitate and engage service provider organizations to implement the key elements that will help realize the vision;
- Make the necessary investments to allow services to realize their potential;
- Establish an effective monitoring and performance management system;
- Support new and innovative ideas for health care improvement.

### **Resources**

The human, material, environmental and financial means that can be drawn upon to achieve an end or fulfill a specific function.

### **Service Plan**

The services or care that are contracted with the client and delivered.

### **Service provider organization**

A non-government agency/organization that provides services to clients of the Ontario health care system through a referral process.

**Stakeholders**

Individuals and/or groups who have a personal or financial interest in a service or organization.

**Standard**

A statement describing the outcome which is expected to occur in response to the provision of a specific component of service.

**Wait List**

The number of people waiting for in-home Respite Services.

**Wait Time**

Refers to the length of time between when an applicant is enrolled on a waiting list and when the service is received. There are divergent opinions as to the precise moment at which an individual begins “waiting” for services, however in general, wait time refers to the time between first contact with a service provider organization and the time of assessment.

**REFERENCES**

Accreditation Canada, *Home Support Standards*, 2019~~22~~<sup>22</sup>.

Canadian Council on Health Services Accreditation, *Achieving Improved Measurement*, 2012.

Council on Accreditation, *Service Standards*, 2016.

Ontario Community Support Association, *Standards and Indicators for Personal Support & Homemaking Services*, 2000.