

# BRIDGING COMMUNICATION ACROSS THE HOME CARE CONTINUUM DURING THE COVID-19 PANDEMIC

## BACKGROUND

In Ontario, home and community care contracted service provider organizations (SPOs) are responsible for providing a wide scope of practice including nursing, personal support, dietetics, occupational therapy, physiotherapy, social work, and speech and language pathology to individuals of all ages in home and community care settings. An estimated 58 million hours of publicly and family-funded home health care services are provided annually across the province of Ontario. As the COVID-19 pandemic evolved, significant challenges were encountered, particularly for the home and community care sector related to:

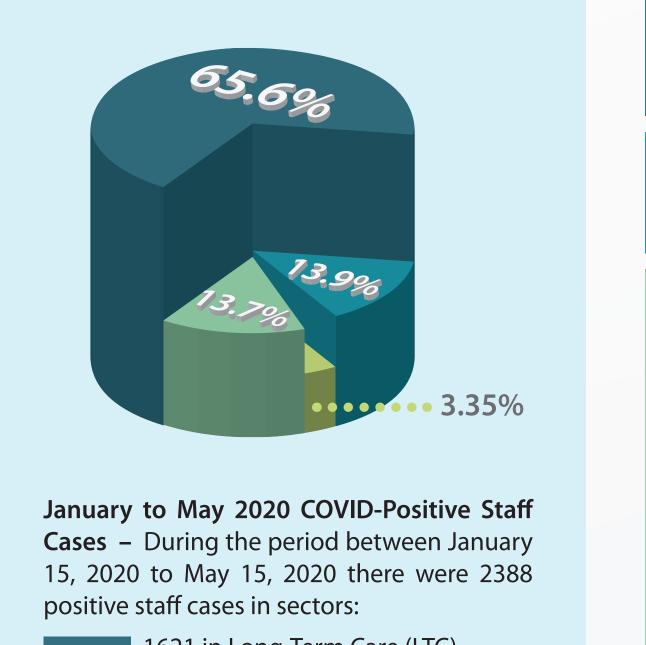
- procurement of personal protective equipment (PPE),
- acute respiratory illness (ARI) screening (both active and passive),
- human resources capacity,
- adapting of provincial/Ministry directives, and
- accessibility for molecular testing (PCR).

To counteract these challenges, infection prevention and control (IPAC) leaders from multiple SPOs needed to develop and implement collaborative responsive strategies to mitigate risks to healthcare workers and support the safe delivery of care to patients in their homes and within the community.

### **PROJECT**

The development of an IPAC Leaders group was created and organized by Home Care Ontario for infection control practitioners (ICPs) to work collaboratively and to develop a standardized approach for SPOs across Ontario. With the onset of the pandemic, the ICP leaders had an initial struggle with sharing consistent accurate and timely information, guidance and best practices related to IPAC. Ensuring standardized responses to emergent situations was essential while optimizing safety for all home and community healthcare workers and their patients/caregivers. As a result of this collaborative approach, SPOs were able to reduce the incidence of transmission from home healthcare workers to patients/caregivers while servicing these vulnerable populations within their homes and communities safely.

#### HOME & COMMUNITY CARE QUICK FACTS



1621 in Long-Term Care (LTC) 345 in Hospitals 339 in Retirement Homes 83 in Home Care

Note: Home care sector statistics were no listed in official public health sources; the data was retrieved from 5 large home care providers delivering home care in Ontario.



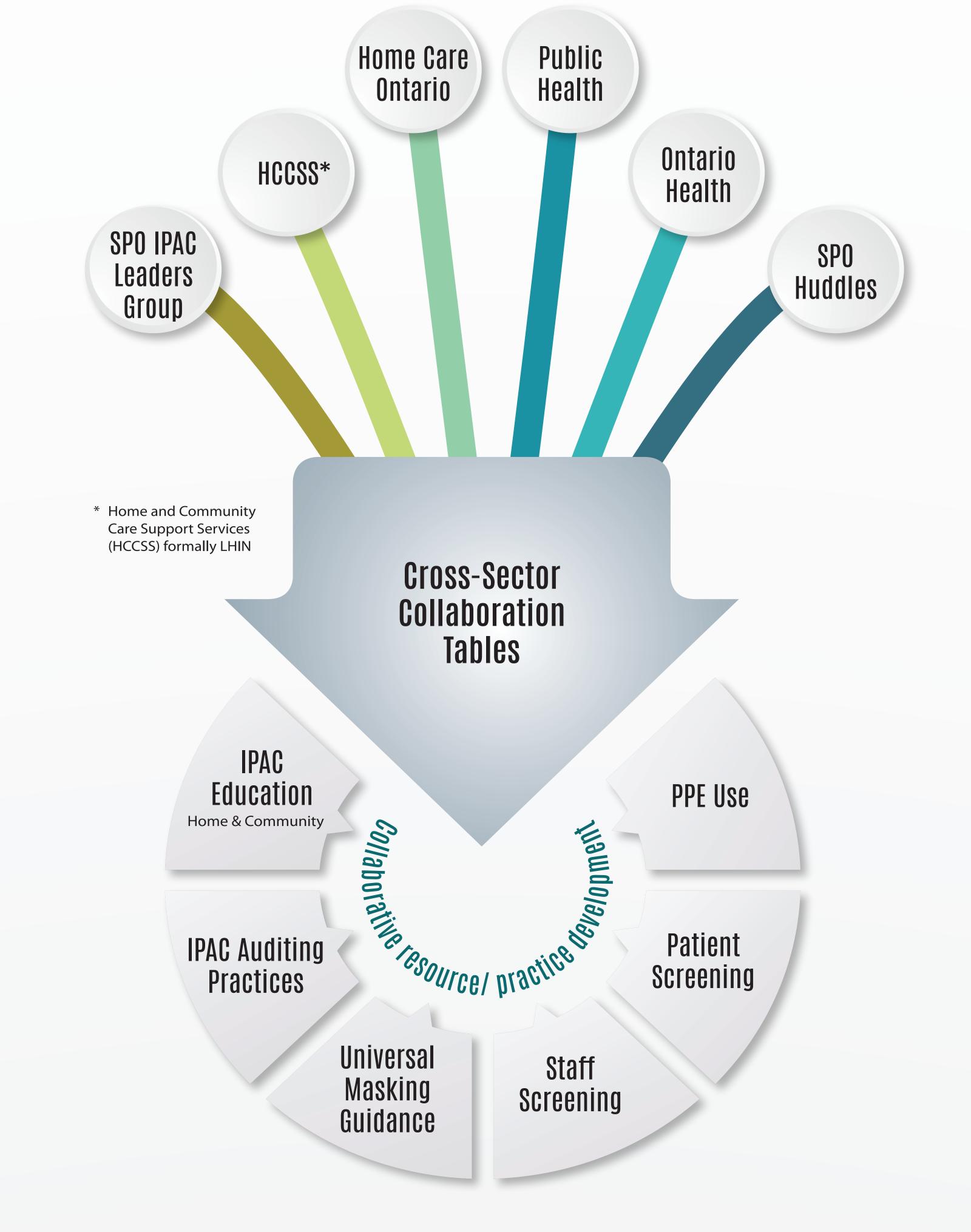
Protective Equipment

Access to PCR testing

ARI Screening (Active/Passive)

Human Resources' Capacity

Adapting Ministry Directives



### RESULTS

Infection control practitioners (ICPs) from service provider organizations (SPOs) collaboratively identified key tables where participation was essential. No one practitioner or SPO had the capacity to attend all tables. By coordinating efforts of the home and community care service provider infection control practitioners (ICPs), representatives were able to build strong connections and awareness between healthcare sectors through participation at regional tables, Home and Community Care Support Services (HCCSS) SPO huddles, IPAC Hubs, and Ontario Health (OH) meetings. SPO IPAC leaders held regular meetings to regroup and share learned experiences from each table. To support known best practice, the group proactively created universal strategies to reduce risks posed to healthcare workers, patients and caregivers in the home and community care setting. Work included development of universal masking guidance, cleaning and disinfection, IPAC auditing practices, appropriate use PPE, and enhanced IPAC practices within the home and community setting. To support adoption, the ICPs also created and implemented IPAC education for the new guidance. Further, educational standards were defined to ensure a consistent approach to the delivery of the new guidance and procedures across the home and community care sector. This also supported patient/caregivers and healthcare workers understanding of the importance of infection prevention and control throughout the pandemic.

This coordinated and collaborative effort demonstrated the willingness and desire of the contracted home and community care sector to provide the best care possible for patient/caregivers while protecting staff. It demonstrated that working together was more effective in supporting all contracted service provider organizations to navigate the challenges presented by the pandemic and trying to maintain capacity in the home and community care system.

# LESSONS LEARNED

The pandemic exposed longstanding systemic challenges within the home and community sector including gaps in the IPAC process. It also exposed the lack of understanding by other areas of the health sector of what services the home and community care sector provides. The initiation of cross-sector communication has been instrumental in developing strategies and health system responses to support the implementation of IPAC practices to include home and community sector. While it will be beneficial to continue to build IPAC support and resources that include and are adaptable to the home and community sector, the pandemic crisis has provided a necessary incentive to ensure a coordinated, inclusive, and health sector wide approach to infection prevention and control.

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