



Helping Hands Client Service Handbook

This Handbook is provided to you for reference at any time you are on service with Helping Hands, Orillia (“Helping Hands” or “agency”). This Handbook outlines service option and program details available to you, through Helping Hands. Along with this Handbook you will be requested to sign a service agreement with Helping Hands that outlines your roles and responsibilities, as well as Helping Hands’ roles and responsibilities.

What is a Service Agreement?

A Service Agreement (See Attachment 1) is a contract between you and Helping Hands. Signing it means you agree with the content of the Agreement.

The Agreement gives us your consent to provide you with care and services.

- It allows us to apply for certain benefits on your behalf. These may include subsidized services. You will be asked to sign a consent form, giving Helping Hands permission to share your Personal Health Information with other health care professionals in your ‘Circle of Care’; this is anyone responsible with your direct service or within your care plan coordination team;
- Outlines our roles and responsibilities for the services we provide to you;
- Outlines your roles and responsibilities;
- Describes our commitment to you to keep your personal information confidential. By signing the Agreement, you agree to let us share your information but only when needed by other health care provider;
- Outlines what is expected by all parties related to mutual respect and the safe delivery of care as laid out in Bill 132- Ontario’s Sexual Violence and Harassment legislation.

Before you sign the Service Agreement (Attachment 1), make sure you understand what it says and what Helping Hands can and cannot do for you. Ask as many questions as you need to and take your time in reviewing the information. You can also review the information with a family member or caregiver.

Please note the Agreement is an outline of your responsibilities and not a dictator of life choices. If English is not your preferred language, the services of an interpreter may be available to you.

Keep your copy of the Service Agreement and Handbook in a safe place, such as in a file cabinet or in a folder.

Structure of your Service Agreement

In order to make your agreement as user-friendly as possible, we have structured it so that you are only required to review and sign for the details pertaining to the program(s) that are applicable to your Care Plan.

You will be presented with a short Service Agreement for review and signing, which may need to be reviewed and resigned as your customized care plan changes by adding or removing services. If your customized Care Plan changes over time, by adding or removing certain services, you can refer to your Handbook for the corresponding appendices. This helps ensure the process minimizes paperwork for you and your caregiver(s) and customizes the Agreement to your specific needs.

What is a Home and Community Care Assessment?

Our health care staff takes the time to review your circumstances and surroundings to see what your personal needs may be.

We may talk about:

- Your health history and current health needs which may include physical, social, emotional and/or spiritual needs;
- Your Mental Health;
- Your ability to cope with your health care concerns;
- Permission to contact your family, your doctor and others involved in your care;
- What medicines you take;
- How you manage activities of daily living such as eating and dressing;
- What family and social supports you have such as friendships, churches and groups you belong to;
- Your income (this is for potential subsidization purposes only);
- Your physical health, such as checking your balance or how you move.

From this in-depth assessment, we evaluate what services and programs you are eligible to receive and will review those details with you.

Who is eligible for which program?

Each of our programs has eligibility requirements. Please talk to our Client Intake Planner or one of our Coordinators to verify your eligibility (See Appendix D for Helping Hands' Contact List).

Things you need to know

To generally qualify for subsidized services with Helping Hands, such as personal care, caregiver relief, homemaking, transportation, etc., you should be:

- Be 65 years of age or greater, residing in Helping Hands' catchment area;
- An adults, over 18 years of age, residing in one of Helping Hands' catchment area(s) and facing mobility limitations* and/or age related illness;

If you fall outside the above criteria you may request a review and approval from the Director of Client Services, or designate, on an individual basis;

*Mobility limitations are defined as:

- Physical limitations including vision, hearing, wheelchair or mobility aid(s);
- Bariatric needs;
- Medical conditions limiting mobility.

Some of our services have specific 'clinical criteria' that you must meet to qualify for that service. Subcontracted services may not be applicable to the above eligibility criteria.

How do I get these services?

You can refer yourself to Helping Hands by calling our **Main Office or the Client First Response Team** (See Appendix D for contact information). Call these numbers to ask any questions about our services. We also accept referrals from another person, on your behalf.

Referrals can be from a:

- Doctor/hospital;
- CCAC (Community Care Access Centre);
- Health care provider;
- Family member;
- Friend;
- Legal guardian.

When you call our main line, we will ask some questions to determine what type of care is needed and connect you with an Intake Planner. If you are a new client, we will have an Intake Planner meet you in person to conduct an assessment (see above for details on assessments) or over the phone depending on the type of service provided, to ensure you will be receiving the best service possible. Your well-being is important to us, as is our continued partnership. Therefore, we conduct reassessments throughout our service with you. This could be after three months or six months depending on the program(s), with which you are involved. If there have been any changes regarding your health or mobility, this may also require a reassessment. If service has not been utilized for 6 months or more, a reassessment may be required depending on requested service.

Professional Services and Sharing Information

You may have a number of our professionals involved in your care, such as nurses, physiotherapists or doctors. In order to meet your needs and to provide you with the support you require, you may rely on other professional services and expertise not directed by Helping Hands. You may have several organizations or others attend to your care. However, you have our commitment that the service you receive will be consistent with Helping Hands' standards. We take confidentiality seriously and, therefore, we will ask you to sign the consent form with your agreement for information sharing with these professionals, on an as-needed basis. If, at any time, you feel your privacy has been violated please contact our Privacy Officer (Director of Client Services) or the Privacy Commission of Ontario. Please note a copy of our Privacy Policy is available, as part of your Agreement and this Handbook, along with a brochure on client privacy. This Policy is also available on our website.

Your Service Providers from Helping Hands

Consistency is an important element of our service to you. You can expect that our employees and volunteers will treat you with respect, dignity and consistency. We do everything in our power to maintain punctuality and our staff will always clearly identify themselves and have ID badges and uniforms that help make sure you can identify them as providing services from Helping Hands. Your comfort and security is important to us.

We do not guarantee that the staff member who will be providing you with your services is the same every time. Our staffing schedules are designed to accommodate your needs and preferences as much as possible, but having the same provider with each visit or service is not always possible. However, you can expect that the standard of care and service is consistent, regardless of who is providing you with that service in our organization.

Financial Subsidies

By our very nature and operating model, all of the services Helping Hands offers are subsidized by government funding, donations and volunteer contributions. However, we recognize that some clients may still find the fees for many of our services a barrier to receive those services. Helping Hands uses a special formula to calculate how much a person pays towards the cost of a number of these services and programs offered. The amount you pay depends on your income and funding availability. We do not consider your assets when assessing your financial status. This process is called a 'financial assessment'. We go over the financial assessment with you and anyone you want to assist you in this process. Financial subsidies are a viable option for those clients who are on fixed incomes and help to ensure services remain accessible for everyone who needs them. Some programs, such as in-Orillia transportation and the Meals on Wheels program, have fixed rates and, therefore, are not eligible for financial subsidy. If at any point, your finances change please notify Helping Hands as you may be entitled to a subsidized rate. You may be required to submit financial records annually to maintain a subsidized rate.

Our financially subsidized programs include:

- Transportation (excluding Orillia, in-town rides);
- Personal Care;
- Caregiver Relief;
- Home Making.

** If you require other services and are unable to pay for them please discuss this with the Client Intake Planner*

Helping Hands reserves the right to put on hold or discontinue services to clients with overdue accounts, as per agency policy.

How your family and friends can help

We can help you with the health services and care you need to continue to live at home. We can also help connect you with other programs and services or provide you with the transportation to get there. We try to give you as much support as you need, but there are many things we cannot do for you. This is where your family, friends and neighbours can help. Even if your family does not live close by, there are still ways they can be there for you.

Here are ways your family and friends can help care for you:

- Continue to help you with your care, if they were doing so before Helping Hands became involved;
- Be a contingency plan in case of service unavailability;
- Get involved in your care and its direction; learn what is needed and how to do it;
- Help you manage your medications;
- Check in on you regularly, by visiting or calling;
- Take you out on social outings;
- Take you to medical appointments;
- Help you do your banking or paying of bills;
- Help with house cleaning or laundry, or arrange for someone to come in and do this;
- Do some cooking for you;
- Help you with your grocery shopping;
- Help to look after your pet(s);
- Do your yard work or house maintenance, or arrange for someone to do it for you;
- Be present when we first meet with you and at any of our Care Plan meetings.

In other words, Helping Hands services are available to you to help supplement the care and support you already receive, provide your caregivers with relief when needed or to provide services you may be lacking.

There may be times when we are not able to get to you to provide a service, such as

when we have a staffing shortage due to illness, during bad weather, or during other emergencies or circumstances outside of our control. Your family, friends and neighbours can help at these times. Having a plan for when our care is unexpectedly interrupted is an important part of your Client Care Plan.

Make sure you show your family or friends this Handbook and Service Agreement in case they have any questions about any of our services or programs.

Remember, the Rights and Responsibilities outlined in this Handbook also apply to others who might make health decisions on your behalf, such as a family member or personal representative, such as a Power of Attorney/Substitute Decision Maker.

General Information about our Services and Conditions

Home Care Services (including Assisted Living Service, Personal Support, Home Care, Respite) conditions:

- 1) Helping Hands is a non-profit organization which abides by all rules and regulations established by our funding Ministries. The Service Agreement (Attachment 1), and services provided, is dependent upon continued government funding and may be terminated if funding ceases, for any reason;
- 2) The client (or applicable caregiver) agrees to participate in development, direction and revision of the Client Care Plan;
- 3) The client agrees to have a contingency plan in the event that an interruption of their regular schedule service occurs due to extenuating circumstances;
- 4) The client (or applicable caregiver) agrees to promptly inform Helping Hands if there are any changes in the health, living arrangements or any information relating to the Care Plan;
- 5) To provide as much notice as possible when changing or cancelling scheduled services. A late cancel charge may be applied if you have not provided enough notice. You may be charged the visit fee if not enough notice of cancelling was provided;
- 6) To pay the current Home Care Service rate for services provided. Payment will be made upon receipt of invoice;
- 7) Helping Hands reserves the right to put on hold or discontinue services to clients with overdue accounts, as per company policy;
- 8) The client agrees to maintain a smoke-free environment while staff is in their home;
- 9) Staff is not responsible for daily upkeep of pet(s);
- 10) The client agrees to maintain an environment free of any health and safety

hazards that may injure or otherwise harm the staff in their home. This includes an environment free of verbal harassment and physical violence.

- 11) Helping Hands abides by all governing legislation including Work Place Anti-Violence and Harassment Policies. Therefore, Helping Hands will re-evaluate services provided if such violations occur and take steps to protect its staff, as per agency policy;
- 12) The client must be home when the staff is on your property, or previous arrangements have been approved by Helping Hands staff for a substitute.
- 13) Clients receiving homemaking agree to provide their own preferred cleaning products, such as laundry soap, mops, vacuum, etc;
- 14) The client is aware that employees have the right to refuse to complete tasks they believe are unsafe, within reason. In this event both client and the employee are to call their Coordinator.

Transportation Service conditions:

- 1) The client (or applicable caregiver) agrees to pay the current transportation rate for services provided. Payment will be made upon receipt of invoice.
- 2) Helping Hands reserves the right to put on hold or discontinue services to clients with overdue accounts, as per agency policy;
- 3) The client (or applicable caregiver) agrees to have a contingency plan in the event that an interruption of regular scheduled service occurs due to extenuating circumstances;
- 4) The client (or applicable caregiver) agrees to promptly inform Helping Hands if there are any changes in the client's physical health, such as mobility, mental health, and mobile devices, living arrangements or any information that may affect transportation services;
- 5) The client (or applicable caregiver) agrees to provide as much notice as possible when changing or cancelling scheduled services;
- 6) Clients are responsible for any parking fees that may be required at the time of their ride;
- 7) The client is aware that out of town rides can vary depending on the kilometres. For example, if the client lives outside of city limits, the cost of trip can vary on how many kilometres outside of the city to where you live.
- 8) All passengers are required, by law, to wear a seatbelt during transportation. The only exception to this policy is if a passenger is carrying a current certificate signed by a legal qualified medical practitioner, indicating that they are not required to wear a seat belt, due to medical reasons;
- 9) The client (or applicable caregiver) agrees to maintain an environment free of

any health and safety hazards that may injure or otherwise harm the staff. This includes an environment free of verbal harassment and physical violence.

**Helping Hands abides by all governing legislation including Work Place Anti-Violence and Harassment Policies. Therefore, Helping Hands will re-evaluate services provided to you if such violations occur and take steps to protect its staff.*

Meals on Wheels Program Guidelines:

- 1) The client (or applicable caregiver) agrees to provide as much notice as possible when changing or cancelling scheduled services.
- 2) The client (or applicable caregiver) agrees to be available and at home when receiving hot meals on Monday, Wednesday and Friday between 3pm and 5:30pm, and frozen meals on Friday between 9:00am and 11:30am.
- 3) The client is aware that there is no menu set for Hot Meals. Meals include juice, soup **or** salad, entrée, bread or a bun and dessert. Breakfast selections may also be available. Food intolerances and allergies are taken into consideration when Hot Meals are being prepared. Frozen meals have a menu to select from. There are 16 varieties to choose from and the meat texture can be chopped, minced or pureed if needed. There are Renal meals to choose from as well. All frozen meals do not include the soup and dessert but the main course is a larger portion than the hot meals. We have a separate soup menu with 6 varieties to choose from.
- 4) The client (or applicable caregiver) agrees to pay the current Meals on Wheels rate for services provided. Payment will be made upon receipt of invoice.
- 5) The client (or applicable caregiver) agrees to notify Helping Hands if any dietary needs or requirements change. This includes any preference to food if available, allergies or medication interactions.
- 6) The client (or applicable caregiver) agrees to maintain an environment free of any health and safety hazards that may injure or otherwise harm the staff, such as smoking. This includes an environment free of verbal harassment and physical violence. The client also agrees to ensure any pets are appropriately secured during staff visits.

Helping Hands abides by all governing legislation including Work Place Anti-Violence and Harassment Policies. Therefore, Helping Hands will re-evaluate services provided to a client if such violations occur and take steps to protect its staff.



Attachment 1

Helping Hands, Orillia Service Agreement

I _____ (print name), hereby acknowledge and agree to the terms and conditions under which this service is provided, by Helping Hands, as has been outlined to me through my initial assessment, Service Handbook, Care Plan and this Service Agreement and its applicable Appendices. This Agreement applies to all programs Helping Hands provides to assist me with my personal care services, homemaking, transportation, care co-ordination, security checks, Meals on Wheels, transitional care, Assisted Living, or reassurance services, as detailed in the applicable appendices. I acknowledge that I meet the eligibility criteria for Helping Hands services, in support of Helping Hands' mandate as follows:

- Be 65 years of age or greater, residing in Helping Hands' catchment area
- An adult, over 18 years of age, residing in Helping Hands' catchment area and facing mobility limitations*

*Mobility limitations are defined as:

- Physical limitations including vision, hearing, wheelchair or mobility aid
- Medical conditions limiting mobility including, but not limited to, mental cognition diagnosis

Note: Clients falling outside the above criteria may be reviewed and approved by the Director of Client Services, or designate, on an individual basis.

Some of our services have specific 'clinical criteria' that you must meet to qualify for that service. Additionally, the above eligibility criteria may not be applicable to subcontracted services.

I agree to the following terms:

- 1) Help maintain a safe working environment for Helping Hands staff. This includes treating the staff with respect and dignity at all times, while receiving services, and creating an environment free of violence and harassment. This also includes insuring that my home environment is free of any hazards, to the best of my ability, including but not limited to aggressive pets and animals, mold, slippery steps and snow covered access, tripping hazards, smoke, strong scents or perfumes, etc. I understand and acknowledge that my home environment is also the working environment of my care providers;
- 2) To have a viable contingency (back-up) plan for the services I receive from Helping Hands. This includes having a plan in place when service providers cannot provide my services due to weather, illness or other unforeseen circumstances. I agree to share this plan with Helping Hands;
- 3) To understand that Helping Hands is not an emergency service. In the event I have a medical emergency, such as shortness of breath, severe chest pains, serious falls, etc., 911 is to be contacted and designated emergency services are to be utilized.

Appendices applicable to my services and forming part of my Service Agreement include (check the box that applies):

Appendix A	Consent for Release of Personal Health Information	
Appendix B	Client Charter	
Appendix C	Client Privacy Policy	
Appendix D	Helping Hands Contact List	
Appendix E	Quality Improvement Program	
Appendix F	Assisted Living for High Risk Seniors	
Appendix G	Transportation Services	
Appendix H	Transitional Bed Program	
Appendix I	Quality Improvement Process	

By Signing this Agreement, I hereby acknowledge and agree to the terms and conditions under which this service is provided.

Signature of Client (or Caregiver
or Substitute Decision Maker)

Date

Intake Planner

Date



APPENDIX A

CONSENT FOR RELEASE OF INFORMATION

Surname: _____ First Name: _____

I _____, hereby consent to the collection, retention and sharing of my personal information, understanding that this information is confidential and authorization is required, by law, to disclose to applicable parties, as per The Personal Health and Information Protection Act (PHIPA). This information is shared only on as needed basis or as required by law. For further details, please refer to the Privacy Policy provided in your package and available on our website.

Consent of Client Service Plan Development:

Helping Hands will assess my needs and determine eligibility for service and, with my input, and/or family, primary care giver, develop a Client Service Plan.

I agree _____ I disagree _____

Consent to Participate in the Transportation Portal:

In the event I require transportation services from Helping Hands, I agree to allow basic information relevant to my transportation needs to be shared with other designated healthcare agencies participating in the Transportation Portal (CTLink). This Portal allows our agency to pool transportation resources with other vetted service providers in our region in order to maximize availability of rides for our clients. For further information please speak to your coordinator or visit our website.

I agree _____ I disagree _____

Consent to Record Information:

Helping Hands will record my personal information, in collaboration with other agencies within my 'Circle of Care', to assist with my care requirements.

I agree _____ I disagree _____

By signing this agreement, I agree to allow Helping Hands to contact my Doctor in the event that staff becomes exposed to potential hazardous bodily material.

Doctors name _____ Number _____

Consent to Obtain and Exchange Information:

Helping Hands will exchange information regarding my care with other agencies/health care providers/professionals (those identified as being part of the 'Circle of Care' and required to enable my care) and those family members/friends identified specifically below.

I agree _____ I disagree _____

Specific agencies/health care providers/professional/agency with whom my information **cannot** be obtained and exchanged with are:

Specific family members/friends with whom my information **can** be obtained and exchanged with are:

Specific family members/friends with whom my information **cannot** be obtained and exchanged with are:

***NOTE: Consent for any of the above may be withdrawn at any time, in writing.**

Signature of Client or Authorized Substitute Decision Maker:

Intake Planner: _____

MM/DD/YY: _____



Appendix B

Client Charter

Clients can expect that:

- 1) They can include their ‘family’ – however they wish it defined – as an equal partner in the formal care team that supports them;
- 2) A Care Coordinator and Intake Planner will work with the client and family to identify their needs and the most appropriate services to meet those needs;
- 3) The Care Coordinator and primary care providers will communicate regularly and in a timely fashion. Where appropriate, technology will be used to facilitate timely and ongoing communication among members of the ‘Circle of Care’;
- 4) Care plans will include an assessment and documentation of the family’s capacity to provide care and ensure appropriate supports are provided to avoid caregiver burnout;
- 5) There will be clear communication about what services to expect from our publicly-funded service and easy access to information about those services and eligibility criteria through a single point of contact and website;
- 6) Home and community care will include coordination of both clinical and non-clinical supports that help maintain independence including homemaking, meal preparation, supportive housing, transportation and respite services for caregivers;
- 7) The ability to access or use privately-funded services will not affect an individual’s eligibility for publicly-funded services, depending on the program;
- 8) To the degree possible, the number of service agencies assigned to provide care will be minimized, and where there are multiple agencies involved, our agency will strive to provide a single Intake Planner to ensure the integrated provision of services;
- 9) Where possible, a single, integrated Client Record containing relevant personal health information and a Client Care Plan will be accessible, on an as-needed basis, to every member of ‘Circle of Care’, including the client and the family;
- 10) Privacy is ensured by allowing the client to authorize access to specific members of the ‘Circle of Care’;

- 11) Care in the home will be respectful of cultural values and traditions;
- 12) A timely and transparent appeals or remediation process will be available if the system does not deliver what the family expected. Please see our Quality Improvement Process, available from your Care Coordinator or on our website.



Appendix C

Privacy Policy

As a provider of Community Support Services to seniors and adults with physical disabilities, Helping Hands, Orillia collects, uses, discloses, retains and protects personal information about clients of service. Helping Hands is a personal health information custodian under the Ontario Personal Health Information Protection Act, 2004.

Helping Hands is committed to protecting the privacy, confidentiality, and security of all personal information to which it is entrusted.

This Privacy Policy outlines the Helping Hands practices and procedures in connection with the personal information about its clients and other individuals that it collects, uses and discloses.

What is “Personal Information”?

Personal information is information that is about or can be linked to an identifiable individual. This is all information about Helping Hands clients, their family members and/or caregivers that is obtained by Helping Hands in the course of providing services and includes personal health information.

Collection, Use and Disclosure of Personal Health Information: Helping Hands collects uses and discloses personal information for the following purposes:

- To consider/assess your application/request for services;
- To assess your requirements for services;
- To develop, with your input, an Individual Care Plan, which may include referral to another service provider;
- To provide you with services or recommend you to a more appropriate service;
- Request made to Helping Hands by another agency with your consent ONLY.

If your personal information is required to be used or disclosed for any other purpose, we will seek your consent unless consent is not required by law.

Personal Information We Collect

The amount and type of personal information we may hold about you depends on the nature of the services that we provide to you. Helping Hands will exchange information regarding your care with other agencies/health care providers/professionals (those identified as being part of the ‘Circle of Care’), with your written consent or unidentifiable information for data collection.

Consent

By requesting services from Helping Hands and by entering into Consent to Share Personal Health Information you confirm the following:

- Your consent to the collection, use and disclosure by Helping Hands of your personal health information for the purposes described in this Privacy Policy.

You may inform Helping Hands that you are withdrawing your consent at any time, subject to legal restrictions and reasonable notice. A withdrawal of consent must be in writing. However, if you withdraw your consent, we may not be able to provide you with services as effectively or assist with care coordination among other providers.

Security

Helping Hands maintains administrative, technical and physical safeguards to protect personal information in its control against loss or theft, as well as unauthorized access, disclosure, copying, use, or modification. These safeguards are dictated to meet Ministry standards and the Privacy Act of Ontario. If, at any point, we confirm your privacy has been breached you will be contacted as soon as possible. Employees are trained in the importance of maintaining the confidentiality of personal information.

How we collect Personal Health Information

- Helping Hands collects PHI in the following ways:
- Electronically through a secure system from referring sources, with your permission
- Electronically, through our secure intake system
- Via telephone

Retention

Helping Hands retains your personal information for a period of seven years for reporting and auditing purposes only. After that your information will be destroyed.

Access to Personal Information

If you wish to review or update your information, you will be required to properly identify yourself to verify your personal information.

How to Contact Us

If you have questions or concerns regarding this Privacy Policy or Helping Hands collection, use and disclosure of your personal information, or to make an access request or for further information about Helping Hands privacy practices, please contact our Privacy Officer, Terri Soukup.

Terris@hhorillia.ca

705-325-4299 X 317

Helping Hands will answer your written inquiries about this Privacy Policy and its procedures and personal information management practices within 24 hours of receipt.

Changes to this Privacy Policy

Helping Hands reserves the right to revise this Privacy Policy as required and inform you promptly. The date this Privacy Policy was last revised is April 18th 2017.



Appendix D

Helping Hands Contact List

Helping Hands Main Line 705-325-7861

Position	Contact	Extension
Client First Response/ Meals on Wheels	Janice Rymill	230
Coordinator of Client Care	Vickie Scott	224
Coordinator of Client Care	Anna Anderson	240
Coordinator of Transportation	Craig Jones	249
Coordinator of Human Resources	Jennifer Hillman	244
Client Intake Planner	Natalie Parliament	303
Director of Client Services	Terri Soukup	317
Client Care Schedulers	Cheryl Weatherell	233
	Jami Hobbs-Richardson	227
Transportation Schedulers	Sandi Petherick	242
	Shelley Gordon	
Administrative Assistant-HR	Barbara Martin	248
Transportation Hotline		328
Accounts Payable		225
Quality Improvement Officer	Cheryl Stubbings	249-385-5306

Website: www.helpinghandsorillia.ca

Address: 575 West Street South
Unit 13 A.
Orillia, Ontario
L3V 7N6

Other Helpful Numbers:

OSMH 705- 325- 2201
NSM LHIN 705-721-8110



Appendix E

Quality Improvement Program

The goal of Helping Hands is to provide you, our client, and/or your family member, with a consistently high level of quality service. Helping Hands considers this to be an evolving, ever changing responsibility. You can help us by letting us know how successfully Helping Hands has met your service needs and where Helping Hands can improve.

To ensure your concerns are heard, Helping Hands has developed the Quality Improvement Program (QIP). Quality Improvement is a formal approach to the analysis of performance and systematic efforts to improve it. Quality Improvement covers all departments, to streamline our services to provide the most efficient and effective care possible. Quality Improvement is designed to address concerns, suggestions and compliments from clients and/or caregivers towards our services and/or employees. Our goal with developing the Quality Improvement Program is to better our agency and increase the client experience.

Helping Hands has a Quality Improvement Officer and a designated back-up to ensure calls are being answered 24 hours a day, 7 days a week. The QIP Officer's roll is defined as, being the main point of contact for clients to make "safe" complaints/suggestions for improvement, investigate concerns/issues, fill out and forward PDSA form, make recommendations for the system improvement, report back to original source where applicable, and track QIP trends. At Helping Hands our QIP Officer is Cheryl Stubbings, you can contact her at 249-385-5306.

Quality Improvement Program Process:

Provide QIP Officer with your concern/complaint/suggestion. They will ask you a few questions and record your statement. If the call is to report a concern or complaint they will determine the severity of the call using our Severity Level form.

The Severity Scale Levels are as follows:

The lowest level of severity is Level green. A green level has minimal risk to the client- An example of a level green includes; not receiving a call back when you have left a message to an employee at the office

The next level of severity would be level yellow, which has an increased level of risk to clients. An example of level yellow includes; an employee never showing up on time

The highest ranking level is level Red, which the QIP officer deems a serious concern by clients. An example of a level red includes confidentiality/privacy breach, risk to client safety ie: not being escorted to door or level red. The QIP Officer or designate will investigate your concerns thoroughly and fill out a PDSA form. With their findings and will make recommendations for system improvement and report back to the original source where applicable.

Once the investigation is completed, the QIP Committee will review all PDSA forms as well as reviewing outcomes and recommendations (your name will not be included when reviewing the PDSA forms). The QIP Committee and QIP Officer will continue with system recommendations to ensure we are improving the client experience throughout service delivery. This can include improving our training procedures, products such as Meals, scheduling procedures and other systems. The QIP Committee will also review processes, procedures and framework annually



Appendix F

Assisted Living Services for High Risk Seniors

Assisted Living for High Risk Seniors (HRS): the Assisted Living for HRS is a Local Health Integrated Network funded program and, therefore, has a strict framework governing its administration.

This program provides Assisted Living Services in Supportive Housing that relate to seniors who are frail or cognitively impaired. Elements and conditions of this program include:

- The ALS-HRS program provides non-medical approaches to community based assisted living which offers 24 hour-a-day service, every day throughout the year.
- You must require personal support and homemaking services on a 24 hour basis, 7 days a week and have requirement(s) that cannot be met solely on a scheduled visitation basis. Service will be delivered in a frequent, urgent and intense manner described as follows:
 - Frequent meaning that the individual has needs where intermittent visits through the day may be necessary.
 - Urgent meaning that the individual has concerns that warrant a prompt response that cannot wait to be scheduled.
 - Intense meaning that the individual's condition or predicament demands direct personal attention from staff to address needs.
- 24-hour urgent response by trained and qualified staff to immediately contact their service provider by telephone or in person, in the event of an unplanned situation.
- If you are away from our service for more than 45 calendar days yearly, Helping Hands will review your suitability for this program.
- You can receive a combined maximum of 180 hours of professional service per month.
- Service may include multiple daily visits based on individual needs.
- Service includes a maximum of 2 hours per day of personal support services.
- If you have a critical or urgent call staff will respond within 20 minutes.
- To promptly inform the Helping Hands if there are any changes in your health, living arrangements or any information relating to your Care Plan.
- To provide as much notice as possible when changing or cancelling scheduled services.

Note: Staff are not responsible for your pet's daily upkeep



Appendix G

Transportation Services

This appendix is provided to give you more detailed information regarding our transportation services.

- Helping Hands Transportation Program operates 7 days a week.
- Transportation bookings can only be taken during business hours, Monday to Friday from 8:30 am to 4:30 pm.
- Though we can take same day bookings, it is important that you book your transportation as soon as you know you require a ride to ensure service. Transportation is provided for medical appointments, shopping and social outings. However, Helping Hands reserves the right to prioritize or limit transportation requests. That is why it is important you book your transportation request as soon as possible.
- To cancel a transportation booking, please cancel as soon as you are aware of no longer needing the ride.
- If you have an Accessibility parking permit, always carry your permit when you are being transported.
- Transportation rates are calculated individually, according to your address and your destination.

When requesting transportation bookings please be prepared to answer the following questions, to ensure your safety. Again, Helping Hands takes your confidentiality seriously. If, at any point, you are unsure of why the question is being asked, please clarify with the Client First Response Team or Coordinator of Transportation Services.

- What is your name, address and telephone number?
- Will you be picked up at an address different from your home address?
- Which day and times do you wish to book a ride?
- The time of your appointment (s) and an estimated return time.
- Will you require a return ride?
- What is the specific address of your destination(s)?
- Will there be an escort accompanying you?
- Will you be bringing any devices such as a walker, wheelchair or oxygen?

- Do you require any other transportation devices?
- Do you have a potential communicable disease?

Helpful Notes

This service is for seniors who reside in the Helping Hands' catchment area, which includes Orillia, all of Severn, all of Ramara and most of Oro-Medonte townships (for further details please visit our website). If you require a personal support worker as a transportation escort, please contact the Scheduler of Client Care Services.

All wheelchairs to be transported must be assessed and may not be wider than 34 inches or 86.3 centimeters. There is a 650 lbs weight limit including patient and their wheelchair weight combined. All wheelchairs being transported must be capable of being secured in a forward facing position and have a lap belt or clients will be required to transfer into the transportation vehicle seat to be secured.

Helping Hands reserves the right to adjust bookings due to weather and circumstances outside of Helping Hands' control and does not assume any responsibility for such cancellations or adjustments.

Helping Hands is also a proud member of the Community Transportation Link

What is the CT Link? The CT Link is a network of community-based transportation service providers developing a web-based Portal that they will use to identify opportunities to pool transportation resources between agencies.

The CT Link will improve mobility options for people using community-based transportation services, such as seniors, people living with disabilities and/or medical concerns, and people on fixed incomes, by increasing their transportation opportunities. The CT Link will provide an opportunity for agencies to maximize their resources to serve our communities and region as effectively as possible, through collaboration and innovation. Our clients will be able to take advantage of this Portal by simply being enrolled with Helping Hands for Transportation service. Coordination of transportation services will still be entirely managed by the staff of Helping Hands and our clients will be provided with greater options in transportation by having access to this pool of vehicles across the region. Clients may elect not to participate in the Portal as well.



Appendix H

Transitional Bed Program

The Transitional Bed Program is a LHIN funded program and, therefore, has a strict framework governing its administration.

This service is a temporary care placement with Helping Hands, including a private room in a shared apartment with cable television and access to a telephone if required. This service includes 24 hour on-site or on-call supervision from PSW, who provide personal care assistance, toileting, transfers and mobility, medication monitoring, laundry, regular diet meals and socialization.

Clients qualifying for this service must meet the following criteria:

- You must be able to be left alone for periods of time throughout the day.
- You must consent to your medications being blister packed.
- Housing arrangements for you must be organized before you leave hospital, for when you are discharged from the Transitional Bed Program, unless otherwise approved by one of the Coordinators.
- Indications of dementia with confusion and wandering behaviours that require close supervision are not suitable for this program.
- Health related conditions that require care outside the scope of practice of Helping Hands are not suitable for this program.
- There will be a hospital or CCAC staff working with you to locate a permanent housing solution.
- The maximum length of stay in the transitional bed is 3 or 6 months, depending on location.
- You may be moved from one site to another for more appropriate care.
- If your behaviours alter or health conditions change, falling outside the scope of practice for PSW, clients will be transported to the local ER at hospital.
 - Please note that Transportation services are not funded, but are available under this program.



Appendix I

Quality Improvement Process

Purpose:

The law states that every Ministry of Health funded agency must have a complaint and appeal process in place. Helping Hands has gone beyond the ministry standard and has developed a QIP process as well. Helping Hands must provide you with a written copy of their complaint/QIP process (Quality Improvement, See Appendix E) if you are receiving services. This process is also available on the Helping Hands Website, www.helpinghandsorillia.ca, under the Resources section. If you are not yet receiving services, and you want to make a QIP suggestion or complaint, you should ask request to speak to the QIP Officer.

Helping Hands must make a decision regarding your complaint outlined by the Ministry of Health within 60 days. If you are not satisfied with the decision, you can appeal to the Health Services and Appeal Review Board (HSARB). However, complaints about quality of service or violations of the Bill of Rights are not complaints that can be appealed to the HSARB. These types of complaints should be directed to Helping Hands senior management..

If you wish to initiate an appeal/complaint with Helping Hands, please follow the steps below:

1. Follow the Quality Improvement Program (See Appendix E).
2. Failing that, contact the Director of Client Services with a formal written request to appeal with the following steps:
 - a. Provide written details of your appeal request, i.e. What is your understanding on why service was withdrawn?
 - b. If you do not agree with the decision made regarding your complaint, and response from the Director of Client Services you may request a face to face meeting with the Executive Director.

In the event Helping Hands does not bring resolution to the matter, then you may initiate a HSARB application if the complaint meets eligible conditions and process. In some cases you can appeal the final decision of the Committee to the HSARB. You have a legal right to appeal to the HSARB if the organization will not provide you with the amount or type of service you need or if your services are changed, decreased, or stopped.

There are different types of complaints which you are unable to take before the HSARB. These are:

- Complaints about the quality of service you receive
- Complaints that your rights under the Bill of Rights have been violated.
In these situations, you can submit your concerns to Helping Hands senior management; the Director of Client Services or the Executive Director. As the person making the complaint, it is your decision to take your complaint from one step to the next. You may include individuals from your support network (family, friends, advocate, and/or lawyer) during this process.
If you have a legal right to appeal, you can pursue an appeal once you have followed Helping Hands' Complaint & Appeals and QIP process
- You have not received a written decision from Helping Hands, and it is more than 60 days since you made your complaint.

To appeal to the HSARB, you must write to the HSARB and ask for a hearing. The HSARB will provide you with directions on how to do this and will send you a copy of the rules that apply to the appeal process. Even after you start an appeal, you might settle your case and not have to have a hearing.

Contact Information:

Health Services and Appeal Review Board

9th Floor, 151 Bloor Street West

Toronto, Ontario

M5S 2T5

General Inquiry (416) 327-8512 or (416) 327-8524

You will be granted a hearing within 30 days after you begin your appeal to the HSARB, unless you agree otherwise. The HSARB must make a decision within 3 days after the hearing. They must give you that decision in writing as soon as possible.

In their decision, the HSARB might:

- Agree with Helping Hands.
- Order Helping Hands to make a new decision based on HSARB directions.
- Replace Helping Hands with a different organization, for your service delivery needs.