



## During the COVID-19 pandemic, should I go to live with family/friend or stay in my retirement/assisted living home?

A decision to temporarily move from a retirement or assisted living home to the home of family (or possibly a friend) can be difficult. Working through the 5 steps of this decision aid should help prepare you for making this decision.

### This decision aid is for you and/or your family/friend if:

- you live in a retirement home or an assisted living home
- you are considering moving to live with a family/friend during the COVID-19 pandemic

### Where do you live now?

- Retirement homes and assisted living homes are rented private accommodations for adults/seniors who can live with some or no outside help. Adults must be able to pay for their own care and living costs. Low income seniors/seniors may qualify for a subsidized place. Retirement homes and assistive living homes typically do not provide 24-hour nursing care. There is a range of services and levels of care within these homes. For example, some may offer extra services to be purchased such as meals, help with personal care and medicines, toileting care (incontinence care), and dementia care. For some retirement and assistive living homes, it is possible to leave for extended periods of time (e.g. vacation) and keep the room if rent is paid. But if subsidized, it may not be permitted to have extended leaves. For more information refer to the contract signed with the retirement home or assistive living home and the guidelines for your province or territory (e.g., <https://www.ontario.ca/page/find-retirement-home>).

**If you live in a retirement home or assisted living home, please continue onto the next section**

- Long-term care homes or nursing homes provide adults with help for most or all daily activities. This includes 24-hour nursing and personal care. To qualify, the adults' personal care needs cannot be safely met in the community through publicly funded community-based services. For more information, see the regulations for your province or territory (e.g. <https://www.ontario.ca/page/about-long-term-care>).

**If you live in a long-term care home or nursing home, please go to the website**

**(<https://decisionaid.ohri.ca/decaids.html>) to obtain the decision guide.**

### Who is legally responsible to make this decision (check all that apply)?

- I can make the decision
- A family member or friend who has power of attorney or is my substitute decision maker for personal care
- Office of the public guardian or trustee
- Other: \_\_\_\_\_

**If you moved in with family/friend, how long would you plan to stay with them?** \_\_\_\_\_

## Step 1: How much help is needed with daily activities/personal care?

1.1 Check  how you have been on average in the past week.

<b>Moving/ transfers:</b>	<input type="checkbox"/> I am able to move about on my own	<input type="checkbox"/> I use a walker and transfer myself in/out of a chair/bed/car	<input type="checkbox"/> I need help from 1 person to transfer in/out of a chair/bed/car	<input type="checkbox"/> I need help from 2 people to transfer in/out of a chair/bed/car	<input type="checkbox"/> I need help from a lift to move in/out of a chair/bed/car
<b>Bathing/ Showering:</b>	<input type="checkbox"/> I am able to bath/shower on my own	<input type="checkbox"/> I need help to get in and out of the bath/shower	<input type="checkbox"/> I need help from 1 person with baths/showers	<input type="checkbox"/> I need help from 2 people with baths/showers	<input type="checkbox"/> I need a lift/chair/other special equipment to have a bath/shower
<b>Toileting</b>	<input type="checkbox"/> I am able to go to the toilet on my own	<input type="checkbox"/> I need to be prompted for toileting	<input type="checkbox"/> I need help from 1 person to transfer on/off the toilet	<input type="checkbox"/> I need help from 2 people or a lift to transfer on/off toilet	<input type="checkbox"/> I cannot use the toilet (uses adult diapers)
<b>Eating and drinking:</b>	<input type="checkbox"/> I am able to eat and drink on my own	<input type="checkbox"/> I need to be prompted to eat and drink	<input type="checkbox"/> I need help to eat and drink	<input type="checkbox"/> I need to be fed	<input type="checkbox"/> I have a feeding tube
<b>Taking medicines:</b>	<input type="checkbox"/> I do not take any medicines	<input type="checkbox"/> I take medicines at the correct dose and time	<input type="checkbox"/> I take medicines in pill packs at the right time	<input type="checkbox"/> Someone helps me take the right dose of medicines and/or supervises me giving myself injections	<input type="checkbox"/> Someone else gives me my medicines and/or gives me injections (needles)
<b>Memory:</b>	<input type="checkbox"/> I can remember	<input type="checkbox"/> I can remember most things	<input type="checkbox"/> I have some problems with my short-term memory	<input type="checkbox"/> I cannot remember most things (severe memory loss)	<input type="checkbox"/> I have trouble remembering where I am and get lost moving room to room
<b>Confusion/ agitation/anger:</b>	<input type="checkbox"/> I am oriented to the day, time and place	<input type="checkbox"/> I get confused at times	<input type="checkbox"/> I get confused, agitated or angry at certain times of the day (during evenings or when asked to bathe or take a shower)	<input type="checkbox"/> I often have periods of anger, confusion and agitation	<input type="checkbox"/> I have frequent angry outbursts

**1.2 Do you have other specific care needs, special equipment or services? (e.g. oxygen, homecare services such as nursing, personal care, physiotherapy, dietician)** Ask nursing staff/director of care at the retirement home or assisted living home as well as staff who provide personal care.

**Note: if you are receiving home care services at your retirement home or assisted living home, you will need to call your care coordinator/care manager to find out whether care is available and how long you may have to wait for care for those services to be transferred to a family/friend's home.**

**Step 2: Is the family/friend's home safe and able to meet my personal care needs?**

Check  yes, no, or n/a (does not apply)

**Can your personal, nursing and medical needs be met 24/7?**

- Can family/friend provide personal care to meet your needs each day?  Yes  No  N/A
- Can family/friend provide your medicines at the right dose and time each day?  Yes  No  N/A
- Can family/friend provide hands-on care (toileting) or check-ins during the night?  Yes  No  N/A
- Can you be left alone for periods of time in the day?  Yes  No  N/A
- Can you get access to a physician or nurse if your medical needs change?  Yes  No  N/A

**Can you be self-isolated\* for 2 weeks on arrival to prevent potential COVID-19 spread?**

- Do you understand the rules for self-isolating and agree to stay self-isolated for 2 weeks?  Yes  No  N/A
- Will you have a separate bedroom for self-isolation?  Yes  No  N/A
- Will you have a separate bathroom or a shared bathroom that can be sanitized before/after use?  Yes  No  N/A
- Is there adequate protection and supplies available for the 2-weeks of self-isolation (masks, gloves, hand sanitizer, cleaning products)?  Yes  No  N/A

**Are there other safety features in the family/friend's home?**

- Are there grab bars for the bath, shower, toilet to help you safely bathe and toilet?  Yes  No  N/A
- Is the toilet easy to use (e.g., raised toilet seat, arms, and/or commode)?  Yes  No  N/A
- Is there space wide enough for to rotate a walker or wheelchair in bathroom and bedroom?  Yes  No  N/A
- Is there easy and safe access to get into the family/friend's home (e.g., no steps, ramp)?  Yes  No  N/A
- Is there easy and safe access to move within the family/friend's home (e.g., no stairs or steps from living area to bedroom)?  Yes  No  N/A
- Is the bed easy to get in and out of (e.g., partial side rail, hospital bed that can be lowered/raised to prevent back injuries when family/friend help with personal care)? (e.g., hospital beds may be available to rent)  Yes  No  N/A
- Can access to the stairs be blocked off to prevent a fall if you are confused or wander?  Yes  No  N/A

**\*Note: If you move to temporarily live with family/friend and would like to move back to the retirement home or assisted living home, you need to request permission from the home to re-enter and you will likely need to self-isolate for 14-days on re-entry into the retirement home or assisted living home.**

### Step 3: Which reasons to choose each option matter most to you?

For each option, list any extra benefits and harms. Then, rate each benefit and harms using stars (★) to show how much each one matters to you on a scale from '0' to '5'. '0' means **not at all**. '5' means a great deal. Ask your family/friend to rate how much each matters to them too.

	Reasons to Choose this Option Benefits / Advantages / Pros	How much it matters to you: 0★ not at all 5★ a great deal		Reasons to Avoid this Option Harms / Disadvantages / Cons	How much it matters to you: 0★ not at all 5★ a great deal	
		Person 1	Person 2		Person 1	Person 2
Option #1 Stay in a retirement home or assisted living home	Help from staff to provide personal care and medicines Access to staff 24 hours a day for emergencies Retirement/assisted living home is safe & equipment is in place (see Step 2 above) Less risk of burning out my family/friend Feel close to people at the retirement/assisted living home Feel more comfortable in my own place at the retirement/assisted living home List other reasons			Risk of getting COVID-19 from staff or other residents Limited or no access to family/friend visitors Limited or no activities to prevent/manage COVID-19 outbreak Limited staff and services due to pandemic Restricted access to family visitors limits their practical and emotional support Risk/fear of dying alone/not being able to say goodbye List other reasons		
Option #2 Move to live with family/friend	Lower risk of getting COVID-19 from staff or others residents in the retirement/assisted living home. Help from family/friend is available to provide personal care and medicines Closer to family/friend for emotional support and feeling reassured Able to manage changes in my condition and/or access medical care More control over daily routines List other reasons			Risk of resident bringing COVID-19 into the home or getting COVID-19 from family/friend or homecare workers Family/friend burden/burnout (due to providing care day after day; may forego sleep night after night) Family/friend's home needs to have some changes (e.g. grab bars, ramp, lock on door to stairs) and it may be difficult to find someone to make the changes or to pay for changes (check contract) May lose room at retirement/assisted living home when ready to move back Family/friend unable to meet the physical care needs List other reasons		

Which option do you prefer? Check  one.

- Remain in retirement home or assisted living home
- Move to live with family/friend
- I'm not sure

## Step 4: What else do you need to make a decision?



Who is involved with making this decision?

Who else is involved?	Name:	Name:	Name:
Which option do they prefer?			
Is this person pressuring you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How can they support you?			
Who else do you want to involve in making the decision?	<input type="checkbox"/> Share the decision with... <input type="checkbox"/> Decide myself after hearing the views of... <input type="checkbox"/> Someone else decide for me....		



Do you know enough about the **benefits and harms** of each option?

Yes  No



Are you clear about which benefits and harms **matter most** to you?

Yes  No



Do you have enough **support** and **advice** to make a choice?

Yes  No



Do you **feel sure** about the best choice for you?

Yes  No

## Step 5: What are the next steps?

Check  the things you need to do before you make this choice.

- I need to discuss the options with \_\_\_\_\_
- I need to learn more about my options \_\_\_\_\_ Other. Please specify \_\_\_\_\_

**This information is not intended to replace medical advice. It was designed to provide information to assist those who are making this decision. While we have tried to reflect the state of general knowledge in the field at the date of publication and suggested where to get more information, we do not accept responsibility or liability whatsoever for any errors or omissions. Last reviewed: April 9, 2020.**

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**References:** Boland L et al., 2017 Impact of home care versus alternative locations of care on elder health outcomes: an overview of systematic reviews. BMC Geriatrics 17;20; Media releases from Canadian news April 2-8, 2020.

**Conflicts of interest:** Some authors have faced the decision about placing an elderly parent in a long-term care home; one author is facing the decision about moving a relative from a retirement/assisted living home to live with family.