



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

The decision about moving from a retirement or assisted living home to the home of family (or a friend) during a pandemic can be difficult. Working through the 5 steps of this decision aid should help prepare you and your loved ones for making this important 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 thinking about moving to live with family/friend(s) during the COVID-19 pandemic

Where do you live now?

- Retirement and Assisted Living Homes are rented private housing for adults/seniors who can live with some or no outside help. In most Canadian provinces/territories, licensed retirement and assisted living homes are subject to the local Landlord/Tenancies Act. Adults in these settings pay for their own care and living costs. Low income adults/seniors may qualify for a subsidized place in some homes. Retirement and assistive living homes typically do not provide access to 24-hour nursing care. There is a range of services and levels of care that can be provided 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. Most homes, however, are not allowing short stay leaves during the COVID-19 pandemic. Further, if receiving subsidized rent, it may not be permitted to have extended leaves. For more information refer to the contract signed with the retirement or assistive living home and the relevant guidelines for your province or territory (e.g., ontario.ca/page/find-retirement-home).

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

- Long-term care or nursing homes provide adults with help for most or all daily activities. This includes access to 24-hour nursing and personal care. To qualify, the adults' personal care needs cannot be safely met in the community through government-funded community-based services or their family/friend(s). For more information, see the regulations for your province/territory (e.g. ontario.ca/page/about-long-term-care). **If you live in a long-term care or nursing home, please go to the website (decisionaid.ohri.ca/decaids.html) to obtain the decision aid designed for this type of housing.**

Who is legally responsible to make this decision?

- I can make the decision
- A family member(s) and/or friend(s) who has power of attorney or substitute decision maker
- Other: _____

If you go live with family/friend(s), how long would you plan to stay with them? _____

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

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

Moving/ Transfers:	<input type="checkbox"/> I can 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
Bathing/ Showering:	<input type="checkbox"/> I can 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
Toileting	<input type="checkbox"/> I can 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)
Eating and Drinking:	<input type="checkbox"/> I can 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
Taking Medicines:	<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)
Memory:	<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
Confusion/ Agitation/ Anger:	<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, occupational therapy, dietician) Ask nursing and medical staff/director of care your retirement or assisted living home as well as staff who provide you with your personal care.

Note: if you are receiving home care services at your retirement or assisted living home, you will need to call your regional home care coordinator/case manager to find out whether the government-funded home care that you may need is available and how long you may have to wait for those services to be available at your family/friend(s)' home.

If you need care and supports beyond what your family/friends and government-funded home care can provide, do you have the resources to access additional private care to meet your needs and is private care available?

Step 2: Is your 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(s) provide personal care to meet your needs each day? Yes No N/A
- Can family/friend(s) provide your medicines at the right dose and time each day? Yes No N/A
- Can family/friend(s) 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 or your family/friend(s) access either government-funded or private care to fill any potential gaps? Yes No N/A

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

- Do you/your family/friend(s) know the rules for self-isolating and agree to stay self-isolated for 2 weeks? www.ontario.ca/page/2019-novel-coronavirus#section-10 Yes No N/A
- Will you have a separate bedroom to self-isolate? 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-week self-isolation period (masks, gloves, hand sanitizer, cleaning products)? Yes No N/A

Are there other safety features in your 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 you to rotate a walker or wheelchair in bathroom and bedroom? Yes No N/A
- Is it easy and safe to get into your family/friend's home (e.g., no steps, ramp)? Yes No N/A
- Is it easy and safe to move within your 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 go to live with your family/friend(s) 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 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(s) 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	★★★★★	★★★★★	Possibly limited staff and services due to pandemic	★★★★★	★★★★★
	Have access to staff 24 hours a day for emergencies	★★★★★	★★★★★	Limited or no group activities in the retirement/ assisted living home	★★★★★	★★★★★
	Reduced risk of spreading COVID-19 to family/friend(s) and getting it from them	★★★★★	★★★★★	Risk of getting COVID-19 from staff or other residents	★★★★★	★★★★★
	Have access to safety features, equipment, care supplies (see Step 2 above)	★★★★★	★★★★★	Possibility of limited methods to prevent/manage COVID-19 outbreak	★★★★★	★★★★★
	Feel closer to the residents/ staff at the retirement/ assisted living home and feel more comfortable with my routines and room	★★★★★	★★★★★	Limited or no access to family/friend visitors reduces your practical and emotional support	★★★★★	★★★★★
	Less risk of burning out my family/friend(s)	★★★★★	★★★★★	Risk/fear of dying alone/not being able to say goodbye	★★★★★	★★★★★
	List other reasons			List other reasons		
 Option #2 Go to live with your family/friend(s)	Reduced risk of getting COVID-19 from staff or other residents in the retirement/ assisted living home.	★★★★★	★★★★★	Risk of you bringing COVID-19 into your family/friend's home or getting COVID-19 from family/friend(s) or home care workers	★★★★★	★★★★★
	Family/friend(s) can provide needed care possibly with outside help or services	★★★★★	★★★★★	Family, friend(S) or outside care workers unable to give needed care until return to retirement/assisted living home	★★★★★	★★★★★
	My family/friend(s) can manage changes in my condition and/or access medical care	★★★★★	★★★★★	Family is unable to manage changes in my condition or access medical care	★★★★★	★★★★★
	Closer to family/friend(s) for emotional support. Feel more reassured and secure	★★★★★	★★★★★	Family/friend's home needs changes (e.g., grab bars, ramp, blocked stairs) and it may be difficult to find someone to make changes or to pay for them	★★★★★	★★★★★
	More control over daily routines	★★★★★	★★★★★	(check contract) May lose room at retirement/assisted living home when ready to move back	★★★★★	★★★★★
	List other reasons			List other reasons		

Which option do you prefer? Check one.

Stay in retirement or assisted living home

Go to live with your family/friend(s)

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

The 4-item SURE Test © O'Connor & Légaré, 2008

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 the advice of your doctor or registered nurse. 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 14, 2020. Flesch Kincaid Grade 7.1.

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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. Others on request.

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.