Client Care Model: Population Focused Care
Population and Sub-Population Definitions

Population	Definition	Sub-populations	Additional Information for Sub-populations
Complex	May have one or more health/chronic conditions with complicating factors; Direct care needs are unstable and unpredictable; The individual or support network is not self-reliant with high risks in more than one area.	**Adult**	Age Range: 19 – 64 years old. Multiple care partners across sectors; overall poor coping; multiple complex psychosocial issues; unmanageable behavioural/mental health issues.
		Seniors	Age range: 65+ years old. Multiple care partners across sectors; overall poor coping (significant caregiver distress); multiple complex psychosocial issues; unmanageable behavioural/mental health issues; possible clinical conditions: moderate to late stage dementia.
		Palliative	Difficult/unmanageable pain and symptoms; Unpredictable trajectory; management of End- of-Life care/ death issues anticipated to be complex; High risk of dying somewhere other than preferred place; Prognosis < 6 months.
Chronic	May have one or more health/chronic conditions with complicating factors; Direct care needs are stable and predictable; The individual is self-reliant and/or can achieve stability with the right support network.	**Adult**	Age Range: 19 – 64 years old. Requires assistance to continue with age-related roles.
		Seniors	Age Range: 65+ years old; Age related morbidities.
		Palliative	Pain and symptoms are manageable; There is a predictable care trajectory; High likelihood of death in preferred place; Prognosis greater than (>) 6 months.
Community Independence	May have one or more health/chronic illnesses; Capable of independent living; Has a stable support network and/or can be self-reliant;	**Supported Independence**	Focused & time-limited engagement of services to promote safety & independence (anticipate discharge < 1 year); Proactive linkages to community support services, as applicable to prevent deterioration of function.
		Stable at Risk	Focused engagement of services to promote safety & independence (uncertain care trajectory); Proactive linkages to community support services, as applicable, to prevent deterioration of function.

Revised: October 3, 2017

Client Care Model: Population Focused Care
Population and Sub-Population Definitions

Short Stay	Typically require short term education, care or support as a result of illness, injury or disability; High potential to return to independence; stable and predictable care trajectory	**Acute**	High capacity to transition to self-care; Potential LHIN Home Care service needs - Injections, IV, catheters, drain care, simple ostomy, key pathways related to health education.
		Wound	High capacity to transition to self-care; focus of intervention is wound care; typically new admissions; use of pathways as applicable.
		Rehabilitation	High capacity to transition to self-care; Expectation is therapy focus on specific issue(s) with predictable outcomes and timeframes. Use of pathways, as applicable.
		Oncology	High capacity to transition to self-care; May require LHIN Home Care services 90 - 180 days (365 maximum); Active treatment for cancer, unlikely to have metastatic disease.
Well	May have one or more health/chronic illnesses; capable of independent living; has a stable support network and/or can be self-reliant; does not require admission to a caseload for ongoing care coordination or other LHIN Home Care services to support client goals.	**Information & Referral (I&R) Only**	Focused engagement of services to promote safety and independence Proactive linkages to community support services, as applicable to prevent deterioration of function.
		Information & Referral (I&R) + Follow-up	Focused engagement of services to promote safety and independence. Proactive linkages to community support services, as applicable to prevent deterioration of function. Requires follow up to provide additional assistance in linking with community resources.

Revised: October 3, 2017