RNAO response to Health Quality Ontario's 2017 Yearly Report – Home Care Chapter

Submitted to Health Quality Ontario

May 16, 2017

Introduction

The Registered Nurses' Association of Ontario (RNAO) is the professional association representing registered nurses (RN), nurse practitioners (NP), and nursing students in all roles and sectors across Ontario. Since 1925, RNAO has advocated for healthy public policy, promoted excellence in nursing practice, increased nurses' contributions to shaping the health system, and influenced decisions that affect nurses and the public they serve.

RNAO appreciates the opportunity to provide feedback to Health Quality Ontario's (HQO) Home Care Chapter Review for its 2017 Yearly Report, and specifically to address HQO's four questions:

1. Confirm that the data presented are accurate and that they are consistent with your knowledge of the sector.

2. Verify that our interpretations of the results are appropriate.

3. Highlight or provide what you consider to be the top three key findings for the chapter for 2017.

4. Provide any insight you have about the broader implications the chapter's indicators and findings may have for the overall health system.

1. Confirm data accuracy

We cannot comment on this item as RNAO does not have access to the data sources used to determine if the data presented is accurate. We do, however, have a question about the data set used. This is a 2017 report. However it is unclear why the most recent data presented for caregiver distress and daily severe pain are from 2014/15, and the statistics on the number of home care visits are from 2015. Why does the report not include 2016 data?

2. Verify interpretations of the results are appropriate

<u>Interpretation of home patients' increased complexity</u>

The report is silent on the causes of the increased complexity of home care clients. By omitting this information, the reader assumes that home care patients are sicker due to demographic and population health trends. However, the increased complexity of CCAC home care clients is actually directly attributed to MOHLTC policy changes that began in 2009. At that time, CCAC's began to focus service on those with higher inter-RAI HC scores in order to shift patients out of costly hospital ALC and long-term care beds.[123] As a result, clients with lower and moderate needs are no longer eligible for CCAC services.[4] One of the main purposes of HQO's report is inform Ontarians. However, without clear context, and by glossing over critical information, the data provided is not helpful and potentially misguiding.

<u>Family caregiver duties</u>

It is no surprise that many family caregivers are under great stress. The shift in CCAC care to high needs patients has resulted in family caregivers taking on a greater burden of caring for their family members with insufficient nursing and PSW support. Families and friends are being asked to undertake duties, which previously were performed exclusively by home care nurses, such as dressing wounds, giving injections and

changing intravenous bags. In fact, 29 per cent of family caregivers provide medical treatments.[5] Once again this should be included in the HQO report so the readers have the full context of family caregiver duties and distress.

Family caregiver distress

We support the inclusion of the new indicator – continued caregiver distress. This acknowledges the cumulative impact of long-term caregiving on individuals.

We were confused by the following statement in the report: "if it was repeated this year, the indicator used last year would show 37.3 per cent of long-stay home care patients had an informal primary caregiver who expressed distress...compared to 35 per cent in 2014/15." Clearly, this indicator was updated in 2015/16. Therefore, the report should state that the percentage of those in distress has gone up from 35 to 37.3 per cent.

3. Highlight top three key findings

The three top key findings that we see are as follows:

i. Almost one-quarter of those who received care for more than 60 days experienced severe pain, and this increased by 25 per cent over six years.

This finding is most alarming. The report suggests that increased client pain can be addressed by education of home care staff, and the provision of reminders and tools. These suggestions barely scratch the surface. We recommend that immediate action be taken by the province, over and above education and reminders, including the following:

- Require that all first home care visits - including post hospital discharge reassessments - be conducted by RNs. [6]
- Re-evaluate and increase the levels of nursing care provided in the home, including utilizing advanced practice nurses, such as clinical nurse specialists and nurse practitioners so that pain is assessed regularly and controlled with adequate medication and pain management devices such as pain control pumps.[7]
- Remove all policy and procedural barriers to NPs so they are able to prescribe controlled substances under the Exceptional Access Program including the Palliative Care Facilitated Access mechanism.[8]
- We suggest that home care agencies review and implement the recommendations within the RNAO Best Practice Guideline on Assessment and Management of Pain[9].

ii. The 67 per cent increase in continued caregiver distress from 2009/10 to 2014/15

- The provincial government's recent budget announcements to increase caregiver support are a welcome beginning to address caregiver stress. However, this step does not go far enough. Significant improvements must still be made in home care to reduce caregiver distress. The province has begun this work through *Patients First*, but must complete the system transformation beyond the merger of CCAC's with LHINs.
- RNAO's *Enhancing Community Care for Ontarians* (ECCO) 2012 and 2014 reports include a number of recommendations for home care improvement that would reduce caregiver stress including[10] [11]
    - Locating care coordinators in primary care – this will improve patient care and provide improved links to supports for family caregivers.[12]
    - Increasing hours of care provided to clients

- Enhancing continuity of care by nurses and PSWs by stabilizing the funding model
- Requiring home health care providers to offer a range of accessible services to promote continuity and avoid fragmented care across different agencies.

- The reference to the wide range in caregiver distress across LHINs (from 11 per cent in SW LHIN to 29.7 per cent in North Simcoe Muskoka) points to the need to provide more equitable home health care across the province.

iii. Only 56.7 per cent of home care patients reported feeling involved in development of their care plan

- Home care plans are developed by nurses who visit patients upon service initiation, including readmission after hospital discharge. The high proportion of patients who are not adequately involved in the development of their care plan reinforces three key priorities for action in home health service delivery models: 1) the need to have a tight connection between primary care and home health care; 2) initial home visits conducted by an RN; and 3) the need to ensure models of care delivery that advance care continuity. [13] [14]

4. Insight about broad implications of the findings

- A comprehensive provincial strategy for improving pain management in home care based upon expanding services provided by RNs, NPs and clinical nurse specialists should be developed.
- More RNs should be working in home care to support greater complexity in home care patients.
- Based on the report's findings, significant changes still need to be made to transform Ontario's primary care and home care systems to effectively connect with one another to optimize support for family caregivers.

5. Other comments

We suggest that the term "informal caregivers" be changed to "family caregivers". While "informal caregivers" is a more comprehensive term, the caregiver community feels it is an undermining description of their role. They prefer to use the term "family caregiver" and define it to include caring for family and friends.

---

[1] Elizabeth Church and Kelly Grant. *No Place Like Home?: A Look Inside Ontario's Byzantine Home-Care System* Globe and Mail. July 10, 2015

[2] Ontario Health Coalition. The Care We Need March 10, 2015. p. 23

[3] Auditor General of Ontario *2015 Report: CCACs – Community Care Access Centres – Home Care Program* p. 70

[4] Elizabeth Church and Kelly Grant. *Home care for Ontario seniors affected by move to non-profit agencies* Globe and Mail. July 13, 2015

[5] The Change Foundation. *A Profile of Family Caregivers in Ontario*. 2016. P. 41

[6] RNAO. Mind the safety gap in health system transformation: Reclaiming the Role of the RN. May 2016. P. 46

[7] RNAO. *ECCO Enhancing Community Care for Ontarians. ECCO 2.0.* April 2014. p. 31

[8] RNAO. Mind the safety gap. P. 46

[9] RNAO. Assessment and Management of Pain, Third Edition. December 2013. p. 7- 10.

[10] RNAO. *ECCO* April 2014. p. 31

[11] RNAO. ECCO. Enhancing Community Care for Ontarians. ECCO 1.0. October 2012

[12] RNAO. Submission to the Home and Community Care Review Expert Group. Oct. 2014.

[13] RNAO. ECCO April 2014. p. 19

[14] RNAO. ECCO October 2012. p. 12