



Home Care

RNAO Vision backgrounder

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Defining Home Care

The Canadian Home Care Association defines home care as “... an array of services for people of all ages, provided in the home and community setting, that encompasses health promotion and teaching, curative intervention, end-of-life care, rehabilitation, support and maintenance, social adaptation and integration and support for the family caregiver.”¹ The Ontario Home Care Association further states that “the provision of home care allows Ontarians of all ages the opportunity to recover or manage their health issues and age at home surrounded by family, friends and their community to which they can continue to make a meaningful contribution. Home care services help people with a frailty or with acute, chronic, palliative or rehabilitative health-care needs to independently live in their community and coordinate and manage an admission to facility care when living in the community is not a viable alternative. Services within home care include nursing, personal support/homemaker, therapy (including physiotherapy, occupational therapy, speech language pathology, social work, nutrition/dietetics), medical supplies and equipment in the home.”²

Health human resources profile of Registered Nurses (RN) and Nurse Practitioners (NP) in home care

In 2013 there were 3,066 visiting RN positions in the province.³ Of these positions, 36.2 per cent were full-time; 38.0 per cent part-time and 25.8 percent casual.⁴

In 2013 there were only several NPs practising directly in home care organizations. However, there were 59 NPs practising in Community Care Access Centres (CCACs)

Context for Action

Ontario’s *Action Plan for Health Care* supports a continued shift of care delivery to the home and community settings to improve patient outcomes and system cost-effectiveness.⁵ However, the ability of government to achieve a robust community care sector and health system cost-effectiveness is seriously hampered by existing duplication and excess structure. A recent development in home care has been the suspension of the competitive bidding process for service contract procurement. RNAO has long been on record recognizing the dangers of this process both from client care and cost-effectiveness perspectives.⁶ It is imperative that the government remain steadfast in its commitment to eliminating competitive bidding and that it does not re-emerge under a different form.

Today, much of Ontario’s community care services are organized by 14 CCACs that utilize nearly \$2 billion of public resources each year. In 2008/09, \$163M in operational and administrative costs was expensed by CCACs,⁷ demonstrating significant growth in administrative budgets that outpace growth in direct care dollars. At the same time, duplication and role conflict exists between CCACs, primary care, acute care hospitals, home care providers, support service providers, and Local Health Integration Networks (LHINs).

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Given the growing maturity of LHINs and the primary care sector, the time has come to fully advance health system integration and eliminate unnecessary duplication, by transitioning the functions of CCACs into existing structures within the health system over the next three years – a proposal outlined in *Enhancing Community Care for Ontarians (ECCO)*⁸ model. Using the analogy of an eco-system, RNAO has created a responsive model that is meant to reflect the realities and interactions between people and their communities, within the context of primary health care. The model does not propose a one-size-fits-all approach to community care; rather it provides a conceptual template that can be localized within the specific geographical and community context where it is applied.

The ECCO model proposes that primary care organizations will provide complete care co-ordination and health system navigation for all Ontarians by 2015, including the referral for home health-care and support services, thus eliminating the need for CCACs. Current registered nurse (RN) care co-ordinators working within CCACs, would transition to the primary care setting and contribute their high level of expertise and system knowledge to provide dedicated care co-ordination and health system navigation to Ontarians with the most complex care needs. The remaining population, with varying degrees of complexity across the lifespan, will receive care co-ordination from a combination of existing primary care RNs, non-RN care co-ordinators and other qualified primary care providers.

The ECCO model maintains the current salary and benefits of CCAC care co-ordinators, using the current funding envelope available, as direct employees of primary care organizations. The model will strengthen the ability of these professionals to effectively lead care co-ordination and system navigation across the care continuum, with an intense knowledge of their clients from “womb to tomb”, without being burdened by the overwhelming administrative tasks that are a foundation of their current role in CCACs. The ECCO model assumes expertise of home health-care and support service providers, and their individual and collective commitment to clients and the health system. The model leverages these strengths to empower a greater sense of professional autonomy in the planning and delivery of service to Ontarians, ensuring optimal client/family/provider engagement, service satisfaction, and provider accountability.

References

¹ Canadian Home Care Association: Home Care In Canada: <http://www.cdnhomecare.ca/content.php?doc=1>

² Ontario Home Care Association (2011). Home Care Nursing in Ontario: <https://www.homecareontario.ca/public/docs/news/2011/march/ohca-home-care-nursing-in-ontario.pdf>

³ CNO Data Query Tool

⁴ CNO Data Query Tool

⁵ Ministry of Health and Long-Term Care (2012). Ontario’s Action Plan for Health Care. Retrieved July 25, 2012 from: http://www.health.gov.on.ca/en/ms/ecfa/healthy_change/docs/rep_healthychange.pdf

⁶ Registered Nurses’ Association of Ontario: <http://rnao.ca/news/media-releases/Nurses-warn-against-reinstatement-of-competitive-bidding-for-home-care-services>

⁷ Auditor General of Ontario (2010). 2010 annual report of the office of the Auditor General of Ontario. Retrieved July 25, 2012 from: http://www.auditor.on.ca/en/reports_en/en10/304en10.pdf

⁸ Registered Nurses’ Association of Ontario (2012). Enhancing Community Care for Ontarians Model: <http://www.rnao.ca/ecco>