Health

Unpacking Home Health Care Delivery in a Canadian Province

Workshop

October 30, 2019

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Workshop Overview

Discuss key insights and lessons learned from a Canadian context to support the application of home health care design and operations in your country

Workshop Structure

I. Presentation| 10-12 mins
II. Discussion| 30 mins
III. Closing Thoughts| 3 mins

Source: https://www.moma.org/collection/works/79018

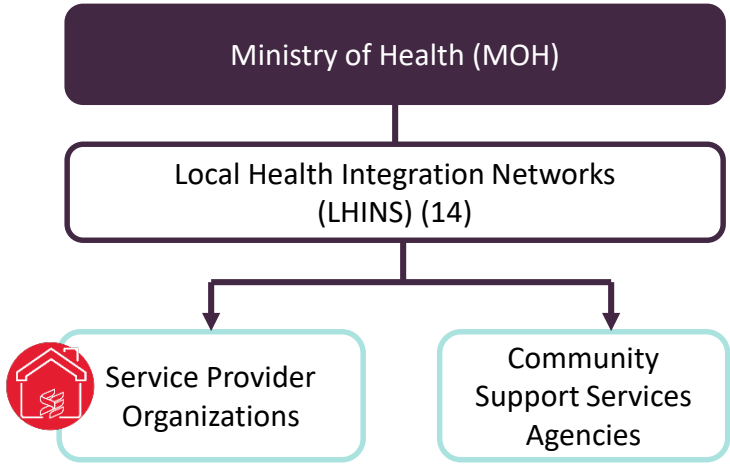
HOME HEALTH CARE IN CANADA

Home health care in the Canadian context is defined

"An array of services for people of all ages, provided in the home and community setting, that encompasses health promotion and teaching, rehabilitation, support and maintenance, social adaptation and integration, end-of-life care, and support for family caregivers."

– Accreditation Canada and the Canadian Home Care Association, 2015

The Province of Ontario structure for publicly-funded home health care:



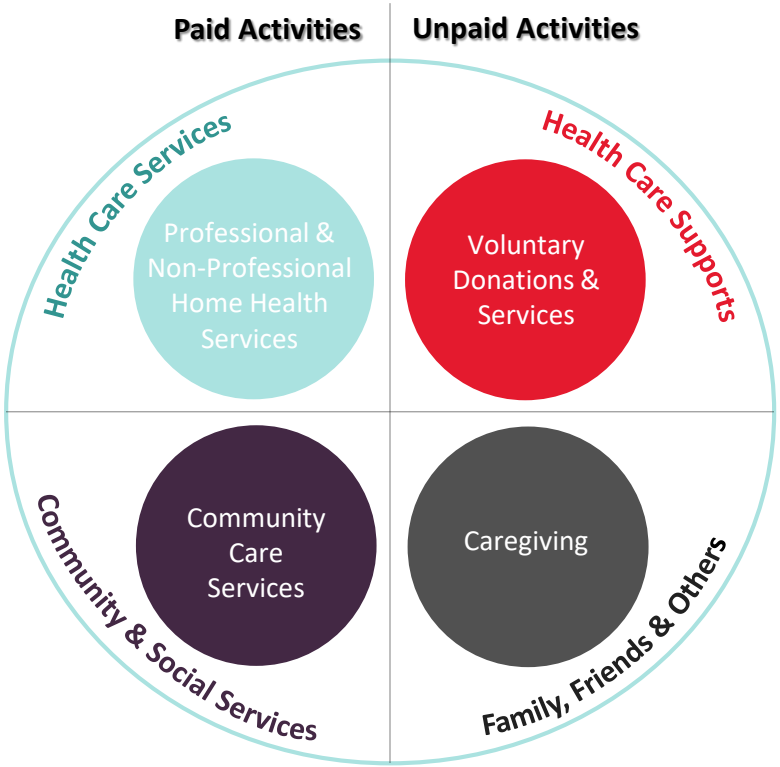
MOH Definition of Home and Community Care

HOME HEALTH CARE:
Nursing, personal support services, homemaking and therapies

COMMUNITY SUPPORT SERVICES:
Meals, transportation, supported living, home help and other assistance

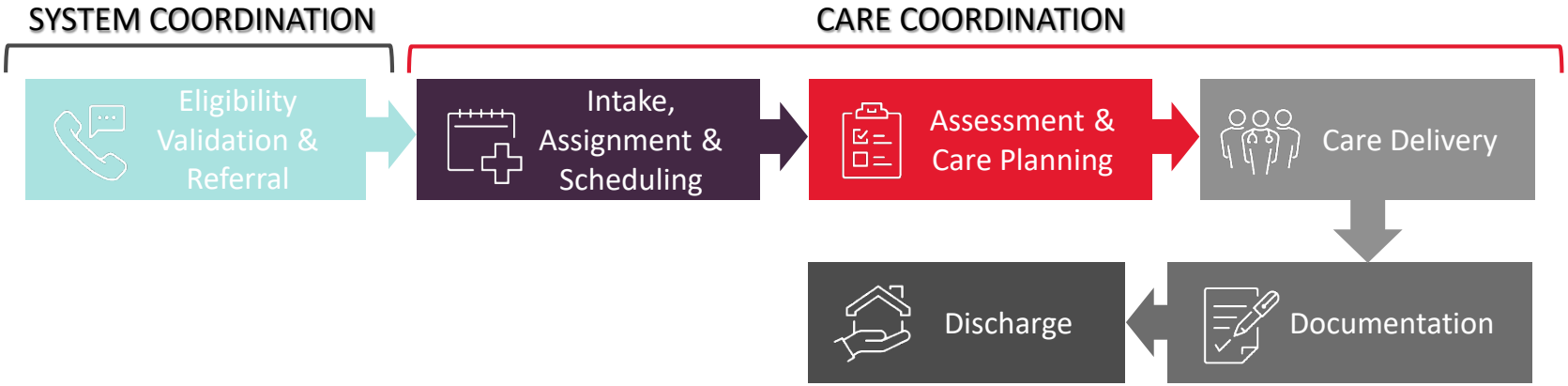
Adapted from: http://health.gov.on.ca/en/public/programs/lhin/docs/hcc_report.pdf

Conceptual framework for home and community care



Adapted from: Home and Community Care in Canada – May 2012, www.e-library.ca

General pathway for home health care operations

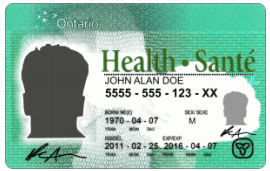


Supports to clinical staff include:

- ❑ Client Service Representative
- ❑ Scheduler
- ❑ Supervisor
- ❑ Clinical Practice Coaches
- ❑ Advance Practice Leaders
- ❑ Clinical Practice Resource Team

Four core eligibility requirements for patients to receive home health care or Personal Support Worker (PSW) services

01 Requires *Ontario Health Insurance Plan* (OHIP) coverage



02 At least ONE professional *or* personal care service needed

03 Services are available in the geographical region that the individual resides

04 Location where care is to be delivered is appropriate

Service maximums outlined through LHIN service policy for nursing and PSW services

Nursing

- **150 visits** from a registered nurse or registered practical nurse in a 30-day period
- Hours of service in a 30-day period:
  - Services provided by registered nurses: **230 hours of service**
  - Services provided by registered practical nurses: **284 hours of service** or,
  - Services provided by both registered nurses and registered practical nurses: **258 hours of services**

Personal Support Worker (PSW)

- 120 hours, in any 30-day period

Other professional health services

- No regulated service maximums (service provision determined by provider)

Source: https://www.ontario.ca/laws/regulation/990386

General structure for service delivery at SE Health

Service Delivery Centre (14 across Ontario)

Regional Director

Administrative Support

Includes: Administrative coordinator, Service Coordinators, Customer Service Reps

Rehabilitation Services

Includes: Front-line and leadership rehabilitation services

Nursing & Personal Support Services

Includes: Front-line and leadership for nursing, personal support services, HCA/UCP/HSW

Back-off supports including finance, human resources, IT, and business intelligence

CLIENT NEEDS ASSESSMENTS AND ORGANIZATION OF CARE

What do InterRAI Assessments offer?

Care Planning Support
(CAPs)
What does the person need?

Resource Allocation
(Case-Mix Systems)
What resources are needed?

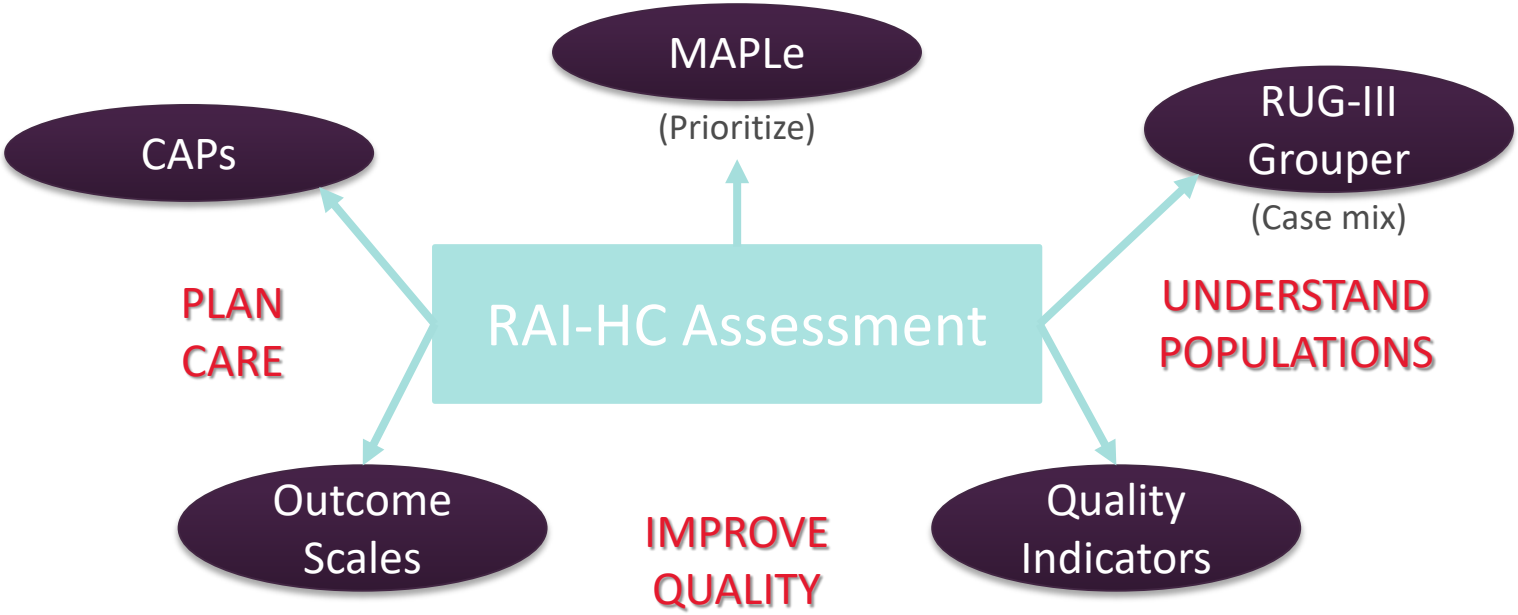
Clinical Applications

Management Applications

Outcome Measurement
(Scales)
How well is the person doing?

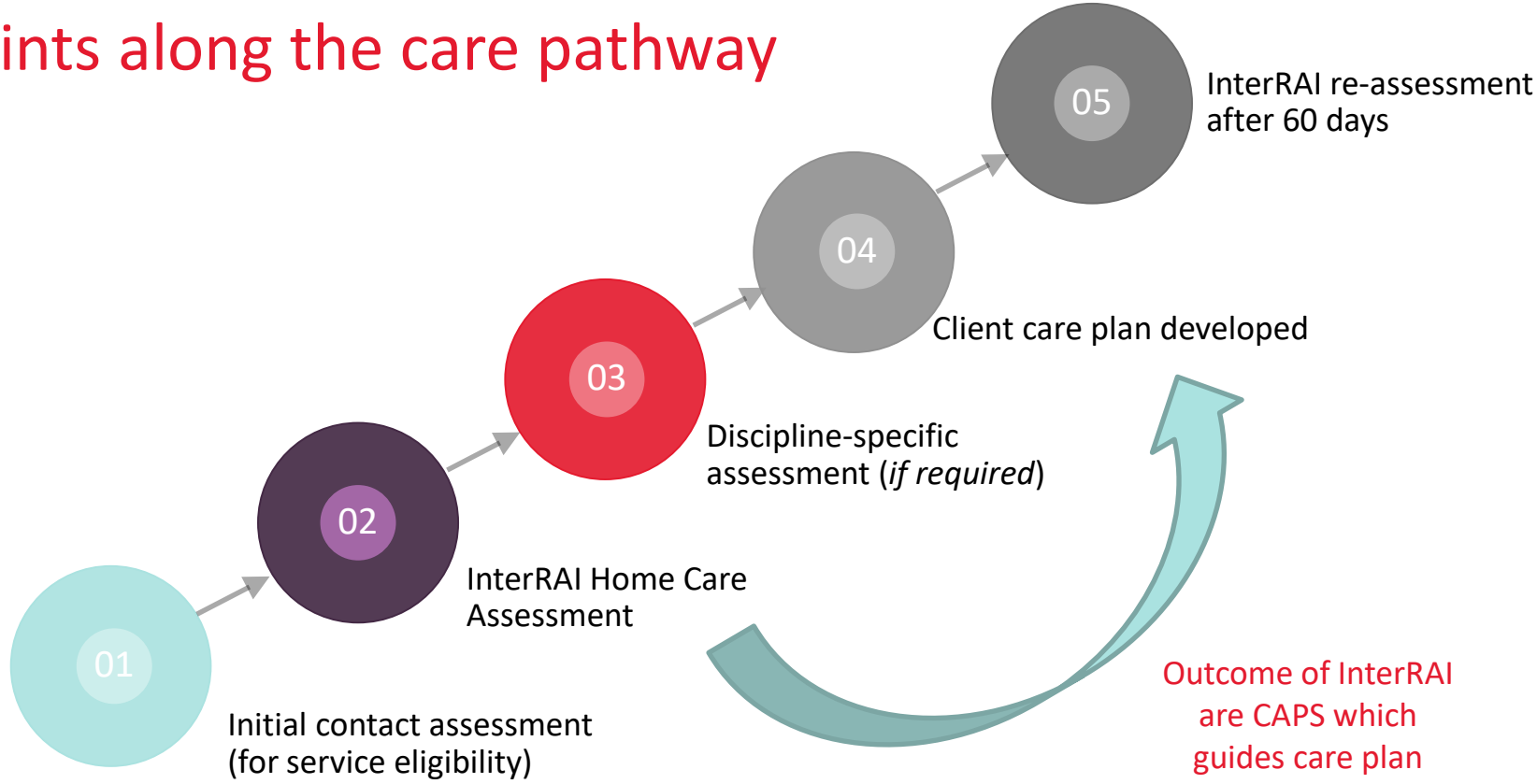
Quality
(Quality Indicators)
What is our care quality?
How do we compare to others?

The **Inter-Resident Assessment Instrument for Home Care (InterRAI-HC)** creates several outputs with different objectives



Source: https://www2.gov.bc.ca/assets/gov/health-safety/home-community-care/accountability/pdf/final_rai-hc_guidelines_-_2016.pdf

Client needs are assessed at different points along the care pathway



CAP examples by specific section

Functional Performance

IADL CAP, ADL Cap, Home Environment Optimization CAP, Institutional Risk CAP

Cognition & Mental Health

Cognitive Loss CAP, Mood CAP, Delirium CAP, Behaviour CAP, Communication CAP

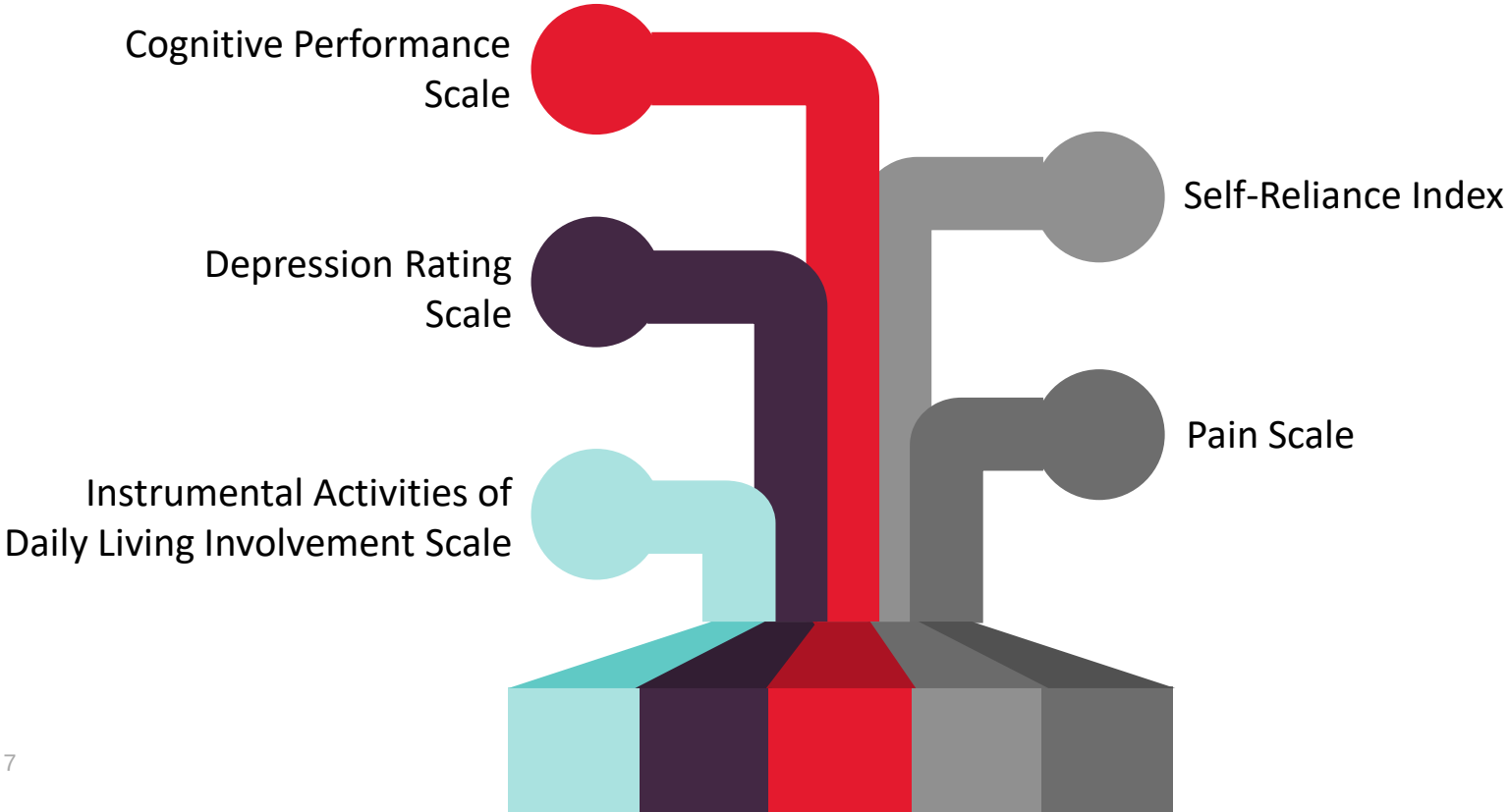
Social Life

Informal Support CAP, Social Relationships CAP

Clinical Issues

Falls CAP, Pain CAP, Dehydration CAP, Prevention CAP, Pressure Ulcer CAP, Feeding Tube CAP

Examples of InterRAI outcome scales



Nurses work with clients
to develop a care plan

SPECIAL MODELS OF CARE

Hospital in the Home

PATIENT PRESENTS IN ED; ADMISSION IS NOT REQUIRED, HOWEVER SETTLEMENT SERVICES ARE

PATIENT IS REFERRED IN THE FIRST 48 HOURS AND PSW MEETS PATIENT IN ED TO SUPPORT WITH TRANSITION HOME

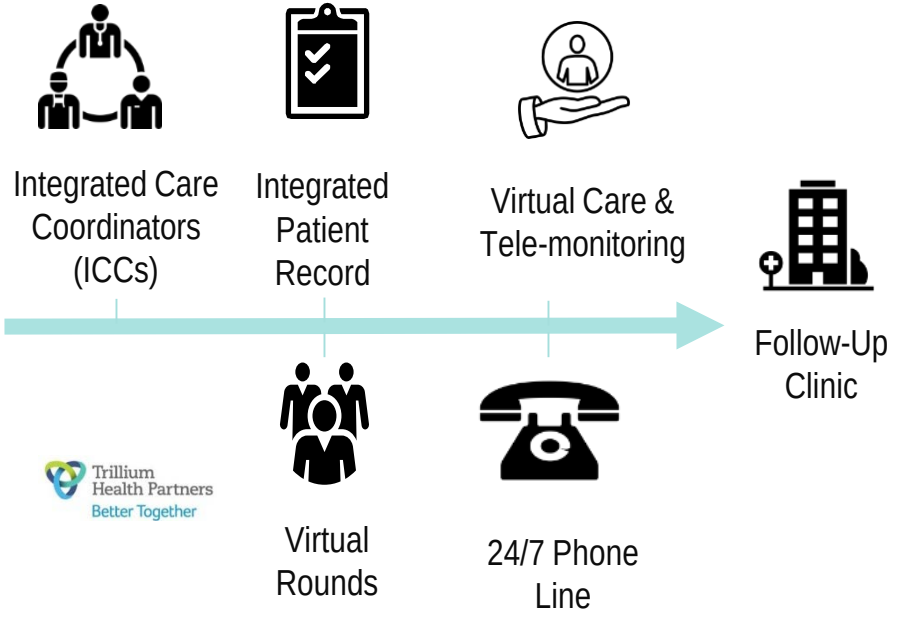
PATIENTS MAY RECEIVE: PERSONAL CARE (PSW), HEALTH MONITORING & TREATMENT (NURSING), HOME SAFETY ASSESSMENT /MANAGEMENT (OT)

PATIENT TRANSITIONS TO USUAL HOME AND COMMUNITY SERVICES

Post-acute model of care: Special populations

PPATH

Putting Patients at the Heart
Cardiac Surgery Bundled Care Success



▼ 2 Days
Length of Stay

▼ 38%
Readmission Rate

▼ 13%
Overall Costs

Healthcare Quarterly

> CURRENT ISSUE PAST ISSUES SPECIAL ISSUES MASTH

Healthcare Quarterly, 20(4) January 2018: 43-47.doi:10.12927/hcq.2018.25424

The Cost of Care
Bundling Care for Cardiac Surgery Patients
Patti Cochrane and Michelle DiEmanuele

H.O.P.E. Model ™

Home Opportunity People Empowerment

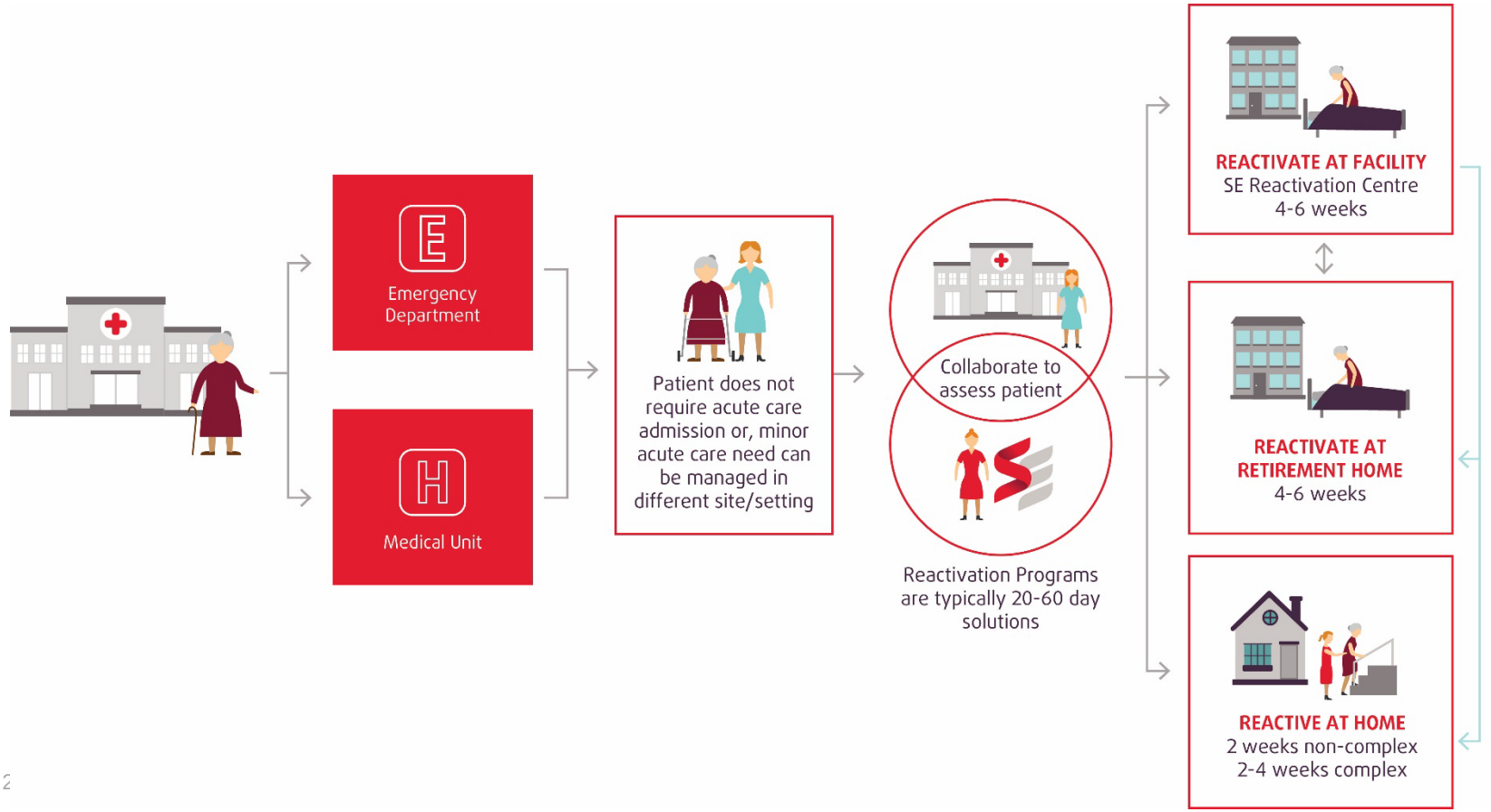
Nurse-Led Self-Directed Accountable Teams

24/7, Client/Family Centered Care

Informal & Formal Networks

Simplifying Processes & Technology | Knowledge Net | Partners

Reactivation model of care



Transitional Care Reactivation Centre

Group Seated Exercise

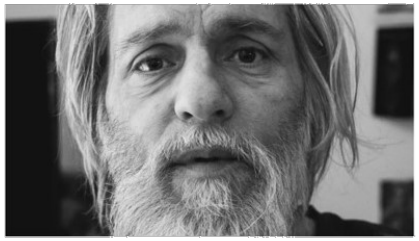
Fine Motor Skills Activity

Individual Occupational Therapy Program

Physiotherapy Assistant Walking Program

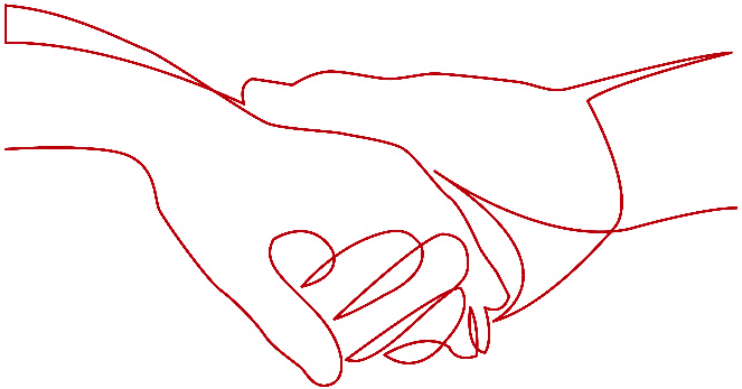
New hospice for the homeless opens in downtown Toronto

April 30, 2018



TORONTO, ON, April 30 – Journey Home Hospice, a new care facility for people who are homeless and facing the end of life, has officially opened its doors. The hospice will welcome its first residents this week, providing inclusive high-quality care to some of the city's most vulnerable citizens.

Launched in 2018, Journey Home Hospice is a partnership involving three respected health organizations: Saint Elizabeth Foundation, Inner City Health Associates and Hospice Toronto. It is a joint passion to improve equitable access to hospice palliative care for Toronto's homeless community in a socially innovative way.



Hospice/ Palliative Care

CBC News
July 2, 2018

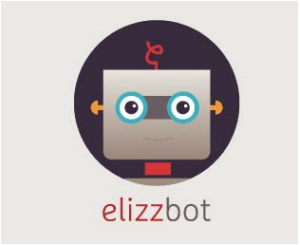
Toronto's Journey Home Hospice offers palliative care, support to people with nobody to turn to.

CBC.CA

New palliative hospice for homeless provides end-of-life, comfort

Elizz Caregiver Solutions

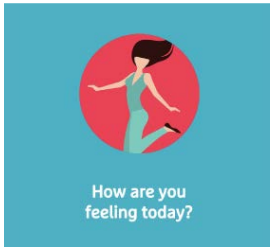
We research and develop best-in-class frameworks, digital tools and resources to support family and other informal caregivers



Caregiver AI Chatbot

Rich, interactive caregiver content

First of its kind, online B2B platform



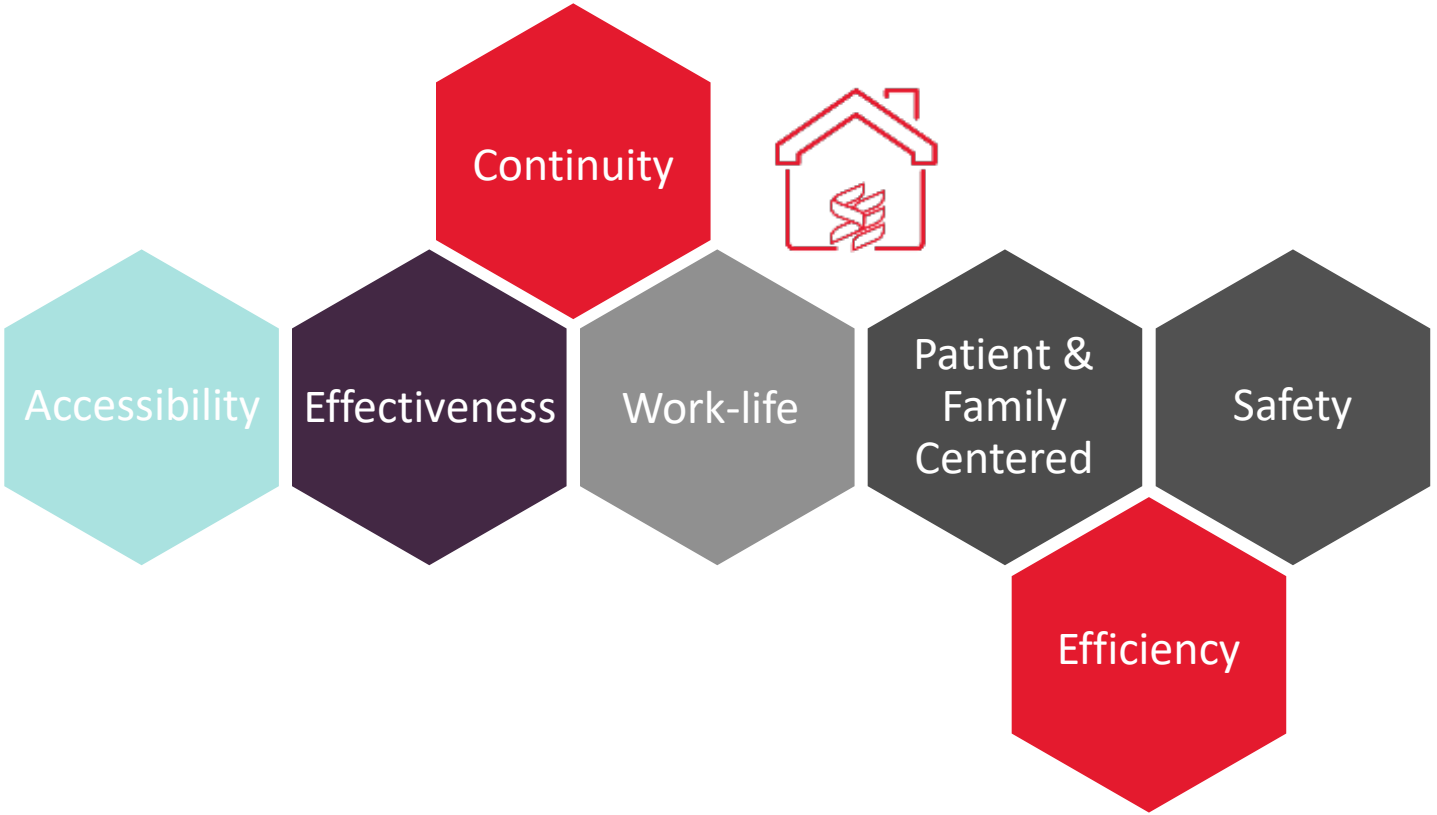
"How are you feeling today?" Web-based tool

Coming Soon
Elizz Caregiver Journal

250,000 Monthly connections with caregivers

QUALITY AND PERFORMANCE INDICATORS IN HOME HEALTH CARE

SE Health Home Health Care Indicators



Here’s to the future!

Thank you

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