

Ontario Home Care Association helping folks stay home longer

Home care has evolved by responding to changes that have occurred in the hospital sector. There have been bed closures, increases in ambulatory care clinics, and day surgeries.

Long-term care facilities were also subjected to change which resulted in waiting lists for beds, with limited availability.



SUSAN VANDERBENT
Executive Director
Ontario Home Care Association

As a result, home care has emerged as an integral component of Canada's health-care system and essential to its sustainability.

Home and community care comprises 4.25 per cent of overall spending on health-care within provincial budgets.

Maximizing individual health requires many inter-related services including illness prevention, health promotion and protection, diagnosis, treatment / cure, rehabilitation, support and maintenance, palliation, and social adaptation and integration.

Home-care programs provide components of all these services by integrating health-care delivery services in home settings with community services like Meals on Wheels, respite care, volunteer services, etc.

Home care functions as a bridge between the various settings of care, including acute care hospitals, emergency rooms, supportive living, long-term care facilities, hospices, and the physician's office.

These linkages enable home-care programs to meet patients needs in an individualized and comprehensive manner. This goes beyond physical and mental health care to social supports as well.

Home and community care goals include health promotion and teaching, curative intervention, end-of-life care, informal caregiver support, provision of service to support, independence and optimize functioning, and social adaptation and integration.

Home-care programs across Canada are trying to stretch limited health-care resources to provide health and social support services to patients in need of assistance to remain at home.

In Ontario, publicly funded home care services are co-ordinated by Community Care Access Centres (CCACs), which are publicly funded agencies that provide information about care options.

CCACs were established by the Ministry of Health and Long-Term Care in 1996. There are 43 CCACs throughout Ontario.

In addition to government funded care, people wanting to stay at home may access services by purchasing services privately or accessing private insurance or benefit plans (e.g. private health insurance).

While it is generally accepted that home and community services enhance quality of life, are cost-effective and prevent unnecessary hospitalization, emergency room admissions and premature institutionalization, funding of the sector is not a priority.

However, pressures to increase resources in this area will continue due to:

- Growing expenditures as a result of consumer preferences and acuity changes, growing reliance on the sector, an aging population and health care reform
- Changing profile of users in many provinces/territories
- Increasing acuity/complexity of client caseload as

changes in delivery allow more treatment interventions at home versus in hospital

- Continued movement from facility-based to home and community-based care
- Changing public-private mix and increasing availability of private services
- Changing and growing human resource pressures
- Expanding use of in-home medical technology to improve service delivery
- Strengthening data and information systems for program planning an evaluation.

OHCA

The Ontario Home Care Association is an organization of home health and social care service providers.

OHCA members deliver nursing care, home support services, personal care, physiotherapy, occupational therapy, social work.

Executive director of the OHCA is Susan (Sue) D. VanderBent, B.A., BSW, MSW, MHSc, CHE.

A Hamilton native and "enthusiastic member" of the Church of the Ascension in Hamilton, Ms. VanderBent currently represents the OHCA on numerous Ministry of Health committees, the Ontario Health Providers Alliance, the Alliance for Community Care and the Ontario Community Services Research and Evaluation Network.

She has a distinguished background in health-care. Prior to joining the OHCA, Ms. VanderBent was the Director of Rehabilitation Services and

Social Work at St. Joseph's Hospital, Hamilton, Ontario. As part of that role, she managed the St. Joseph's Centre for Acute Injury Rehabilitation, a business of the St. Joseph's Health Centre Corporation.

Ms. VanderBent was a member of the Sub-Care Task Force for the Health Services Restructuring Commission and is intimate with the long-term care system in Ontario. She co-chaired the Hamilton-



Wentworth Quick Response Project, a successful project which included several innovative design features unique to Ontario.

Ms. VanderBent is particularly interested in the area of continuity of care, systems management and transition planning which supports integrated care delivery.

"I believe with a truly integrated support system, a person can choose to live at home for as long as he/she wishes," Ms. VanderBent said. "We certainly have all the supports available to assist a person wanting to stay home for as long as possible."

Ms. VanderBent, a Certified Health Executive, is on faculty at McMaster University, Faculty of Health Sciences, a guest lecturer at the University of Toronto, Department of Health Administration and is an accomplished speaker.

She has spoken to many groups, both provincially and federally, regarding long-term and community care, continuity of care, communication skills management, integrated care delivery systems for patients and the role and value of the private sector in home health and social care provision.

For more information about home health-care services or providers, contact the Ontario Home Care Association, 19 Melrose Avenue South, Hamilton, Ontario L8M 2Y4. Telephone (905) 543-9474 Fax: (905) 545-1568 or Email : info@homecareontario.ca

From the website www.homecareontario.ca

Road to recovery

Home health-care allowed Dolores to convalesce in the comforts of home

By DIANA HUTTON
Editor

Home health-care allowed Dolores Janisse, 71, to convalesce at home from a serious staff infection. After spending three weeks in hospital in January, Dolores was able to return to the home she shares with her husband, Raymond, 81, knowing a health-care worker would look in on her and give her a hand every day.

Son John Janisse, a member of the Publishers Advisory Board of the Niagara Anglican, said he and his brothers were grateful for the professional support the family received during that difficult time.

"Mom was afraid of going home," John said. "She was not at all sure she could manage with just dad to help out."

The drama began just after Christmas, when Dolores began to experience severe pain in her hip, unlike the pain to which she was accustomed. Scheduled for hip replacement surgery, her condition was deteriorating.

"Things got worse and all of a sudden, the pain just went over the top and an ambulance was called," said John.

Admitted to Hotel Dieu, in Windsor, doctors' first job was to try to control the pain. That took several days. "She was in agony," John said.



DOLORES JANISSE

Medical tests

Once the pain was better controlled, doctors ordered tests to see what was causing the pain. In the mean time, to the horror of her family, Dolores was diagnosed with malnutrition.

"That really frightened us because mom has always eaten well and was still eating," he said. "We knew something was wrong."

Days later, Dolores was diagnosed with a staff infection in her deteriorating hip. She was began a course of antibiotic treatment.

As treatment dragged on in hospital, however, Dolores seemed to be getting worse emotionally. The family rallied to her bedside, taking turns to keep her spirits up.

John was convinced his mother would recover more quickly and comfortably at home.

But Dolores was still afraid to leave the hospital.

"She didn't understand what homecare could look like," John said. The oldest of four Janisse sons, John lives with his partner, Chris Grabiec, in Hamilton, only two brothers live nearby in Windsor. The other lives in Toronto. The family couldn't provide the help their mother was going to need. And she knew it.

Home health-care

John began to investigate home health-care as an option. The Community Care Action Centre (CCAC) determined Dolores did need some assistance but not as much as John believed was necessary. The family decided on home visits once a day for an hour and a half.

"We figured the worker could come in, help mom bathe and prepare a good breakfast," John said. "We knew dad could handle the rest."

In a matter of days, Dolores began to improve. With the assistance of some "wonderful" workers, life took on a more optimistic view.

"I think people get better faster when they're home instead of in a hospital," John said. "Obviously there are times when people need to be in the hospital. But after a long hospital stay, I think home is better when you're convalescing."

That can only happen, however, if supports are in place to assist an ailing person at home. John is a big fan of home health-care for obvious reasons.

John said his mother is doing "very well" these days. While her hip replacement surgery was postponed to allow for the infection to clear completely, she is able to accomplish most things on her own.

And when mom's doing well, so is the family.

Next month, an inspiring interview with Sue VanderBent, executive director of the Ontario Home Care Association

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