

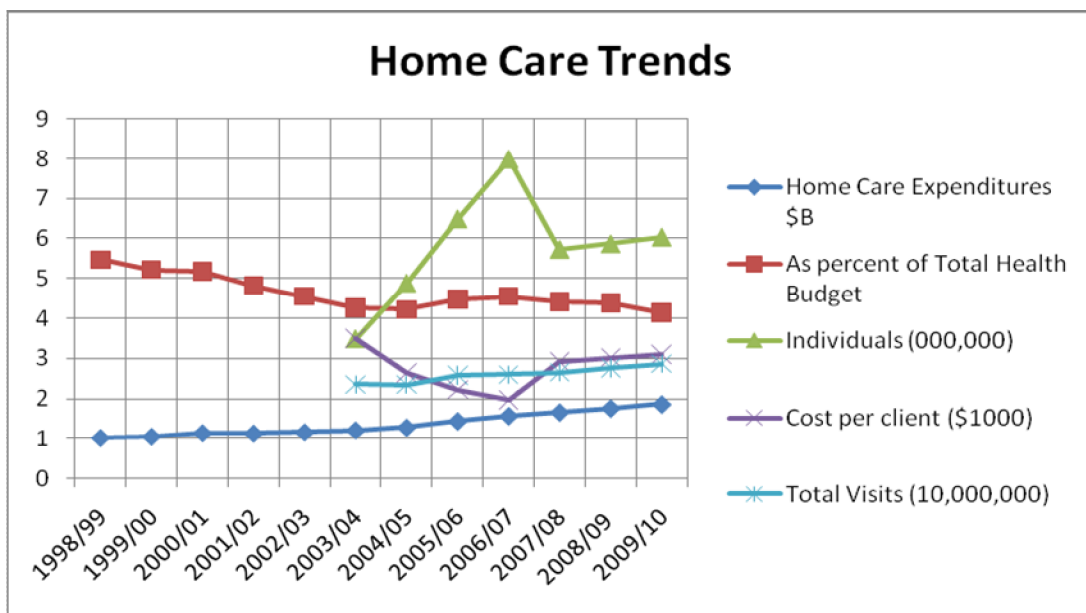
Home Care is the Future - Supporting Seniors to Remain at Home

The investment in home and community care in the 2011 Ontario Budget, during a time of economic restraint, demonstrates the government’s recognition of the importance of home care to the overall sustainability of the health care system. More importantly, this investment means that people at risk for loss of independence will be able to remain safe at home.

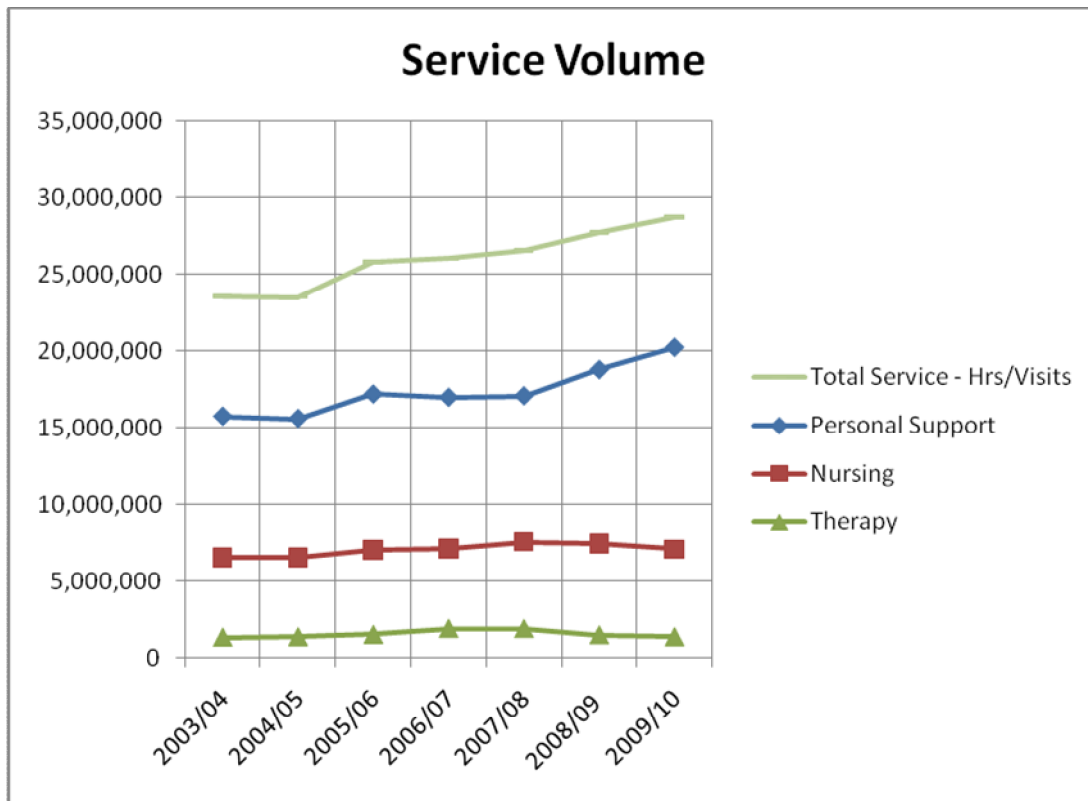
The Ontario Home Care Association (OHCA) recommends that funding commitments *be invested in direct home care service (nursing, personal support and therapy) and related medical supplies for persons expressly at risk of hospitalization, nursing home placement and death.* Specifically investments need to be made in nursing and therapy services in order to effectively respond to the clinical needs of the targeted at risk population.

Rationale:

- Research indicates that a substantial portion of ALC patients waiting for LTC placement in acute and complex care hospitals may be more appropriately cared for in community with intensive and targeted home care services or with supportive living options.ⁱ
- A transitional care model (such as Home First) has an important role in returning ALC patients back to their community setting.ⁱⁱ
- There are many sub-sets of ‘at-risk’ seniors with a diversity of medical problems, living circumstances, and cultural and language issues.ⁱⁱⁱ
- Approximately 7% of seniors report unmet home care needs^{iv}
- The most common needs identified by the RAI-HC’s clinical assessment protocols (CAPs) among ALC patients waiting for LTC, in a study by Dr. Hirdes and colleagues, were to improve or prevent declines in ADLs, falls, urinary incontinence, mood and pain.^{v vi}
- In the first quarter of 2008/09, 37% of those receiving home care were assessed as low or mild priority, 32% were moderate, 22% were high, and 8% were very high. In the future, a desirable trend might be to have more clients in the high and very high levels, suggesting that the home care system is managing to keep more individuals aging in the community.^{vii}



- As the chart below shows, in 2003/04 PSW services represented 66.6% of total services. In 2009/10 the PSW component of home care services has increased to represent 70.5 percent. In the same time period nursing services have dropped from 27.7% of the total to 24.7% and therapies have dropped from 5.6 to 4.8 percent.



- Research by Dr. Stolee has shown that the majority of home care clients with rehab potential do not receive physiotherapy or occupational therapy services.^{viii} Research shows that rehab can help to prevent falls, injuries and hospitalizations.
- An estimated 150,000 Ontarians purchase 20 million visits/hours of home care services annually.^{ix}

Background:

European and North American clinical trials have shown that providing home care services to the elderly not at risk of hospitalization, nursing home placement or death is generally not cost-effective. However when home care provides appropriate clinical interventions for persons who are at elevated risk of these outcomes, the consequences are positive. Enhanced and focused services delivered in the home can make a major difference in the quality of life for both the senior and their families.^x

The challenge in Ontario is that not enough resources are available to provide clinical services to people in the community to avoid these adverse outcomes. As shown, nursing and rehab services have declined in the past seven years.

Hospitalization too often results in a crisis response where nursing home placement happens prematurely. The Home First Strategy attempts to change the mindset and trajectory. It requires that adequate services be put into place in order to meet the person's needs in the community. Frail older people can recover and stay independent in the community with the right level of help.

The strategy for the seniors of Ontario requires targeted funding for appropriate home care interventions. By purchasing more direct clinical service, we should be able to help ALC patients to return to the community and assist those frail seniors that have not been hospitalized but are at elevated risk.

For the overwhelming majority who prefer to remain in their community, home care service is more desirable, cost effective and health effective. By 'tipping the balance' to the home and community care sector the sustainability of the whole health system will be more readily achieved and Ontarians will confidently receive "the right care at the right time in the right place".

About Ontario Home Care Association (OHCA)

The OHCA, *the voice of home care in Ontario*, is a membership association representing providers of quality home care services from across Ontario. OHCA members represent an estimated 25,000 staff collectively serving 300,000 Ontarians per year. OHCA works with families as integral partners in the delivery of home care services and as such estimates that 1.2 million Ontarians are impacted by members. OHCA is dedicated to promoting the growth and development of the home and community health care sector by helping to shape health care policy, supporting members to excel, and being a leading source of information on home and community care. OHCA members are accredited through Accreditation Canada, CARF, and/or registered with the International Standards Association (ISO).

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For the latest in news and information about the home care sector in Ontario, subscribe to the Ontario Home Care Association's "House Call" at www.homecareontario.ca or follow us on [Twitter](#).

Endnotes

ⁱ Costa, A., Hirdes, J. (2010) Clinical Characteristics and Service Needs of Alternate-Level-of-Care Patients Waiting for Long-Term Care in Ontario Hospitals. Healthcare Policy Vol 6, No 1

ⁱⁱ Ibid

ⁱⁱⁱ OHCA (2007) Creating an Age Friendly Ontario. Hamilton, Ontario

^{iv} ICES (2010) Aging in Ontario: AN ICES Chartbook of Health Service Use by Older Adults, p 53

^v Costa, A., Hirdes, J. (2010) Clinical Characteristics and Service Needs of Alternate-Level-of-Care Patients Waiting for Long-Term Care in Ontario Hospitals. Healthcare Policy Vol 6, No 1

^{vi} OHCA (2007) Creating an Age Friendly Ontario. Hamilton, Ontario

^{vii} Ibid p 52

^{viii} Stolee, P. (2010) *Predicting functional outcomes for MSK patients receiving home care: Does rehabilitation make a difference.* Presented at InfoRehab Homecare KEP workshop, Toronto ON, Nov 26.

^{ix} OHCA, November 2009. *Creating an Ontario Home Care Rebate to Prevent Additional Costs to the Frail and Vulnerable*, retrieved from www.homecareontario.ca/public/about/publications-presentations.cfm, December 3, 2009

^x Challis, D and Hughes, J. (2002) *Frail old people at the margins of care: some recent research findings* British Journal of Psychiatry 180 126-130