



DELIVERING MORE CARE AT HOME

*Strengthening Ontario's Home Care
System to End Hallway Medicine and
Deliver Better Care for Patients*

Submission to the Standing Committee
on Finance and Economic Affairs January 2019

**HOME CARE**
ONTARIO

OVERVIEW

Ontarians want to age with dignity in their own homes and to remain there for as long as possible. Too often, however, they must occupy a hospital or long-term care bed, sometimes for months or even years, to receive care that could be delivered in their own homes. Building a home care system that allows more patients to remain in their homes longer will improve the patient experience while ensuring that our health care system can manage the increased demands placed on it by our aging population in the coming years.

Enabling more care to be delivered at home is also a key part of ending hallway medicine in our hospitals. Hallway medicine has emerged as one of the most pressing issues facing our health care system. Hospitals now regularly operate over 100% capacity,¹ resulting in patients having to wait longer in Emergency Departments, and being treated in hallways and other unconventional spaces, such as libraries, and common rooms. This is exacerbated by the ever-increasing number of Alternate Level of Care (ALC) patients in our hospitals.

ALC patients are people who no longer need acute care and could be elsewhere if adequate home and long-term care resources were in place. They are simply waiting in an acute care hospital bed for another level of care. In fact, during 2016/17, over sixty percent of all ALC in-patient days were patients waiting for long-term care or home care.² It is clear that while the effects of hallway medicine are most acutely felt in our hospitals, it fundamentally begins with an under-resourced and inefficient home and community care sector. This root cause of system dysfunction must be addressed in order to truly end hallway medicine. Strengthening home care's capacity to treat ALC patients in the right care setting would allow hospitals and home care providers to each focus on their

strengths – acute and ongoing care respectively. This would free up our overused and costly acute care beds and allow valuable resources to be deployed where they are most needed. The average cost of one week of care for seniors in hospitals is 20 times greater than the cost of providing those same services in the community through home care. Strengthening the home care system and its direct connection to hospitals would better support discharged patients, avoid hospital readmissions, alleviate hallway medicine and result in further cost savings for our health system.

We all recognize that Ontario's health care system is complex. Implementing significant change will take considerable effort and time. Now is the time to put a strong foundation in place – with home care at its centre. This pre-budget submission makes recommendations in the following areas:

- The need for increased funding to deliver more home care;
- The need to recruit and retain more PSWs and other professional caregivers, such as nurses and therapists; and,
- The need to reduce red tape and empower innovation to drive cost savings and efficiencies.

The submission seeks to explore the root causes of these issues and makes a series of recommendations that, if adopted, would transform Ontario's home care system to benefit patients, front line caregivers, and the health care system as a whole.

Strengthening home care will make the entire system stronger. It is time to embrace innovative solutions by fostering a new approach that puts home care at the foundation of a long-term sustainable solution for our health system.

100%

**HOSPITALS NOW
REGULARLY
OPERATE OVER
100% CAPACITY**

*Now is the time to deliver
more care at home.*

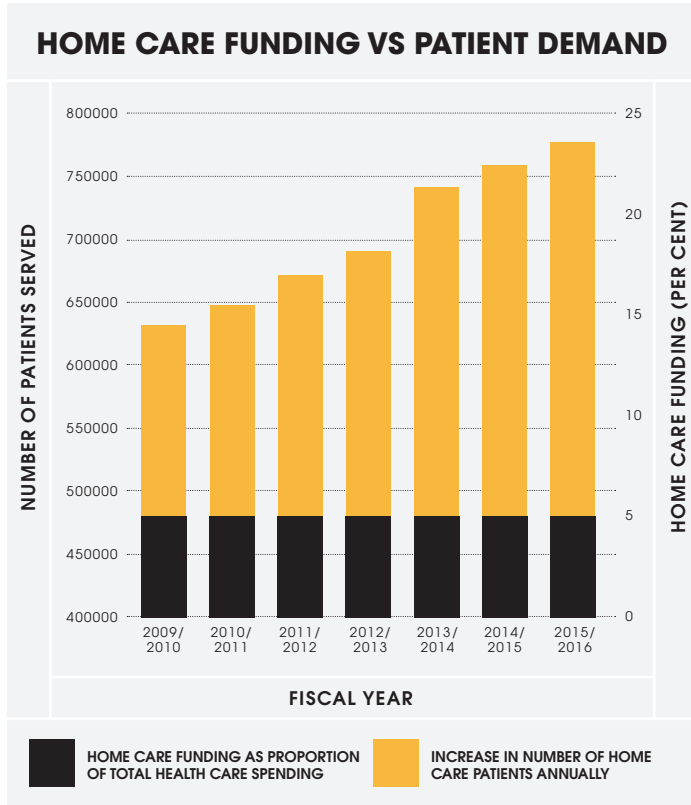
1 Ontario Hospital Association (2018). A Balanced Approach: The Path to Ending Hallway Medicine for Ontario Patients and Families. Retrieved from <https://www.oha.com/Bulletins/A%20Balanced%20Approach%20-%202019%20Pre-Budget%20Submission.pdf>
2 Health Quality Ontario (2018). Measuring Up 2018: A Yearly Report on how Ontario's health system is Performing. Retrieved from <https://www.hqontario.ca/Portals/0/Documents/pr/measuring-up-2018-en.pdf>

SUMMARY OF RECOMMENDATIONS

Home Care Ontario respectfully urges the Ontario government to consider the following actions to build a stronger home care system:

- 01** *Increase PSW minimum wage to restore the PSW wage differential that was in place prior to the 2018 minimum wage increase and eliminate the wage discrepancy that exists for caregivers between institutional and community care settings.*
- 02** *Immediately invest an additional \$600 million annually (1 per cent of Ontario's health care budget) in Ontario's home care system to deliver more frontline patient care. This would deliver 9 million more PSW visits, 5.1 million more nursing visits, and funding to begin to meet the increased demand for therapy and other home care services.*
- 03** *Establish a Provincial Task Force to develop predictable and sustainable parameters to determine contract rate increases for the delivery of expected health care and system outcomes by home care service providers.*
- 04** *Empower frontline home care providers, where appropriate, to directly schedule patient visits to provide more consistency, predictability and stability for PSWs while improving the patient experience and health system outcomes.*
- 05** *End shortened visits, rationing of care and wait listing for home care services by flowing funding directly to deliver sufficient home care visits for patients, thus avoiding unnecessary ER visits and acute care admissions.*
- 06** *Continue the Work For Life recruitment campaign to promote PSW as a profession and attract new PSWs to the field.*
- 07** *Launch a public awareness campaign about the value of hiring trained and qualified caregivers from reputable home care providers to deliver quality care to patients and help impede the growth of the unsafe underground economy in home care.*
- 08** *Implement a tax credit or caregiver allowance for those Ontarians who can, and do, wish to purchase care from reputable, legitimate Ontario home care service providers that adhere to Ontario's safe, responsible and accredited standards of care.*
- 09** *Review and streamline the use of the Resident Assessment Instrument (RAI) to both ensure it meets the needs of patients and focuses home care resources on front-line care.*
- 10** *Strengthen the information exchange between all Health Service Providers, including frontline home care service providers, by amending contracts to restore their status as Health Information Custodians to achieve continuity in approach and seamless, safe care for patients and families.*
- 11** *Embrace new medical devices, models of care, and system-wide innovations in remote patient monitoring, virtual wards, remote care delivery, patient reported data and self-management that would allow more care to be delivered at home.*
- 12** *Allow home care providers to work directly with hospitals, where appropriate, to scale up successful collaborations on a province-wide scale and to co-design programs to meet the specific challenges of local communities.*

THE NEED FOR INCREASED FUNDING TO DELIVER MORE HOME CARE



Ontario's home care system is delivering more care than ever before. The number of adult care patients discharged to home care services has increased by 42% between 2008 to 2012³ and as of 2016, 760,000 Ontarians now receive more than 39 million hours of publicly funded home care, and 150,000 purchased an additional 20 million hours of care annually.⁴ While the number of visits and patients being seen has dramatically increased, the publicly-funded portion for home care only accounts for approximately five per cent of Ontario's total health care budget. To put that in perspective, that's just \$3 billion of the current \$61.3 billion spent on health care annually.

The number of patients wanting and needing home care services will only increase as the population continues to age. In Ontario, the number of seniors

aged 65 and over is projected to almost double from 2.3 million, or 16.4% of population, in 2016 to 4.6 million, or 25%, by 2041. This puts significant and increasing pressures on the home care system.

Frontline Caregiver Wage Increase

Home Care comprises a range of services that are delivered by a variety of skilled and professional caregivers who play a critical role in Ontario's health care system. These services include nursing care, home support services, personal care, physiotherapy, occupational therapy, social work, dietetics, speech language therapy, infusion and respiratory therapy, and medical equipment and supplies in the home to individuals of all ages. Ancillary care may also be provided such as transportation, meal preparation and cleaning services.

While the demands for home care services have consistently and steadily grown over the past decade, (and the corresponding pressure placed on these professional caregivers to meet this demand and deliver the best possible care) the wages for caregivers have not kept pace with the increased workload. In fact, the government has not increased overall contract rates with service providers for ten years.

A modest wage enhancement for PSWs was implemented in 2015 to reflect the critical role PSWs play in our health care system. Unfortunately, the previous government's minimum wage increase to \$14 in 2018 has largely eliminated the benefits of the 2015 PSW wage enhancement, making it even harder to attract PSWs to home care. Additionally, other care settings, such as hospitals and long-term care homes that employ PSW can offer higher wages as they are not held to home care's contract rate limits. This adds to the increasing difficulty of attracting and retaining PSWs and other professional caregivers in the home care sector.

Ontarians want, need, and deserve more home care. We must increase wages for frontline caregivers and all those involved in the delivery of home care to ensure an effective and functioning system for patients across the province.

³ Donner, G., McReynolds, J., Smith, K., Fooks, C., Sinha, S., Thomson, D. (2015). Bringing Care Home: Report of the Expert Group on Home and Community Care. Retrieved from http://health.gov.on.ca/en/public/programs/lin/docs/hcc_report.pdf
⁴ Home Care Ontario (Accessed January 2018). Facts & Figures, Publicly-Funded Home Care. Retrieved from <http://www.homecareontario.ca/home-care-services/facts-figures/publiclyfundedhomecare>



RECOMMENDATIONS

01

Increase PSW minimum wage to restore the PSW wage differential that was in place prior to the 2018 minimum wage increase and eliminate the wage discrepancy that exists for caregivers between institutional and community care settings.

More Home Care Funding to Deliver More Home Care

The wage freeze for caregivers has occurred within the larger issue of contract rates for home care. Home care providers and caregivers have accommodated the demand for a higher number of visits and increasing care requirements of an aging population with net zero funding increases for ten years. This has meant home care has worked hard to find efficiencies, utilize technology, and rely on the heroic efforts of caregivers who have been doing more with less to ensure patients receive the best possible care.

Home care providers, however, have faced these increased labour costs, continued investments in technology, and additional administrative requirements without any funding increase. These costs are outside the control of home care providers, which cannot continue to effectively retain staff and provide quality services in the continued absence of predictable, and consistent funding.

Home care is the only part of Ontario's health care system that has endured a decade of no base funding increase, directing funding increases to more visits, without building a sustainable system with the appropriate number of caregivers to deliver this care. This has resulted in the system experiencing unprecedented levels of care rationing, growing wait lists, caregiver burnout, and regional health inequities - making people wait longer for care and then receiving less of it when they do.

In order to address the decade-long rationing of care, wait listing, and caregiver burnout that the home care sector has faced, the government must immediately invest an additional \$600 million annually (1 per cent of Ontario's health care budget) in Ontario's home care system to deliver more frontline patient care. This would deliver 9 million more PSW visits, 5.1 million more nursing visits, and funding to begin to meet the increased demand for therapy and other home care services.

This is all happening at a time when Ontario's aging population means home care services are more in demand than ever. While home care providers will continue to lead the way and maximize efficiencies to effectively deliver quality care to patients, to build a sustainable system in the longer term, overall contract rate increases are needed to address the negative impacts caused by this decade-long funding freeze. We must create a sustainable model that delivers the home care that people want and deserve.



RECOMMENDATIONS

02

Immediately invest an additional \$600 million annually (1 per cent of Ontario's health care budget) in Ontario's home care system to deliver more frontline patient care. This would deliver 9 million more PSW visits, 5.1 million more nursing visits, and funding to begin to meet the increased demand for therapy and other home care services.

RECOMMENDATIONS

03

Establish a Provincial Task Force to develop predictable and sustainable parameters to determine contract rate increases for the delivery of expected health care and system outcomes by home care service providers.

THE NEED TO RECRUIT AND RETAIN MORE PSWS AND OTHER PROFESSIONAL OTHER HOME CAREGIVERS

As the demand for home care services continues to grow, it is imperative that the industry has the skilled and professional workforce required to meet the increasing needs of a growing population. Service providers, unfortunately, continue to struggle to attract and retain professional home caregivers – including nurses, therapists and personal support workers (PSW). Today, there is a significant shortage of PSWs, and the health care system now faces a workforce Health Human Resources crisis. In fact, Home Care Ontario estimates that of the 8,000 new PSWs who graduated from programs last year, only 4,000 of those remained in the field by the end of their first year.

Based on Home Care Ontario's research there a number of factors that contribute to Ontario's acute PSW shortage. In addition to the issue of uncompetitive wages addressed earlier in the paper, these factors primarily relate to shortened visits and current scheduling practices.

By implementing positive changes in these key areas, the recruitment and retention of front-line workers would improve, and Ontario's healthcare sector would develop into a more efficient system and provide better quality of care for patients.

Address Unsustainable Scheduling Rules and Hours of Work

Empowering professional home caregivers through an adequate work-life balance is essential for any recruitment and retention effort. Today, however, Ontario's publicly-funded home care system is highly prescriptive on the scheduling of services,

which creates an inefficient system that negatively effects PSWs and patients alike. Home Care Ontario applauds the government for addressing further scheduling restrictions that were set to take effect under the previous government's *Fair Workplaces and Better Jobs Act* (Bill 148) which would have created even more hardships for patients. The existing scheduling rules, however, have created an unsustainable work environment for PSWs and must also be remedied.

The current policy mandates that home care providers accept referrals within 30 minutes while only being provided with the patient name and the treatment to be performed. These so-called 'blind referrals' create a two-fold challenge:

1. Scheduling becomes more complex for providers, and lacks stability for caregivers; and,
2. Delivering adequate care is challenging when insufficient information about patient care needs are given to providers.

In addition, these referrals are also "time-specific visits" which are meant to accommodate patients' preferences as to when they would like to receive care. These visits, however, are often scheduled exclusively for mornings and evenings. This causes a spike in demand for professional home caregivers during those times and leave workers with an insufficient workload during the middle of the day. As a result, many PSWs leave the field because they do not have enough available hours of work to make their occupation a true career.

The current system also requires that any requested changes to visits be arranged between Local Health Integration Network (LHIN) Care Coordinators and the patient. The home care service provider only finds out that a change has been made after the fact, at which point they must adjust caregivers' schedules often with minimal notice. This process further negatively impacts the work-life balance of those employed in home care, making it harder to recruit and retain workers.

It is imperative that scheduling peaks and valleys for staff be flattened through a more direct relationship between the service providers, patients and caregivers, so that providers are responsible for scheduling visits directly. This model would help:

- Create large efficiencies in the workforce, which could help reduce wait lists;
- Allow PSWs' schedules to become more consistent, predictable and stable; and,
- Provide patients with the ability to change appointment times directly with the caregiver.

These changes would give patients more choice and service providers more flexibility to better meet the needs of patients and families, streamline care and communication, find large-scale efficiencies, and improve the overall patient experience.

Eliminate Shortened Visits and Rationing of Care

The demand for home care services continues to increase annually, and because LHINs often have more requests for service than funding, they must resort to wait-listing patients or rationing the delivery of care. Rationing of care occurs when LHINs reduce the length of visits assigned for a particular task, such as wound care.

Because of rationing of care, today, a patient may receive a 30-minute or even 15-minute visit for care that previously would be allotted double that amount of time. In reality, these shortened visits do not provide adequate time to give care, discuss a patient's overall health, or attend to any new issues that could be addressed early and possibly prevent hospital readmission. Shortened visits are particularly problematic in northern and rural communities where travel times are longer to go to and from the patient's home.

While done with an eye to savings, this policy ultimately drives up costs to the health system as shortened visits virtually eliminate the ability to detect, diagnose, and prevent illnesses that can result in re-admission to hospital ERs, hallway medicine, and the high cost of providing care in hospital that could have been managed in the community.

PSW Promotion Campaign

Unlike other areas in the health care system such as hospitals and clinics, the intimate nature of home care makes it difficult to showcase and promote the sector to potential workers. Because of this, there is a greater need for campaigns that promote the variety of occupations and opportunities available in the home care setting. Home Care has been pleased to partner with the Ontario Community Support Association (OCSA) and the government on the "Work for Life" recruitment campaign, which seeks to raise awareness and interest about PSW as a profession, and the critical role they play in Ontario's home care system. In the few months the campaign has been active we have seen tremendous results and believe that a sustained and on-going recruitment campaign could have a positive impact on attracting new PSWs to the field.



RECOMMENDATIONS

— 04 —

Empower frontline home care providers, where appropriate, to directly schedule patient visits to provide more consistency, predictability and stability for PSWs while improving the patient experience and health system outcomes.

RECOMMENDATIONS

— 05 —

End shortened visits, rationing of care and wait listing for home care services by flowing funding directly to deliver sufficient home care visits for patients, thus avoiding unnecessary ER visits and acute care admissions.

RECOMMENDATIONS

— 06 —

Continue the Work For Life recruitment campaign to promote PSW as a profession and attract new PSWs to the field.

THE NEED TO REDUCE RED TAPE TO DRIVE EFFICIENCIES AND COST SAVINGS

We know that home and community care relieves pressure on hospitals, prevents unnecessary emergency room visits, helps patients remain at home or return home quickly and safely, and is where most patients prefer to be. Structural issues within the health system must first be addressed, however, to empower patients, streamline care, and utilize technology-based care to drive efficiencies and make this vision a reality.

Empowering Patients through a Caregiver Tax Credit

A growing number of home care service providers provide privately-retained care to patients and families. This work has taken on a larger role in recent years due to several factors, including our aging population, increased demand for home care services, as well as, rationing and wait listing for publicly funded home care.

To ensure quality, oversight and patient safety, it is imperative that privately-retained caregivers be hired through reputable service providers that adhere to the *Employment Standards Act*, and comply with all relevant health human resource and occupational health and safety standards. Unfortunately, some people unknowingly search for home care services on websites like Craigslist or Kijiji. This is neither safe, supervised, or regulated and could lead to abuse, theft, adverse health outcomes and unnecessary ER admissions for patients.

The government should, therefore, develop a campaign to raise awareness of the risks of hiring unqualified or untrained people who could undermine the quality of care that patients receive. Such a strategy should also include improving the value of privately retaining care from service providers who employ professionally trained and supervised home care staff.

Further steps to address this “underground economy” could include the creation of a tax credit or caregiver allowance for those Ontarians who can, and do, wish to purchase care from reputable, legitimate Ontario home care providers that adhere to all of the province’s health human resource, occupational safety and accreditation standards. This would also help to relieve some of the financial strain on families as they strive to provide the best care for their loved ones, while driving cost savings for the health care system as a whole.



RECOMMENDATIONS

— 07 —

Launch a public awareness campaign about the value of hiring trained and qualified caregivers from reputable home care providers to deliver quality care to patients and help impede the growth of the unsafe underground economy in home care.

RECOMMENDATIONS

— 08 —

Implement a tax credit or caregiver allowance for those Ontarians who can, and do, wish to purchase care from reputable, legitimate Ontario home care service providers that adhere to Ontario’s safe,

Streamline RAI Assessments to Deliver More Home Care

The current assessment process in Ontario's home care system is highly burdensome. The Resident Assessment Instrument (RAI) is the standardized assessment tool used by LHINs. These assessments can take many hours and are funded through the Ministry's home care budget.

A typical patient being discharged from hospital may have to go through this assessment several times, which can be physically and emotionally draining, especially for older patients, before being assigned home care services or worse, finding out they are simply put on a wait list.

Home Care Ontario recognizes that the information collected through these assessments is valued by the Ministry and academic bodies, such as the Canadian Institution for Health Information (CIHI) for its important longitudinal policy information. All home care Registered Nurses, however, must also conduct a duplicate assessment for that same patient as part of their regulatory and patient-focused care needs. Thus, the assessment burden for patients and families in home care is lengthy and costly to the system and should be reviewed for practicality and efficiency.

Streamlining both the frequency and length of the RAI assessment process would mean that patients would begin to receive care more quickly and that assessments could be done, where appropriate, by those closest to the patient, resulting in them being diagnosed in real-time and receiving the most appropriate home care services.



RECOMMENDATIONS

09

Review and streamline the use of the Resident Assessment Instrument (RAI) to both ensure it meets the needs of patients and focuses home care resources on front-line care.

Greater Use of Technology to Connect Caregivers and Patients

Ontario's health care system consists of individual components – acute care, home care and long-term care – that revolve around the needs of these sectors rather than the needs of a patient. As a result, there is no integrated IT system to link caregivers and patients. This inefficiency must be addressed as a crucial piece of ensuring integrated patient care in Ontario's home care system and throughout the health care continuum. An integrated health record IT system would ensure providers are equipped with real time information to support the needs of patients who move between all three areas of the system.

This begins with granting all care practitioners, including professional home caregivers, access to patients' health records through Ontario's portals. Most pressing is the need to acknowledge home care providers as Health Information Custodians (HICs) in their own right. While service providers are considered HICs under all existing health information and privacy laws, their contracts with LHINs specifically remove this status. This means that their staff are not able to share health information or review primary care files for patients – even though it is critical to people's health to have their professional home caregivers fully aware of their current medication changes and underlying conditions.

Elsewhere in the health sector, ER physicians and family doctors cannot access a home care patient's file and find out when the last home care visit occurred and what took place. It is critical to break down these information silos and create a patient-centred record that all caregivers in the patient's continuum of care can access to deliver the best care possible.

These IT challenges must be addressed to empower families, patients and caregivers and ensure the right care decisions are being made by those closest to the patient in real time. Time lags in information-sharing result in care delays that are costly, inefficient and most of all, can result in unnecessary ER admissions and hallway medicine.

Embrace Technology-driven care

New medical devices are allowing professional home caregivers to perform more diagnostic and procedural activities at home including wound care, laboratory work, pulse oximeters, remote EKGs and chest X-rays.⁵ These innovations allow professional home care providers to administer the care people need in the comfort of their homes and provide an opportunity to enhance patient outcomes.

New technology-based models of care are also showing promising results, such as remote patient monitoring, virtual wards, remote care delivery, patient-reported data and self-management. One program called E-Shift, which enables one RN to work remotely with up to 6 PSWs in the home, has been very successful. In fact, a recent study conducted through London Health Sciences Centre found that it reduced ER visits by 50 per cent and hospital readmission rates by 42 per cent among home care patients with chronic obstructive pulmonary disorder (COPD).⁶ The results of this and similar programs are promising, and most be scaled and implemented, where appropriate, across the province.

This is one of several such collaborations that exist between home care and hospitals. Home Care Ontario has been pleased to work with the Ontario Hospital Association and other health leaders to examine ways to collaborate more closely and we echo their call to allow home care providers and hospitals, where appropriate, to work directly with hospitals and to co-design solutions that would allow providers to innovate in meeting the needs of local communities.



RECOMMENDATIONS

— 10 —

Strengthen the information exchange between all Health Service Providers, including frontline home care service providers, by amending contracts to restore their status as Health Information Custodians to achieve continuity in approach and seamless, safe care for patients and families.

RECOMMENDATIONS

— 11 —

Embrace new medical devices, models of care, and system-wide innovations in remote patient monitoring, virtual wards, remote care delivery, patient reported data and self-management that would allow more care to be delivered at home, specific challenges of local communities.

RECOMMENDATIONS

— 12 —

Allow home care providers to work directly with hospitals, where appropriate, to scale up successful collaborations on a province-wide scale and to co-design programs to meet the specific challenges of local communities.

⁵ Utterback, K. (2016). Unleashing Home Care's Cost-Controlling Potential. Retrieved from http://www.mckesson.com/blog/unleashing-home-cares-cost-controlling-potential/?utm_content=sf34250106&utm_medium=spredfast&utm_source=linkedin&utm_campaign=McKesson&sf34250106=1

⁶ Bieman, J. (2018). Mobile app cuts emergency room visits by half for segment of local patients: Data. Retrieved from <https://lpress.com/news/local-news/mobile-app-cuts-emergency-room-visits-by-half-for-segment-of-local-patients-data>

CONCLUSION

As Ontario's population continues to age at an unprecedented rate, the demand for home and community care will continue to rise right along with it. Home Care Ontario applauds the new government's focus on transforming the health care system and we believe that home care must be at its foundation. Expanding and creating a robust home care sector is the only way to make sure we can respond to this growing demand and deliver the care people deserve.

Accomplishing this transformation, ending hallway medicine and achieving better outcomes for patients means bringing more care home – ensuring that we have enough professional caregivers so all Ontarians have adequate and equitable access to the services they urgently need, when they need them.

Additionally, attracting more PSWs, therapists, registered nurses and other professional caregivers to home care is critical to ensuring that as Ontarians age, their growing demands for independent living are met. A comprehensive recruitment and retention strategy, which builds on the work already done, must include flexible and consistent scheduling, and adequate compensation at its core.

Finally, we must harness technology to both better connect caregivers and patients and to deliver more care at home. An IT strategy which allows all health care providers – including professional home caregivers – to retrieve patient records and ensure they remain up-to-date must be central to any integration effort. Additionally, embracing new technology and empowering patients are essential in building a health care system with the flexibility to adapt around patient needs and preferences.

This approach will set Ontario on the right footing to build a system that ends hallway medicine and *delivers more health care at home.*