

Home and Community Care

What is home and community care?

The Canadian Home Care Association defines home and community 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 family caregivers.”¹

Home and community care serves the needs of a diverse population for a variety of purposes. Home and community care services are used to:

- Provide care after hospitalization (post-acute)
- Provide care to individuals who are dying (palliative)
- Help vulnerable seniors remain in their homes independently
- Manage chronic conditions
- Help individuals with disabilities and special needs
- Help those who have a mental illness

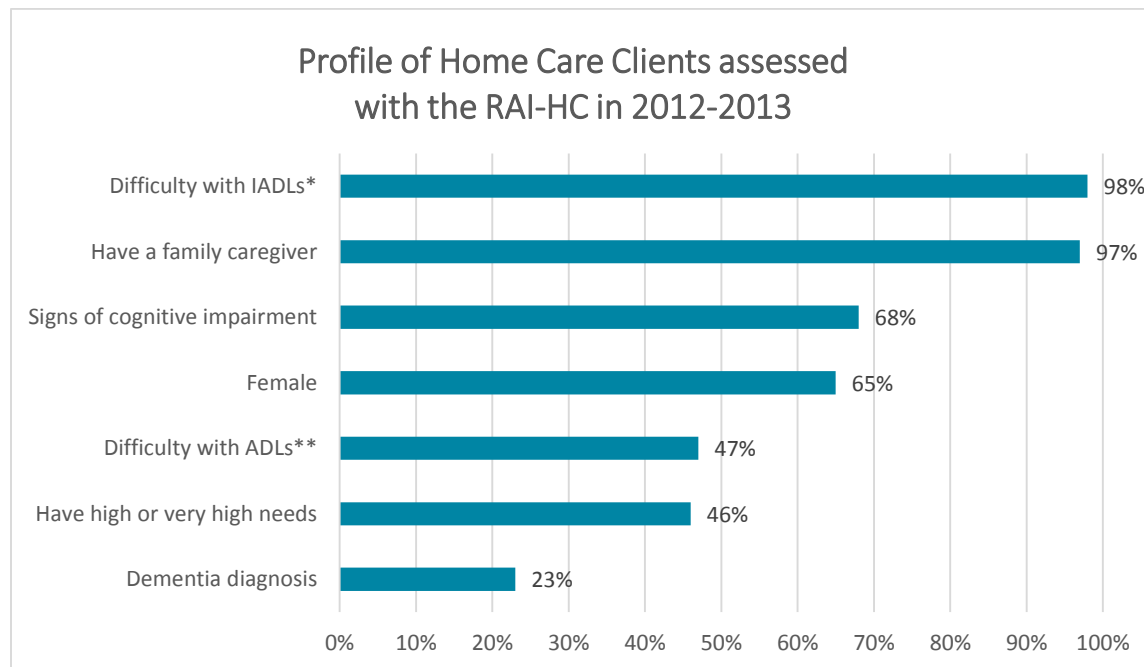
Certain populations such as seniors, children and youth with special needs, Aboriginal peoples, and those living in remote and rural areas have specific home care needs that should be addressed.²

Who is receiving home and community care in Ontario?

According to the Canadian Institute for Health Information (CIHI), in Ontario, in 2012-2013, there were 478,650 clients receiving home and community care services. Of these, 33% were receiving acute care, 3% were recipients of end-of-life care, 18% were receiving rehabilitation, and 43% were receiving maintenance or long-term supportive care¹. Of the total number of home care clients, 158,836 were assessed with the Resident Assessment Instrument – Home Care (RAI-HC)[®] assessment instrument. The average age of the assessed clients was 78.³ The characteristics of these clients is profiled in Figure 1.

¹ Percentages do not add up to 100%, as for 3% of home care clients in Ontario, these categories were not applicable or data was not available.

Figure 1: Profile of Home Care Clients assessed with the RAI-HC in 2012-2013



Note: *IADL = Instrumental Activities of Daily Living, such as cleaning, cooking, or grocery shopping
 **ADL = Activities of Daily Living such as bathing, eating, and toileting

Source: Canadian Institute for Health Information. Home Care Reporting System. Quick Stats. Ottawa: CIHI, 2012-2013

Goals of home and community care

The overarching goals of home care are to have better health, better care, and better value, for all Ontarians. In the Health Council of Canada's 2013 report, *Better health, better care, better value for all*⁴, an approach to improving home care aligned with these goals is described:

- **Better health in home care:** more people requiring home care are able to remain at home with optimal health and improved quality of life
- **Better care in home care:** greater access to services when they need them; safe care; support for family caregivers; clients and caregivers engaged in care planning
- **Better value in home care:** individuals receive care at home when it is the most appropriate and cost-effective place to receive care; financial and other impact on caregivers are reduced

- **Equity in home care:** individuals receive home care based on their need and potential to achieve the same health outcomes, regardless of who they are, how much they can pay, or where they live

Attainment of these system goals should be approached in a balanced way so as not to achieve one goal at the expense of the other. ⁴ The quality attributes for home care ([see public reporting page for description of these attributes](#)) can be aligned with these overarching goals.

Outcomes of home and community care

A September 2013 evidence report by Health Quality Ontario, [In-Home Care for Optimizing Chronic Disease Management in the Community: An Evidence-Based Analysis](#), found that nursing care at home reduced patient mortality, hospitalizations, and emergency department visits, while occupational and physical therapy delivered as part of home care services improved clients' activities of daily living. ⁵

Safety in home and community care

A recent report conducted by the Canadian Patient Safety Institute examined safety issues in home care and estimated an annual incidence of adverse events in home care to be about 10% and over half of these were deemed to be preventable. The most common adverse events were identified as falls, medication-related incidents, and infections. Those clients with higher degrees of complexity and multiple conditions were at higher risk for experiencing adverse events. Four system weaknesses were identified as contributing to the occurrence of adverse events:

- Inconsistencies in care planning and delivery
- Lack of integration, coordination, and communication across providers, teams, and sectors
- Poor standardization of processes and equipment/products
- Client and caregiver decisions which put their health at risk

Recommendations to improve safety in home and community care include caregiver training and support, implementing medication management processes, system navigation and care coordination through a consistent case manager, and standardization of processes and products. ⁶

The Home and Community Care section will provide information for home care provider organizations and Community Care Access Centres on quality improvement in the following areas:

- Reducing falls

Coming soon:

- Medications management
- Client and caregiver experience
- Reducing emergency department visits, hospital readmissions, delaying long-term care admissions
- Wound care
- Wait times

References:

1. Canadian Home Care Association. Portraits of home care in Canada 2013. Mississauga, ON: Canadian Home Care Association, 2013.
2. Health Council of Canada. Seniors in need, caregivers in distress: What are the home care priorities for seniors in Canada? Toronto: Health Council of Canada, 2012.
3. Canadian Institute for Health Information. Home Care Reporting System. Quick Stats. Ottawa: CIHI, 2012-2013.
4. Health Council of Canada. Better health, better care, better value *for all*: Refocusing health care reform in Canada. Toronto, ON: 2013.
5. Health Quality Ontario. In-home care for optimizing chronic disease management in the community: An evidence-based analysis. Toronto: 2013.
6. Canadian Patient Safety Institute, The Change Foundation, Canadian Foundation for Healthcare Improvement. Safety at home. A pan-Canadian home care safety study. 2013.