



Home Care Nursing in Ontario

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Nurses play an integral role in the delivery of quality care in the home. Home nursing care is the promotion of health, assessment, provision of care and treatment of health conditions by supportive, preventive, therapeutic, palliative and rehabilitative means in order to attain or maintain optimal function (Havens 2003). Home health nurses are committed to the provision of accessible, responsive and timely care which allows people to stay in their homes with safety and dignity (Community Health Nurses of Canada 2010).

Home Care in Ontario

Home Care is an array of services for people of all ages, provided in the home, workplace, schools and other community settings such as clinics, that encompasses health promotion and teaching, curative intervention, end-of-life care, rehabilitation, support and maintenance, social adaptation and integration and support for the family caregiver (Canadian Home Care Association 2008, pviii).

The provision of home care allows Ontarians of all ages the opportunity to recover or manage their health care issues and age at home surrounded by family, friends and their community to which they can continue to make a meaningful contribution. Home care services help people with a frailty or with acute, chronic, palliative or rehabilitative health care needs to independently live in their community and co-ordinate and manage an admission to facility care when living in the community is not a viable alternative.

Services within home care include nursing, personal support/homemaker, therapy (including physiotherapy, occupational therapy, speech language pathology, social work, nutrition/dietetics), medical supplies and equipment in the home. Home care in Ontario is delivered by service provider agencies that have met high standards of excellence identified through a rigorous competitive process and administered through the CCACs.

Home Care History

Publicly funded home care was formally established in Ontario in 1970 and is considered to be a new and growing part of the formal health care system. Since establishment, the home care system has experienced a number of changes, evolving and maturing to the comprehensive program of today.

Home care is a publicly funded, not a publicly insured, service. In Ontario, publicly funded home care falls under the jurisdiction of the Ministry of Health and Long-Term Care (MOHLTC) and is locally administered by 14 Community Care Access Centres (CCACs) across the province.¹ CCACs are accountable to the Local Health Integrated Networks (LHINs). CCACs serve to provide a simplified service access point and are responsible for determining eligibility for and buying on behalf of consumers the highest quality, best priced visiting professional and homemaker² services provided at home and in publicly-funded schools. CCACs also provide information and referral to the public on community-related services and authorize admissions to long-term care homes (Canadian Home Care Association 2008, p80).

¹ A listing of CCACs can be found at <http://www.ccac-ont.ca/Locator.aspx?MenuID=70&PostalCode=Enter%20Postal%20Code&LanguageID=1&EnterpriseID=15>

² Homemaker serves as the generic term to describe the person who provides personal care, homemaking services and/or respite to enable the individual to remain at home in a safe and acceptable environment

A standardized assessment process, the RAI-HC³, is used by CCAC case managers to determine eligibility and for evaluating the needs, abilities and preferences of adult long stay, palliative and short stay individuals in the community. The assessment serves to guide CCAC case managers in the allocation of home care services/funding and serves as the basis for standardized data to inform evidence based care.

Any Ontarian that meets the eligibility criteria for publicly-funded home care service can receive the service. In 2009/10, approximately 603,000 individuals received 29,419,559 visits/hours of care at home funded by the MOHLTC (Ontario Association of Community Care Access Centres 2010). While most home care recipients are elderly (54% in 2009/10), there are a wide range of situations which involve children (16% of those served in 2009/10) and young adults (30% in 2009/10) that, when appropriately supported, enable individuals to remain integrated in their home communities (Ontario Association of Community Care Access Centres 2010).

The OHCA additionally estimates that 150,000 Ontarians privately purchase an additional 20 million visits/hours of home care services annually in order to remain at home (Ontario Home Care Association 2009). Often, this care is delivered by nurses and paid by employment insurance plans and/or government programs (such as respite plans) and/or direct private purchase. The purchase of private home care services may supplement the publicly funded system allowing individuals to remain at home surrounded by family, friends. Privately purchased home care service often provides the vital few hours of care and respite that enables families to continue their caregiving responsibilities – which many are fulfilling while raising their children and holding a job (Ontario Home Care Association 2010).

Home Care Nursing

Nursing is an important component of home care programs. The practice of nursing is defined as ‘the practice of promotion of health and the assessment of, the provision of, care for, and the treatment of, health conditions by supportive, preventive, therapeutic, palliative and rehabilitative means in order to attain or maintain optimal function’ (Government of Ontario 1991).

Visiting nursing and community health nursing has a long history in Canada beginning in the early 17th century, when nuns from religious orders arrived in Quebec to provide both direct care and disease prevention services (Community Health Nurses' Initiatives Group 1998). Since that time, home health nursing in Ontario has evolved in response to changing patterns of disease, population aging, health system reform and changing social values.

Home health nursing is a specialized area of nursing practice in which the nurse provides care in the client's home, school or workplace.

Community health nursing is a specialty within the practice of nursing that describes nurses who work outside the hospital or long-term care facility. Nurses in this specialty promote, protect and preserve the health of individuals, families, groups, communities and populations – wherever people live, work, learn, worship and play in a continuous

versus episodic process. Community health nurses view health as a resource and focus on capacities. They:

- Marshal resources to support health by coordinating care and planning nursing services, programs and policies

³ Resident Assessment Instrument – Home Care - is a standardized, multi-dimensional assessment system for determining client needs, which includes quality indicators, client assessment protocols, outcome measurement scales and a case mix system. (Central CCAC 2009 The Value of interRAI-HC for Planning)

- Have a unique understanding of the influence of the environmental context of health
- Build partnerships based on primary health care principles, caring and empowerment
- Combine specialized nursing, social and public health science with experiential knowledge (Diem and Moyer 2003).

Home health nursing is a specialized area of nursing practice in which the nurse provides care in the client's home, school or workplace or other community settings. It is a unique field of nursing practice that focuses on the provision of nursing care to acute, chronically ill and well clients of all ages while integrating community health nursing principles that focus on health promotion, environmental, psychosocial, economic, cultural and personal health factors affecting an individual's and family's health status (Humphrey and Milone-Nuzzo 1996).

A home health nurse is a community health nurse who:

- combines knowledge from primary health care (including the determinants of health), nursing science and social sciences
- focuses on prevention, health restoration, maintenance or palliation
- focuses on clients, their designated caregivers and their families
- integrates health promotion, teaching and counselling in clinical care and treatment
- initiates, manages and evaluates the resources needed for the client to reach optimal well-being and function
- provides care in a home care clinic, the client's home, school or workplace
- has a nursing diploma (applicable to RPN) or a degree (a baccalaureate degree in nursing) (Community Health Nurses Association of Canada 2008, p8). Nurse Practitioners, Registered Nurses in the Extended Class licensed to order and interpret diagnostic tests, communicate diagnoses, prescribe pharmaceuticals and perform specific procedures, are beginning to practice within home care as well.

In the home setting, the nurse brings caring activities that generate trust and collaboration for both the care of the client and the maintenance of health of the other family members. The nursing process applied to home health-care includes assessment, nursing diagnosis, planning for care, intervention and evaluation. These processes are often more complex given the nature of the setting, the additional variables influencing the client and the family, and the need for integration of community health nursing concepts.

The foundations of home health nursing include: 1) health promotion, and 2) illness prevention and health protection (Community Health Nurses of Canada 2010, p12). The elements of home health nursing that are central to practice are:

- Assessment, Monitoring and Clinical Decision Making
- Care Planning and Care Coordination
- Health Maintenance, Restoration & Palliation
- Teaching and Education
- Communication
- Relationships
- Building capacity (Community Health Nurses of Canada 2010, p8).

The home care nurse role requires advanced assessment and evaluation skills, effective communication skills, sound judgement, effective documentation skills, flexibility, critical /creative thinking and self-

direction. Home care nursing practice is complex requiring independent decision making, a diverse knowledge base in order to manage the care of patients with a broad array of diagnoses across the lifespan and the health-illness continuum. Home care nurses require a competency in technology and the maturity to work confidently and autonomously. Individuals who receive nursing care today often have more acute and complex needs, and an increasing amount of their care is provided in the home.

The Home Care Team

An efficient and effective home care system appropriately utilizes and integrates all members of the team to achieve value and to assist Ontarians who wish to receive care at home and remain independent. Providing the full array of home care services, including access to case management, family physicians, nursing, therapies, community pharmacists and personal support is essential to support good health outcomes. Each interdisciplinary member has a unique body of knowledge and scope of practice which must be respected and leveraged in order to maximize their effectiveness for client care.

In home care, nurses, as important members of the health care team, fulfil many responsibilities including the role of case management and direct service delivery offering nursing care and treatment for health problems; health information and resources to promote positive health behaviours; support and counselling; referrals to other members of the health care team; and advocacy (Canadian Nurses Association 1998).

Nursing Statistics

In 2010, there were 125,844 nurses employed in Ontario. Of these 93,916 (75%) were registered nurses; 30,442 (24%) were registered practical nurses and 1,486 (1%) were nurse practitioners (College of Nurses of Ontario 2010). The community sector⁴ employed 18.4% of nurses with home care nursing being among the top five employers and positions (College of Nurses of Ontario 2010).

The Top 5

| of 21 employers | positions in nursing |
|---|---------------------------------|
| 49.5% Acute Care Hospital | 68.2% Staff Nurse |
| 12.8% Long-Term Care Facility | 3.7% Visiting Nurse |
| 4.8% Complex Continuing Care/Rehabilitation Hospital | 3.3% Case Manager |
| 4.1% Nursing/Staffing Agency | 3.3% Middle Manager |
| 3.6% Addiction and Mental Health Centre/Psychiatric Hospital | 2.9% Public Health Nurse |

Compared to 2009, there were gains in the number of RNs and RPNs in all employment sectors, but no major changes in the distribution of these nurses among the sectors. RNs continued to report hospitals as the largest sector of employment at 64.9 per cent, followed by community settings at 19.0 per cent,

⁴ The CNO includes the following in the definition of community - Community Care Access Centre, Community Health Centre, Community Mental Health Program, Hospice, Nursing/Staffing Agency, Physician Office/ Family Practice Unit, Public health Unit/Department, Other Community

and long-term care facilities at 8.1 per cent (College of Nurses of Ontario 2010). RPNs continued to report hospitals as the largest sector of employment at 44.0 per cent, followed by long-term care at 36.4 per cent and community settings at 14.9 per cent (College of Nurses of Ontario 2010).

The Future Demand for Home Care Nursing

With the aging population and the increasing emphasis on care at home, the paradigm is expected to shift from the hospital to the community. The Canadian Nurses Association predicts that two-thirds of nurses in Canada will be working in the community in 2020 compared to 30 percent in 2006 (Villeneuve and MacDonald 2006). Ontario can expect to experience a similar pattern.

The increasing shift of care and treatment to the home and community - coupled with a greater complexity in the condition of patients - calls for the kind of highly skilled and professional care that nurses are trained to provide. However, in Ontario, home nursing represented about one quarter of the home care services in 2003/04 and has dropped to approximately 21 per cent of care in 2009/10 (Ontario Home Care Association 2011). The rationale and impact of this shift to client outcomes requires examination.

Research has demonstrated the efficacy of home care interventions in terms of cost savings and quality of life for the care recipient and family (Hollander and Chappell 2002; Hollander 2003; VanderBent and Kuchta 2010). Specific to nursing, a randomized controlled trial presented clear evidence that providing seniors with proactive nursing health promotion compared to providing professional services on demand, resulted in enhanced quality of life related to early identification and management of risks for adverse events (i.e. falls, polypharmacy, depression, caregiver stress) at no additional expense (Markle-Reid et al. 2003).

Two-thirds of nurses in Canada will be working in the community in 2020 compared to 30 percent in 2006.

It should be expected that home care nursing, as a component of the home care team, will be increasingly in demand as the health system transforms to care in the community. Working as a team is effective and ensures that the outcomes realized are greater than the sum of the parts – in other words, value is realized. Within home care, various “constellations” of service providers must be supported to work together to address Ontario’s health priorities. Nurses practice autonomously in the community sector and, as members of the team, apply critical thinking decisions about performing essential care. They consider the appropriate health provider for the individual based on a detailed assessment and the consideration of the person’s future needs. Nurses undertake to provide accurate, clear and concise information about a client’s condition when transferring care (College of Nurses of Ontario 2007, p10-13).

Nurses are “globally acknowledged as the linchpin of the health care system” (Alameddine et al. 2006, p65-86). As members of the home care team, home care nurses contribute to the success of new and emerging health system and clinical priorities (eg. Transfer of more complex services such as dialysis, chemotherapy, pain management and chronic ventilator care to the home) thereby supporting more individuals to remain at home. The home care team is vital to ensuring the uptake of new system priorities, including:

- **Alternate Level of Care (ALC) reductions** – by ensuring that time in the acute care setting is kept to a minimum and recovery to self care at home is expedited

- **Emergency Department avoidance** – by providing proactive support to forestall a health related crisis and hospital admission; and being available 24/7 to respond to care needs as they arise in the community
- **Palliative and end-of- life care** – by supporting pain and symptom management and providing caregiver support so that a person can have a peaceful death at home
- **Children’s treatment** – by enabling children with health related risk (medical, developmental, social, or mental) to maximize their potential both at home and at school
- **Chronic disease management** – by proactively assisting individuals so they can effectively self-manage at home, circumventing the need for hospitalization, and delaying loss of function and independence

Home care has a unique position in the health care system serving as a bridge between various health settings supporting individuals of all ages across the full continuum of need. The integrated team of providers operating within the full scope of practice is necessary to achieve the greatest outcomes for individuals. Within this team, nurses will continue to play an active role in developing the best mix of services, programs and standards of care to ensure the efficient use of resources and achieve value for all individuals served.

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