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Inter-provincial Variation in Older Home Care Clients and Their Pathways

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THE SYNOPSIS

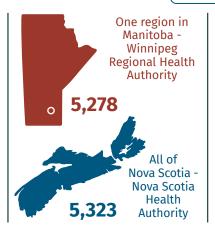
In Canada, publicly-funded home care programs enable older adults to remain and be cared for in their home for as long as possible, but they often differ in types of services offered and the way services are delivered. This paper examines whether these differing approaches to care play a role in shaping the future path of home care clients. Older adult client pathways refer to trajectories within, and out of, the home care system (e.g., improvement, long term care (LTC) placement, death).

HOW WE DID IT

Researchers examined
HOME CARE
CLIENTS



home care between
2011 - 2013
and followed them
for four years.



Client information used included:

- Home Care Assessments
 - Hospital Visits
- Emergency Department Visits
 - Service Use-staff Visits,
 Service Plans
 - Vital Statistics
 - Long Term Care
 Placement Records



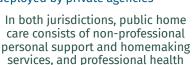
IN MANITOBA,

home care services are provided by staff in the Regional Health Authorities

IN NOVA SCOTIA,

home care services are contracted through NSH, but deployed by private agencies

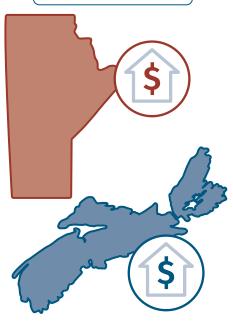
services (i.e. nursing services).



THE HIGHLIGHTS

- NS and WHRA clients were similar in age, sex, and marital status. NS clients had higher levels of need (ADL, cognitive impairment, CHESS) at base line and were more likely discharged to LTC (43% compared to 38% in WRHA).
- There was a significant difference in the proportion of nursing time provided by an registered nurse; approximately 60% in the WRHA compared to about 30% in NS.
- Caregiver distress was a factor correlated with being discharged to LTC. While a third remained as home care
- clients after four years; more than half were no longer in the community either discharged to LTC placement or death.
- The NS cohort enters LTC much earlier, with 11% transitioning within the first year, compared to 4% in the WRHA.
- For both NS and WRHA clients, 2 years was an important marker for clients remaining in the community before discharge to LTC or becoming deceased.

THE IMPACT



- Personal costs for service can impact client decisions on when to enter/engage the service.
- 2 Differences in cost of home care services between jurisdictions may contribute to unmet needs among home care clients.
- NS clients presented at admission to home care with significantly greater care and service requirements than the WRHA clients.
- There is growing demand for community care by older adults voicing their preferences, as well as governments seeking to reduce hospital stays and LTC transitions.

"The greater impairment and care need found among the NS clients was associated with higher amounts of home support services and allocation of nursing services compared to the generally lower need WRHA cohort."

"The results do indicate though that the point at which an older adult accesses home care will influence which path they will take, and when."

THE TAKEAWAY

The point in time that an older adult accesses home care can directly influence the path they take.

To meet the goal of reduced hospital stays and LTC transitions, there is a greater focus on home care for the older population and for the services to meet the clients' needs to accomplish these objectives.

The two-year marker provides a window of opportunity for home care to potentially change client's pathway.



ABOUT

The Home Care Pathways Project Overview

Understanding clients' journeys through provincial home care systems is critical to providing good quality care. "How approaches to care shape the pathways of older adult home care clients" (or "Home Care Pathways") is an interdisciplinary research project being conducted in Nova Scotia and Manitoba. The project draws on different methods and focuses on specific timeframes, in this article's case we used existing client assessment and health administrative information. The Project's goal is to understand how approaches to care shape client pathways of older adult home care clients with chronic and long-term conditions through the home care systems in the two provinces.

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