HOME CARE POLICY PROFILE: MANITOBA

MAY 25, 2022

NOVA SCOTIA CENTRE ON AGING

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HOW APPROACHES TO CARE SHAPE THE PATHWAYS OF OLDER ADULT HOME CARE CLIENTS.
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HOME CARE IN MANITOBA

Overview and Historical Context prepared for Home Care Pathways Research Project

OVERVIEW

Definition of Home Care as per Your Guide to Home Care Services in Manitoba

Home Care in Manitoba (MB) "provides home care services to eligible individuals, regardless of age, who require health services or assistance with activities of daily living. Home care works with individuals and provides assistance to help them stay in their homes for as long as is safely possible" (Manitoba Health, 2019).

Nationally, home care has been defined as "an array of services which enables clients, incapacitated in whole or in part, to live at home, often with the effect of preventing, delaying, or substituting for long-term care or acute care alternatives*"* (Dumont-Lemasson et al., 1999).

About Home Care in Manitoba

Manitoba is home to Canada's first comprehensive, province-wide, universal home-care program, and is one of the few provinces currently operating what is primarily a publicly provided service, in contrast to provinces where delivery is by for profit or not for profit agencies (Marier, 2021). Manitoba Health (MH) funded and defined the core services available as part of the Manitoba Home Care Program (MHCP). Created in 1974, the MHCP was available to eligible Manitobans without charge based on assessed need, to augment other available resources, including support from family and friends (Government of Manitoba, n.d.a). In 1997, through *The Regional Health Authorities Act*, MH delegated to the Regional Health Authorities (RHAs) operational responsibility for home care, which includes planning, delivery and ongoing management of the services (Toews, 2016).

Today, home care services encourage client independence, self-determination and self-management; promote care in the home; facilitate hospital discharges; access home care services in supportive housing; and prevent or delay entry into personal care homes. Available home care services include personal care, home support (assistance with meals, light housekeeping and laundry), health care (nursing, physio and occupational therapy services), and respite, as well as access to supplies and equipment, adult day programs, and community supportive housing options (Manitoba Health, 2019).

Innovative care models exist such as Self/Family Managed Care (SFMC), Priority Home Services (PHS), and Rapid Response Nursing (RRN) (PHS and RNN only in Winnipeg Regional Health Authority) until care in the community is no longer safe or unsustainable (S. Shanks, personal communication, 2018). SFMC consists of two sub-options (Winnipeg Regional Health Authority, 2022). Once a client has been assessed for home care needs, Self/Family Managed Care allows clients to accept full responsibility for their personal care as Self Managers. Family Managed Care allows the families of clients to accept full responsibility for their family member as a Family Manager. Both Self and Family managers are responsible for hiring and employing, managing, and directing the non-professional services they need to continue living at home and in the community (Winnipeg Regional Health Authority, 2022a).

Priority Home Services provide intensive home care to clients who are on a long-term care placement trajectory for up to 90 days, after which time most clients will be able to remain in their homes with regular, ongoing home care, and not require immediate paneling for a personal care home (Winnipeg Regional Health Authority, n.d). This program is available for clients who are in hospital, and eligible and/or waiting for long-term care (LTC) placement or are being considered for placement in a Personal Care Home (PCH). The goal is to prevent premature placement to PCH and supports discharge home for LTC paneling and placement in community instead of waiting in hospital (Winnipeg Regional Health Authority, n.d).. Rapid Response Nursing is a short-term home care service that lasts 2 – 3 weeks (Winnipege Regional Health Authority, 2022b). It supports clients to better understand their chronic disease and manage their health needs independently.

Courtesy and respect for the individual, their participation, and that of their families and/or significant others in ongoing care assessment, implementation, planning, and review are principles that are essential in the provision of home care services by the RHAs (Manitoba Health, 2019). To the extent that an individual disagrees with the decisions of the RHA administering their home care services, they may seek another assessment from the RHA. If they remain dissatisfied, they have the right to appeal to the Manitoba Health Appeal Board (Manitoba Health, 2019).

In July 2015, the Office of the Auditor General (OAG) released an audit report to the public on home care services in Manitoba. This document includes recommendations for both Manitoba Health, Seniors and Active Living (MHSAL), and regional considerations to improve service quality, timeliness, reliability and consistency (OAG, 2015). Responding to the recommendations is a multi-year process and will require dedicated time and human resources to be able to fulfill the recommendations effectively. Based on the OAG Audit, in January 2017, MHSAL released a consultant's report titled *The Future of Home Care Services in Manitoba* (Toews, 2016) with recommendations to help guide the province in maintaining an affordable and sustainable service in the future.

In 2017, two instrumental reports were published for the Ministry of Health, Seniors and Active Living (MHSAL). The first, Clinical and Preventive Services Planning for Manitoba, outlined and made recommendations for ten critical areas including home care (Peachey, 2017). The second report was prepared by KPMG as part of an independent review with the intent to provide work plans and a change management approach to the health system (KPMG, 2017). In 2018, the health transformation program began to improve the quality, accessibility and efficiency of health care services across Manitoba (Manitoba Health, n.d.). As part of the transformation work, the Clinical & Preventive Services Plan was published to move to a more integrated and provincial approach to care design and delivery (Shared Health, 2019). The plan addresses challenges with home care including long wait times, the variation in availability of community-based rehabilitation services, opportunities to support early supported discharge through home-based care and monitoring, and the need to build palliative care home care services (Shared Health, 2019).

Governance

The mission of Manitoba Health is "to meet the health needs of individuals, families, and their communities by leading a sustainable, publicly administered health system that promotes well-being and provides the right care, in the right place, at the right time" (Manitoba Health, n.d.a). Home care services are within the department of Manitoba Health. The role and responsibilities of the department are

strategic planning; policy development; monitoring and analysis of services; development and monitoring of standards and provincial outcomes; research on program benchmarks and best practices; management of information system standards; and liaison with other components of the health system in Manitoba and Canada (Manitoba Health, n.d.b).

Five Regional Health Authorities (RHAs) deliver home care services (HCS) under the authority of *The Regional Health Authorities Act* (amended to *The Health System Governance and Accountability Act*, 2019). RHAs have the operational responsibility for planning, delivery and ongoing management of services and provide the leadership to ensure that safe, quality and appropriate HCS are available to those in their region (Manitoba Health, n.d.b). As of April 2013, the RHAs are: Winnipeg, Southern Health-Sante Sud, Interlake-Eastern, Prairie Mountain Health, and Northern Health Region. Each RHA has a board to ensure that the organization adheres to provincial policies, and applicable legislation and regulations (Manitoba Health, n.d.c).

In June 2011, Manitoba passed the *Caregiver Recognition Act*. Under this act, the first Tuesday in April is declared as Caregiver Recognition Day in Manitoba (Manitoba Seniors and Long-Term Care, n.d.). Although no formal resources have been associated with the Act, it is oriented to encourage ministerial consultation with caregivers, analysis of caregiver needs, and develop an inventory of caregiver supports. In addition, it asks government departments and agencies to consider eight general principles relevant to the development and provision of caregiver supports (Manitoba Seniors and Long-Term Care, n.d.).

A diverse complement of home care staff supports the delivery of services, including management (Directors & Managers), case coordinators, resource coordinators, nursing resource coordinators, nurses, scheduling clerks, and direct service staff including home care attendants, home support workers and allied health (OTs, PTs, SLP, SW, Respiratory Therapists). Home care attendants must receive certified training from an institution recognized by the WRHA and assist home care clients with personal care, mobility and medication support. Home support workers provide respite, meal preparation, light housekeeping and laundry. All staff are unionized (L. Mitchell, personal correspondence, May 17, 2022).

The Provincial Clinical and Preventive Services Planning for Manitoba report (Peachey, 2017) and the Health Sustainability and Innovation Review (KPMG, 2017) both note that while Manitoba's government is responsible for overseeing the provincial health care system, the province has never developed a provincial clinical services plan. This is something that is in existence in many other jurisdictions and is essential to supporting effective health human resource planning, capital equipment investments, construction planning and other initiatives that should be coordinated province-wide.

To address this concern, a provincial health organization, called Shared Health, was created from within existing resources to provide centralized clinical and business services for the regional health authorities (Manitoba Health, n.d.). This includes clinical governance, such as strategic planning for services like surgery, mental health, orthopedics and primary care and the development and provision of consistent clinical standards and support for health human resources and labour relations. Business and support services will also benefit greatly from involvement in, and understanding of, a provincial plan. Services and functions that will be centralized include contracting and procurement of supplies and equipment, capital planning, communications, food distribution, laundry services, clinical engineering services and legal services (Shared Health, 2019).

In addition, some provincial health care services will be operated centrally in recognition of the province-wide nature of the services they provide. This will include the operation of Health Sciences Centre, Transplant Manitoba, provincial laboratories and emergency medical services (including dispatch outside Winnipeg). These changes will reduce duplication of management and administrative functions while making sure each region is able to provide health care services with the guidance of a provincial clinical services plan. It will also make sure that services provided centrally are coordinated and consistent.
For more information on Shared Health, visit: sharedhealthmb.ca.

Access to Home Care

To be eligible for home care services in Manitoba, an individual regardless of age or disability must be assessed to be a resident of Manitoba, and registered with Manitoba Health (Manitoba Health, Seniors and Active Living (MHSAL, 2017a). In addition, a professional assessment by RHA staff must deem the individual as requiring additional support to remain safely in their home. Home care services are intended to supplement the role of family/informal support networks, community resources and other programs (MHSAL, 2017b). Home care services are assigned to the client based on assessed needs and the client's care plan, within the ability to ensure client/staff safety and available regional resources (MHSAL, 2017a). Anyone can make a referral for assessment to their local RHA office (Government of Manitoba, n.d.b.). According to the Home Care Policy Manual (2017), home care services are not to exceed the equivalent of fifty-five (55) hours of service per week by a home care attendant (HCA) (MHSAL, 2017c). As well it states that nursing hours are calculated as part of the total cost and the cost of home care services should not exceed the average cost of a personal care home (PCH) bed. Personal care services (including daily residential charges) are shared by Manitoba Health (who pays most of the cost through the RHAs and the client who pays a daily fee based on net income (Government of Manitoba, 2020). To address service delivery to home care clients living with unique/complex care requirements, RHAs may sometimes authorize a care plan that exceeds the service limit in a given situation (MHSAL, 2017b).

Available Care and Related Programs

RHA home care staff assist with mobility, such as walking, transferring, and personal care such as bathing, dressing, and toileting. They may also assist with activities such as meals, light housekeeping, and laundry, and provide respite care for a family caregiver (Manitoba Health, 2019). Home health care services are also included in and coordinated by home care based on assessed need and include nursing care, physiotherapy and occupational therapy, home oxygen concentrator, home nutrition, home ostomy, and home dialysis. Case coordinators can assess and refer clients to Adult Day Programs as well.

Fees

Home care services are available at no charge to eligible Manitoba residents (L. Mitchell, personal correspondence, May 17, 2022). Manitoba Health through the Manitoba Health Services Insurance Fund provides payments to health authorities for home care (Manitoba Health and Seniors Care, 2021). Home care services that are funded include personal care, nursing, counseling/problem solving, household assistance (laundry and light housekeeping, meal prep), respite/family relief (social and work respite), occupational therapy assessment, physiotherapy assessment, certain equipment and supplies, referral to other agencies and programs (ex. Meals on Wheels), assessment for long term care and specialty services such as the Adult Day program, Companion Care program and Supportive Housing program. Referrals to

other programs (e.g., Meals on Wheels, Adult Day Programs) are included but the programs themselves may have fees.

Quality and Accountability

A variety of mechanisms are in place to support quality and accountability. For instance, RHA home care services are surveyed every four (4) years using Accreditation Canada (AC) Home Care Standards, as part of the Seniors and Healthy Aging requirement that RHAs undergo third party accreditation (S. Shanks, personal correspondence, 2018). In another example, the Ministry of Seniors and Healthy Aging provided an annual statistical report for Home Care in the past. This report provided an overview of the home care services in Manitoba including statistics on the total number of clients receiving home care, as well as the total number of admissions to and discharges from the home care program (MHSAL, 2018-2019 Annual Statistics).

More recently, Shared Health's Digital Health provides a single integrated system that extracts monthly home care statistics from the procura Scheduling System application and produces reports for four of five RHAs. Statistics include the following: caseload numbers, gender, age range, referral source, care level, client status summary and discharge disposition. (see sharedhealthmb.ca/services/digital-health/)

In 2020-21, Shared Health completed Phase 2 of the implementation of a standardized electronic home care record (EHCR) and clinical assessment for Home Care clients in the RHAs. Manitoba has region-wide and province-wide use of the standardized data available in EHCR to support evidence-informed decisions for service planning, allocation, and monitoring from the point of care to the system level(Shared Health, 2021). At the time of writing this report, we understand that Shared Health is currently developing provincial metrics from EHCR data to measure and monitor important indicators of service performance, such as response times, client volumes, units of service delivery, and client complexity.

Appendix A

TIMELINE OF POLICY ACTIONS AND MILESTONES

18th Century

- Families were primarily responsible for caring for infirm older adults. The oldest sons took care of parents to maintain title to property upon death.

1927

- Federal Old Age Pension Act passed (Twomey, 2013). Those who were institutionalized were not eligible to receive the federal pension.

1952-1954

- Federally administered pensions were lowered to 65 years old, expanding the number of beneficiaries.
- In 1954, the federal pension included those who were institutionalized.

1971

- Betty Havens started the Aging in Manitoba Longitudinal Study (Gerster, 2017)

1974

- MHCP established through an Order-in-Council (to all age groups) (Gerster, 2017)
- Manitoba Health's Office of Continuing Care created with Evelyn Shapiro as director (Gerster, 2017)

1984

- Canada Health Act – The Act sets out the primary objective of Canadian health care policy, which is "to protect, promote and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers (Government of Canada, 2022)." Home care was not considered an insured service under the Act.

1996

- The Regional Health Authorities Act (The Act) was given royal assent. The Act includes home care services as one of its 'health services' similarly to all other health services provided through the RHAs.

1997-98

- RHAs given responsibility for the delivery of core health care services.
- 13 RHAs were established consisting of two authorities in Winnipeg (the Winnipeg Community and Long Term Care Authority and the Winnipeg Hospital Authority), and 11 rural and northern RHAs

2000

- Winnipeg Regional Health Authority (WRHA) was formed through an amalgamation of the Winnipeg Community and Long Term Care Authority and the Winnipeg Hospital Authority

2002

- The Marquette and South Westman RHAs amalgamated to form the Assinboine RHA.
- 11 RHAs were responsible (down from 13) for the delivery and administration of health services in Manitoba

2006

- Aging in Place Strategy introduced to increase community living supports for seniors and alternatives to institutional care (Government of Manitoba, 2006.)

2009

- *Engagement of Family Members to Provide Non Professional Home Care Services:* provincial policy to clarify funding criteria to receive assessed home care services (Canadian Home Care Association, 2013)
- Primary Caregiver Tax Credit (*Income Tax Act*, s.5(11)) introduced to give financial support to individuals who are unpaid primary caregivers for more than 3 consecutive months (Canadian Home Care Association, 2013)

2010-11

- Long Term Care/Aging in place Strategy (see previously 2006) refreshed to consolidate the provincial framework with focus on sustainability across the continuum of care (Canadian Home Care Association, 2013)

2011

- Caregiver Recognition Act (Bill 42) introduced

2012

- Legislative amendments to support reducing the number of RHAs from 11 to 5 larger regions.

2015

- The Office of the Auditor General (OAG) released an audit report to the public on home care services in Manitoba.

2016

- A change in government from NDP Progressive Conservatives (PCs) in 2016 provincial election facilitated transformation work outline below.

2017

- Based on the OAG Audit, MHSAL released a consultant's report titled *The Future of Home Care Services in Manitoba*.
- Provincial Clinical and Preventive Services Planning for Manitoba, Doing Things Differently and Better by David Peachey published.

- KPMG Health System Sustainability & Innovation Review: Phase 1 Report published (January 31, 2017 and Phase 2 March 2017)

2018

- The Health System Transformation Program began with a mandate to define and oversee the implementation of a sustainable health system that improves service delivery to and health outcomes of Manitobans. Beginning in 2018, transformation updates can be found here: https://www.gov.mb.ca/health/hst/resources.html
- Shared Health was created as part of Manitoba's broader health system transformation

2019

- The PCs were re-elected to a majority government.
- Manitoba's five year Clinical and Services Plan published.

2020

- Manitoba's Health System Transformation that the Manitoba Government announced and oversees can be found at https://www.gov.mb.ca/health/hst/program.html#program
- On 20 March 2020, the Government of Manitoba declared a provincial state of emergency to help prevent the spread of COVID-19.
- Shared Health issued COVID-19 guidance for use of non-medical masks for in-home health care services.

2021

- Electronic Home Care record implemented in the 5 RHAs (Shared Health, 2021)

2022

- Planning for the future of our health care system - Manitoba's Clinical and Preventive Services Plan is updated March 2022 (Shared Health, 2022)

Appendix B

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