HOW APPROACHES TO CARE SHAPE THE PATHWAYS OF OLDER ADULT HOME CARE CLIENTS:
RESEARCH APPROACH OVERVIEW

MARCH 2026

Research Approach Overview

The findings from the Home Care Pathways project are based on three data sources: 1) home care client

assessment data; 2) **interviews** with clients, caregivers and home care staff; 3) and policy/program

documents and key informant interviews. Work with the various data sources was done independently

of one another, yet overall intended to inform and shape the understanding of client pathways.

This document provides background on each data source and methodological approach used. Across all

data sources, methods were applied to two Canadian jurisdictions - Winnipeg Regional Health Authority

(WRHA) and Nova Scotia Health (NSH).[1]

**Winnipeg Regional
Health Authority,
Manitoba**

**Nova Scotia Health
Authority**

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[1] Research ethics clearance for the various components of the study was obtained by: Mount Saint Vincent
University, University of Manitoba and Nova Scotia Health.

Home Care Client Assessment Data

Design: A retrospective longitudinal analysis of a cohort of clients receiving publicly funded home care services

Data source: Home Care Minimum Data Set (MDS-HC) accessed through provincial data repositories

Sample: chronic care clients identified as individuals aged 60 and older who received non-medical supports during 2011-2013, and had at least 2 assessments

Sample Size: approximately 5000 clients in each jurisdiction

Analysis: clients' home care records and interactions with other components of the health system were tracked from 2014 up to 2017 to understand changes in need, care coordination and their service pathway; various quantitative statistical techniques were used

Client cohort
2011-2013

2014   2016

2015   2017

- 60+
- Received RAI-HC
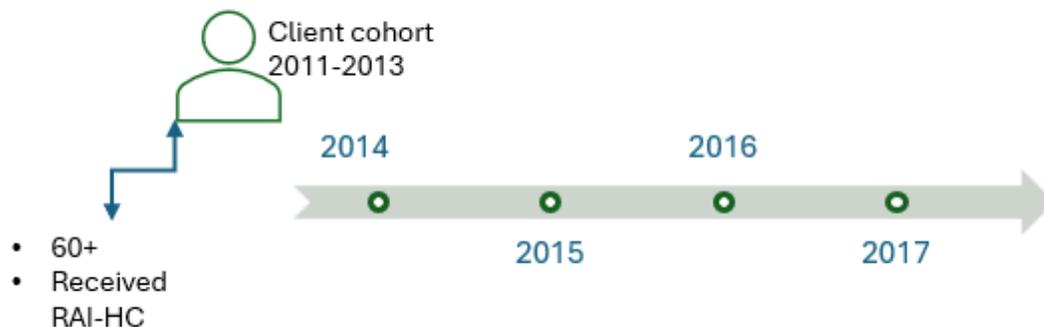
During 2014-2017, the records of clients were reviewed for:
Change in health status
- Physician services
- Emergency services
- Change in home care
- Disposition status

In addition to MDS-HC client records, other data sources used included:

Discharge Abstract Database: The national hospital database captures all acute care hospitalizations. It provided information on when clients were admitted to hospital, how long they stayed, and whether they were discharged home, to long-term care, or died in hospital.

Emergency Department Records: The administrative data collected by each jurisdiction on visits to emergency departments. These records were used to identify deaths that occurred in the Emergency Department or health events relevant to client trajectories.

Vital Statistics Records: These provincial records provide official dates of death. These data ensured accurate follow-up of clients and confirmed mortality outcomes within the study period.

Home Care Service Utilization Data: Jurisdiction-specific home care data were used to show the type, amount, and timing of services provided. In the Winnipeg Regional Health Authority, this information came from staff visit records that listed the date, length, and provider type for each visit. In Nova Scotia, service details were taken from client service plans, which were used to calculate the weekly hours of nursing and home support services, such as help with dressing, bathing, and other daily activities.

Home Care Discharge and LTC Placement Data: Discharge information was collected differently in each region. In WRHA, discharge dates and reasons were recorded directly in the RAI-HC data, with additional details taken from a separate long-term care placement file. In Nova Scotia, long-term care placement dates came from service plan records, and home care discharge had to be inferred by looking at death dates, long-term care entry, and when a service plan ended.

Interviews with Clients, Caregivers and Home Care Staff

Design: A longitudinal analysis of care constellations centered around a client receiving publicly funded home care services. This method obtained information from key people involved in a client's care including the client, unpaid caregivers, service providers and care coordinators. Hearing from these different perspectives helped to understand how care decisions are made and why care plans change over time.

Data source: Interviews (in person, telephone) conducted by a member of the research team with a client and members of their care constellation at three points in time (see time line below)
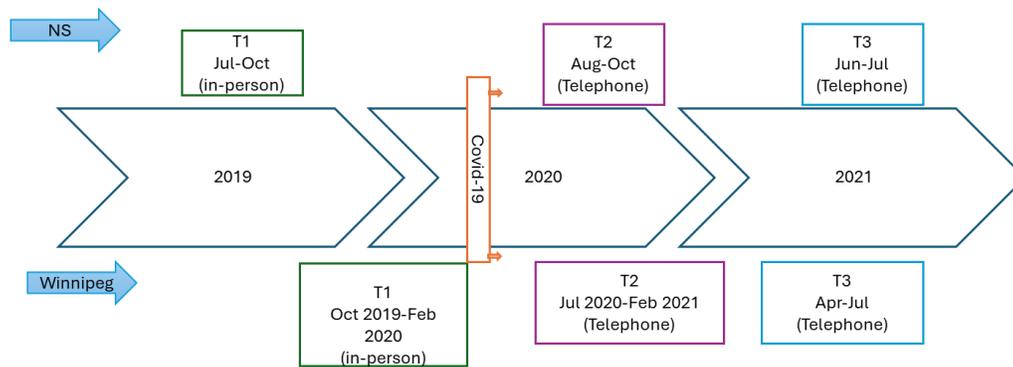
Sample: clients 60 years and older who had been receiving publicly funded home care for at least one month in 2019, with no significant cognitive impairments. Clients were asked to identify a family/friend caregiver if relevant, and a home support worker they felt would be interested in participating. The client's care coordinator and agency supervisor of the worker (NS jurisdiction only) were included in the constellation.

Sample Size: 6 care constellations in each jurisdiction; sample care constellation below

The 12 clients remained the same over the three points in time, however in some cases other members of the care constellation did not. Due to changes in home support workers, agency supervisors and care coordinators over the three points in time, 53 distinct individuals make up the sample.

Analysis: Descriptive summaries were prepared for each interview at each point in time and descriptive summaries were prepared of each constellation across the three points in time. Qualitative analysis techniques were used to explore how client pathways are shaped by interrelated events and factors at the individual, familial and system/organizational levels.

Policy/Program Documents and Key Informant Interviews

Design: Document analysis to develop policy overviews for each home care program

Data source: procedure manuals, service policy, strategy documents; key informants

Sample: key informants - individuals in a professional capacity who are knowledgeable about policies

and practices of publicly funded home care

Sample size: multiple documents from each jurisdiction and relevant federal policies; nine key

informants

Analysis: content analysis of documents and interviews with key informants to identify broader (macro)

level policies that shape/affect how agencies provide services, and to support interpretation of findings

from the client assessment data and care constellation interviews