

Measuring client experience of emerging models of integrated home and community care

People want to live well, with dignity and safety, in their homes and communities for as long as possible. To support this, some home care services in Ontario are restructuring to integrate home care focused on medical and personal care, with community-based social care and services such as friendly visiting, meals and transportation. Measures of client experience, referred to as ‘patient-reported experience measures’ (PREMs) are important for guiding health system improvements, yet current tools are insufficient for measuring client experience of these new models of home and community care.

This study will develop a new PREM that can be used to accurately identify, monitor, and address the concerns and priorities that matter most to clients of integrated home and community care. This new measure will be implemented to evaluate innovative models at SE Health and will also be made available to other organizations and teams in Ontario (e.g., Ontario Health Teams) to support the design and measurement of positive health system change through Ontario Health Teams and beyond.

Project Overview

Home care is an important part of any healthcare system because it allows clients to receive care and live full, meaningful lives at home while remaining in the communities to which they belong. However, the need for home care services has grown due to an aging population, increasing numbers of people having multi complex chronic illnesses, and faster hospital discharge practices. Additionally, studies have found that the current home care system in Ontario is underfunded, understaffed, and inequitable in access resulting in clients not receiving the full care they need.

To address these challenges, the Ontario Ministry of Health and Long-term Care recently introduced Bill 175, the Connecting People to Home and Community Care Act. This Act aims to more fully integrate home and community care to deliver better care centred around

client’s needs that ensures stability and continuity of care while also strengthening client and caregiver participation in care planning.

One care delivery model that integrates home and community care is SE Health’s Home Opportunity People Empowerment (H.O.P.E.) Approach to Care. This model builds the evidence-based primary nursing model instituted in other health care sectors and positive experiences of this model in home and community care. Clients receiving care from H.O.P.E. are supported to meet their goals by self-managing teams of nurses that, 1) address client and family needs by creating care plans based on client and caregiver life priorities, 2) ensure care provider continuity, 3) provide comprehensive life care that addresses the social determinants of health while supporting clients’ self-management capabilities,

and 4) leverages community and neighbourhood supports by integrating community services and social networks into care delivery.

What have we done?

To develop and validate a PREM for the client experience of new and emerging models of home and community care, such as the H.O.P.E. Approach to Care we first needed to **outline the foundational principles** of innovative home care models to map out what types of questions will be relevant to this new PREM.

The new PREM will be organized around the **principles of equity, life care, and continuity**. Existing evidence suggests these principles are crucial to enable the home care system to effectively deliver home and community-based care that meets the quadruple aims of reducing costs, improving population health, enhancing healthcare experience, and improving healthcare provider well-being.

The principle of equity aims to reduce the impact of multiple and intersecting forms of racism, discrimination, and stigma (e.g., chronic illnesses, non-conforming gender and sexual identities, age, etc.) on people's access to services and their experiences of care. For clients and their caregivers, equity means, a) perceiving care to be supportive and appropriate to their needs, b) being comfortable in seeking care, and c) having confidence that the care they receive will be helpful to them.

The principle of life care encompasses both a scope of care that involves bodily functions, mental well-being, meaningfulness, daily functioning, participation, and quality of life, and a process of care that is person-centred. For clients and their caregivers having their life

care needs met means they will, a) be asked about all aspects of life care, b) perceive care to be person-centred, c) collaboratively develop life care goals with healthcare workers, and d) co-create care plans with healthcare workers.

The principle of continuity is “the degree to which a series of discrete healthcare events are experienced as coherent and connected and consistent with the client’s medical needs and personal context”. For clients and their caregivers, continuity means, a) perceiving that providers know what has happened before, b) that different providers agree on a management plan, and c) that a provider who knows them will care for them in the future.

What will we do next?

Over the next six months we will work with healthcare leader experts, health and social care providers, home care clients, and caregivers of home care clients at SE Health to develop the new PREM. Activities include developing a large set of potential questions for the PREM, having experts rate the appropriateness and relevance of these questions to ensure they capture the full client experience, and refining and testing the PREM.

What will be the impact?

It is anticipated that this study will result in a measure that is reliable and valid for use with home care clients in Ontario. This new PREM will ensure the right type of data is collected that can accurately measure health system performance, improve quality, and inform optimization of innovative home and community care models.

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About the SE Research Centre

The SE Research Centre is funded by SE Health to conduct impact-oriented health services research and evaluation for the benefit of Canadians. We study the needs of people, their caregivers, and health care providers, to develop evidence-based solutions to tough health and social care problems. Our researchers collaborate with a wide variety of community and academic partners across Canada. In the SE Research Centre there are four fields of research and evaluation: Aging in Society; Dying, Death and Grief; Health and Care Experiences; and Models of Care Delivery.

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