Research Centre

A realist evaluation of the H.O.P.E. Approach to Care

Innovative approaches are required to improve outcomes, efficiencies, and patient and provider experiences in home and community care. This evaluation focuses on a new approach to home care nursing at SE Health, exploring whether and how this approach leads to meaningful change.

The H.O.P.E. Approach to Care includes a shift to primary nursing ("one nurse, one patient") and an emphasis on holistic, biopsychosocial care in visiting nursing. This evaluation will measure the intended outputs and outcomes of the H.O.P.E. Approach to Care, which include improved patient and provider experiences, fewer adverse events, and more efficient delivery of nursing care. Our evaluation will also involve a deep dive into the experiences of select SE Health Ontario Service Delivery Centres, to explore how the H.O.P.E. Approach to Care has been adapted to different contexts and how and under what circumstances its goals are—or are not—achieved.

Project Overview

Home care in Ontario faces numerous challenges. These include an aging population, increasingly complex client needs, and lack of continuity of care and coordination of services. Many Canadian home care clients have unmet needs, and Canadian home care nurses often work in challenging conditions. In the face of these issues, innovation is needed to achieve the Quadruple Aim of improved health outcomes, patient experiences and provider experiences along with controlled costs.

SE Health is in the process of implementing a new model of care, called the H.O.P.E. Approach to Care, to address some of these concerns. The H.O.P.E. Approach to Care includes a "primary nursing" model, whereby a single primary nurse is assigned to each patient. The primary nurse provides the bulk of patient care, while coordinating and aligning services provided by other nurses. The H.O.P.E. Approach to Care also adopts a holistic approach to care termed "life care." Life care extends the scope of client and caregiver issues that primary nurses would consider beyond medical care to include other supports that address the clients' quality of life.

The H.O.P.E. Approach to Care was launched in 2021. A logic model to guide implementation was developed centrally, along with supporting information technology tools. However, each of eight SE Health Service Delivery Centres (SDCs) across the province took responsibility

for implementing the H.O.P.E. Approach to Care within their region.

This evaluation is beginning approximately 2 years into the implementation of the H.O.P.E. Approach to Care. Implementation has been proceeding in different ways and at a different pace across SDCs (as may be expected in a decentralized implementation process). Outcomes are also likely to vary across SDCs. To account for this complex context, we will explore how the H.O.P.E. Approach has been adapted, what outcomes have been achieved, and what pathways have enabled or prevented intended outcomes from occurring.

What will we do?

This project will use an approach called realist evaluation. Instead of looking at outcomes in a vacuum, realist evaluation looks at the conditions in which outcomes are achieved by asking "what works, for whom, under what circumstances, and how"(1). We will collect data on Quadruple Aim outcomes (from the logic model) at all SDCs, and interview organizational and SDC leaders to understand how each SDC has adapted the H.O.P.E. Approach to Care. We will then choose 3 SDCs with contrasting approaches and/or outcomes and conduct focus groups and interviews to learn about how the H.O.P.E. Approach to Care is evolving in each context.

What will we learn?

Through this evaluation, we will develop an understanding of how and to what extent the H.O.P.E. Approach to Care is creating meaningful change. We will learn about how different SDCs are adapting the H.O.P.E. Approach to Care for their specific contexts. We will discover whether the intended goals of the H.O.P.E. Approach to Care have been achieved, including improved patient and provider experiences, reduced adverse events, and increased efficiencies in care. We will further use lessons from three SDCs to understand how these goals were brought about (or why they did not occur).

What will be the impact?

Findings from this evaluation will be used to improve, iterate on, and disseminate information about the H.O.P.E. Approach to Care. We will learn how we can set up SDCs for success when implementing the H.O.P.E. Approach to Care in primary nursing, by identifying centralized and decentralized elements of the approach that are critical in achieving the goals of this approach. Findings of this study can also inform the expansion of the H.O.P.E. Approach to Care to non-nursing providers, such as personal support workers and rehabilitation providers. Finally, we will share what we learn with others in the field of home and community care to support innovation and improvement across the sector.

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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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