





# A new model of home care for older Canadians at risk of long-term care

COVID-19 has revealed on a massive, devastating scale that the Canadian healthcare system is failing older adults. To prioritize the quality of life of older Canadians, we need to build a continuum of services to meet their life care needs. This project will develop a new model of home care for older adults who are at risk of going into long-term care. A strengthened home care system and services will give older Canadians more options for where to live and receive care as they age.

## **Project Overview**

A task-based visitation model of home care does not meet the life care needs of older Canadians, who need long-term services that are integrated across a continuum.<sup>1, 2</sup> A lack of non-medical support services and overreliance on family caregivers is a major barrier to shifting more long-term care of older adults to the community sector.<sup>3</sup> Depression and loneliness are known predictors of early long-term care admission but are not well addressed by the current home care system.<sup>4</sup>

An examination of home care clients' documented medical, functional and psychosocial 'life care' needs, revealed approximately 80% of long-stay clients in Ontario could be considered at risk of admission to long-term care.

Older Canadians living with multiple chronic conditions are at increased risk for COVID-19 infection and poor outcomes. This risk is higher in long-term care (LTC) settings, where residents are more likely to be older, have multiple health issues, multiple medications, physical and cognitive impairments; and where physical distancing is a major challenge due to congregate living and the care environment (5).

Home care and other services deemed 'non-essential' during the pandemic have been significantly reduced or cancelled. Due to reduced services, community-dwelling frail, older Canadians are at risk of worsening chronic disease symptoms, and a care trajectory ending with hospital and/ or LTC home admission (6, 7).

The demand to keep frail, older adults out of congregate care environments is increasing and there is

a need to protect hospital capacity to respond to the pandemic. These require shifting more of current and future LTC demand to the home and community sector.

Evidence existed before COVID-19 that older adults need services across a continuum to meet their medical, functional and psychosocial care needs and that existing task-based visit models of home care are insufficient, not offering necessary non-medical, caregiver support and/ or mental health services (1-4).

Home care providers are equipped to deliver personand family-centred care (8). To value and support the quality of life of older adults, we will develop a new model of home care that better matches the types and frequency of services to their 'life care' needs. By making these changes we will strengthen home care and provide Canadians with more options for where they can live and receive care as they age.

## What did we do / are we doing?

 We used Ontario home care data to develop patient vignettes representing different combinations of holistic life care needs of older adults at risk of LTC admission based on known medical and social predictors (e.g., medical complexity, age, caregiver relationship/ coresidence /distress, rurality, diagnoses, cognition, functional status, behaviours, falls and loneliness);
Now with clinicians, older adults and family caregivers, we are co-designing integrated home care service offerings for each group;

3) We will then develop care packages that can be implemented from a variety of existing and new home care referral sources (e.g., hospital, primary care, community support services).

## What are we finding so far?

 Based on the review of older adults' life care needs, 80% of long-stay home care clients in Ontario could be considered at risk of admission to LTC and can be

## Researchers

**Co-Principal Investigators** 

#### Justine Giosa PhD

Manager, Research Operations SE Research Centre; Adjunct Assistant Professor, School of Public Health and Health Systems, University of Waterloo

## Margaret Saari RN, PhD

Clinical Scientist, SE Health; Adjunct Lecturer, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto; Fellow, interRAI Canada

## **Co-Investigators**

#### **Paul Holyoke PhD**

Director, SE Research Centre

## John Hirdes PhD

Professor, School of Public Health and Health Systems, University of Waterloo; Senior Country Fellow, Board Member and ISD Member interRAI

## George Heckman MD, MSc FRCPC

Associate Professor, School of Public Health and Health Systems, University of Waterloo; Schlegel Research Chair in Geriatric Medicine; Assistant Clinical Professor of Medicine, McMaster University; Fellow, interRAI Canada

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grouped into 6 categories with patient vignettes to represent each group's average needs;

- Potential referral sources for a new model of home care to meet the life care needs of older adults at risk of LTC include primary care sites, specialized geriatric care, existing home care and community support services, hospitals and the broader community;
- Front-line home care clinicians are excited to contribute their expertise in new model design.

## What is the anticipated impact?

A new model of home care to meet the life care needs of older adults in the community long-term is anticipated to:

- Restore and increase the volume and range of home care services to older Canadians as key to an innovative post-pandemic response;
- Decrease the number of LTC beds needed to care for older Canadians long-term;
- Enhance the quality of life of older Canadians;
- Improve clinician satisfaction and retention working in the home care sector.

## **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 evidencebased solutions to tough health and social care problems. Our researchers collaborate with a wide variety of community and academic partners.

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. SE Research Centre. Creating a brighter future of health.

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