UN PLAN NATIONAL | BETTER HOME CARE
Pour de meilleurs soins à domicile | *A National Action Plan*

HOME CARE PRIORITY MATRIX

BETTER HOME CARE: A NATIONAL ACTION PLAN, context is "Home, not hospital or residential care, is among the best place to recover from an illness or injury, manage long-term conditions and live out final days." Priorities reflect the client/patient journey through the continuum of care. Considerations and outcomes are identified from promising practices across the country.

PRIORITY 1: HOME IS THE BEST PLACE TO MANAGE LONG-TERM CONDITIONS

WHAT THE CARE RECIPIENT WANTS

I want to stay healthy and independent in my own home

WHAT THE HEALTH SYSTEM NEEDS TO DO

- Better support individuals with long-term health conditions with care and support at home and in their community
- Address the growing need for home care services of individuals living with dementia
- Connect care recipients with appropriate segments of the health care systems quickly and conveniently
- Accelerate the adoption of technology-enabled home care (remoter monitoring, tele-homecare)

SPECIFIC HOME CARE PRIORITIES

- Models of integrated care connecting home care, primary care, emergency medical services with other health and social services
- Expanded role of home care to provide care coordination to individuals with dementia, and support to carers

KEY CONSIDERATIONS

- Connect home care with primary care teams through formalized and structured partnerships and expand the role of home care in chronic disease management to serve a broader scope of patients
- Formally engage paramedics and EMS – promote single pharmacy and medication reconciliation
- Training and support for families and carers who take on an unpaid caring role for someone living with dementia
- Enhance dementia education for home health care providers (regulated and unregulated)

OUTCOMES

- Enhanced sense of independence and dignity. Better quality care and support for individuals with long-term conditions. Improved self-care and quality of life
- Improved integration of services across the continuum of care
  - More effective communication and decision-making
  - More effective client-centered care
  - Optimal use of health human resources
- Increased cost-effectiveness of care (Reduced dependency on hospital for provision of non-emergency care)

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PRIORITY 2: HOME IS THE BEST PLACE TO RECOVER FROM AN ILLNESS OR INJURY

WHAT THE CARE RECIPIENT WANTS

I want to safely return home after a hospital visit

WHAT THE HEALTH SYSTEM NEEDS TO DO

- Establish a culture of practice that reinforces home as the best place to recover from an illness or injury
- Support integrated patient care and flow that ensures appropriate ER utilization and enables prompt and safe discharge from hospital to home
- Ensure appropriate transfer of information between all sectors of the health care system to ensure seamless care experience for care recipient

SPECIFIC HOME CARE PRIORITIES

- Seamless transitions between home care AND primary care, acute care, continuing complex care and rehabilitation facilities
- Restorative (short-term) home care services that maximize a person's ability to live independently

KEY CONSIDERATIONS

- Philosophy change – Health care providers always consider facilitating the patient's safe return home before designating a long-term care placement
- Connect patients and families with health and social care resources to support safety and independence at home
- Additional training for home health care providers on short-term restorative care practices

OUTCOMES

- Reduced patient risk for hospital acquired infections and hospital associated deconditioning
- Increased hospital capacity due to decreased hospital ALC rates / reduced referrals from hospital to LTC facilities / reduction in avoidable readmissions to hospital
- Improved patient functional abilities – reduced demand for ongoing home-care services
- Increased cost effectiveness

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PRIORITY 3: HOME IS THE BEST PLACE TO LIVE OUT FINAL DAYS

WHAT THE CARE RECIPIENT WANTS

I want to die with dignity in a home-like setting

WHAT THE HEALTH SYSTEM NEEDS TO DO

- Provide patients with more options and access to palliative and end-of-life care in their homes and communities

SPECIFIC HOME CARE PRIORITY

- People who are aging, frail and/or have chronic life-limiting illnesses have options to receive care in their own home or a home-like setting

KEY CONSIDERATIONS

- Increase access to flexible home-based palliative and end-of-life services
- Education on the integrated palliative care approach and culturally safe care
- Provide tools and algorithms to support the delivery of integrated palliative care
- Strong links with primary care teams, chronic care teams, specialized palliative care teams and hospice programs
- Recognition and support for carers who take on an unpaid caring role for someone who has a chronic life-limiting illness who is near end-of-life
- Access to information and procedures related to provision of Medical Aid in Dying

OUTCOMES

- Individuals diagnosed with a life-limiting illness have a greater sense of control over their lives and care – informed decision-making and advance care plans
- Emotional wellness, less suffering, increased quality of life and death.
- Seamless care across all settings
- More effective use of health resources (and palliative care specialists)