



Protecting vulnerable seniors in our response to COVID-19: Long-term care at home

Priorities for the 2021 Federal Budget



Canadian Home Care
Association
canadienne de soins
et services à domicile

RECOMMENDATIONS

- 1 With federal leadership, undertake a review of the existing 2016–17 federal, provincial and territorial health accords targeting home and community care in light of COVID-19 and the importance of long-term care in the home setting. Accelerate transfer payments to expand and equip home care programs in anticipation of wave 2 of the global pandemic.
- 2 Expedite the development of continuing education standards for non-regulated workers and increase skills proficiency through education and practice standards.
- 3 Create national caregiver legislation that defines the essential role of caregivers in the health and social care system. This includes caregiver supports, rights, recognition and support for National Caregiver Day (first Tuesday in April) to increase awareness of Canadians providing care.

OVERVIEW

Home, not a hospital or long-term care facility, is the preferred setting of care for seniors living with a frailty, individuals with chronic conditions and those at end-of-life. Services provided in an individual's home include nursing and rehabilitation, assessments of physical and mental abilities, health education, physician consultations, help with instrumental activities of daily living (e.g., meals, laundry, cleaning, medication management) and supports for caregivers.¹

The systemic challenges of our current approach to long-term care have been exacerbated by the COVID-19 pandemic. The pandemic has shone a light on the urgent need to re-evaluate the disproportionate number of seniors with a frailty who are admitted to long-term care facilities rather than receiving care at home. A recent report from the Canadian Institute for Health Information shows that one in nine newly admitted residents in long-term care homes potentially could have been cared for at home. This represents more than 5,000 long-term care spaces in reporting provinces and territories.¹ Providing flexible and safe care options for seniors requires additional funding and support from all levels of government to ensure access to appropriate services provided by skilled and knowledgeable health care workers.

These pre-budget recommendations of the Canadian Home Care Association (CHCA) speak to the needs of today and the future based on the stark lessons learned from COVID-19. Collaborative action is required by all levels of government to build capacity in a currently underfunded and underdeveloped but vital part of our health care system. While we at the CHCA do not know precisely the amount of funding required, we do know that spending only 5% of our total public health care expenditures on home care is not enough investment from governments in terms of time, capacity and funding to support seniors in their preference for long-term care at home.

LESSONS LEARNED FROM COVID-19

Systemic problems in our health care system have been greatly exacerbated by the COVID-19 pandemic. The hospital-centric approach to the first wave of the pandemic resulted in drastic unintended consequences and revealed fundamental issues with our philosophy and approach to care for our most vulnerable populations. It has provided us with an opportunity to learn from our mistakes in order to better prepare for a second wave.

Impact of policy changes on home care

Jurisdictions cancelled “non-urgent visits” early in the pandemic to plan for surge capacity from hospitals. This decision resulted in unplanned and increased burden on caregivers who did not receive the support or training required to provide care. Since the start of the first wave of COVID-19, family caregivers have been providing more care and spending more money. Although they are a key member of a patient’s health care team, family caregivers cannot be expected to take on the duties of specially trained and qualified home health care workers (regulated and unregulated).

Personal protective equipment (PPE) shortages in home care

Beginning in April, most home health care providers (over 70%) experienced a critical shortage of PPE. Supplies of surgical masks, eye protection, gowns, gloves and hand sanitizer were limited and in most cases left up to the individual provider to source and purchase. Instructional videos and pamphlets focused on donning and doffing PPE in a controlled hospital setting, which is vastly different from an individual’s home environment.

Safe care in a safe environment

Individuals are less likely to be exposed to infections in a home setting where interactions are limited to a circle of providers and family members. In contrast, facilities have a high volume of close contacts with both residents and staff. Between March and June 2020, infection rates in a home setting due to COVID-19 were 0.04%, with no COVID-related deaths to date.ⁱⁱ

Availability of home care workers

Disproportional wage increases for health care workers in hospitals and long-term care facilities took place during wave 1 of the pandemic. This caused critical staff shortages in home and community care settings. Approaches to wages and benefits must be harmonized across all settings of care.

Based on these lessons learned, CHCA has a number of recommendations that decision-makers should heed in advance of a second wave.

¹ A caregiver (also referred to as a family caregiver or carers) is a person who takes on an unpaid caring role for someone who needs help because of a physical or cognitive condition, an injury or a chronic life-limiting illness.

IMMEDIATE PRIORITIES

Provide health care services for vulnerable populations that limit exposure to COVID-19 by increasing care in the home setting prior to and during a potential second wave

While COVID-19 itself does not discriminate, it does disproportionately impact seniors who are often coping with multiple chronic diseases. Canada's initial response to COVID-19 has resulted in much higher mortality rates in institutional settings versus other nations. In fact, 81% of deaths from COVID-19 in Canada have occurred in a long-term care facility. Providing long-term care and support in the home is a safe and effective option compared to congregate care settings such as long-term care facilities or hospitals, where frail seniors and vulnerable populations are at increased risk of exposure to COVID-19 and other infectious diseases.

Ultimately, receiving long-term care in the home is safest for seniors living with a frailty, individuals with chronic conditions and those at end-of-life. Home care providers have the expertise and capacity to safely deliver complex care in the home setting. Unfortunately, the policy decisions made during wave 1 of the pandemic—rationing of home care services, incenting non-regulated workers (i.e., personal support workers and health care aids) to work in hospitals and long-term care facilities, limited access to PPE and challenges in accessing medications—created artificial barriers to making this happen.

Therefore, CHCA recommends the following in order to better protect and use the home care sector during a second wave of COVID-19:

1 Increase home care capacity

As part of the restart initiatives, immediately restore home care services to pre-COVID levels for individuals who are medically stable but need help with activities of daily living. Planning for wave 2 must include increasing home care service hours and flexibility to minimize the number of workers visiting a home or care setting. It must also give home care workers time to educate patients and their family members on infection control procedures and safety protocols.



2 Ensure infection control measures and access to PPE

Include home care providers as a priority group in a coordinated process to expedite access to PPE and create education pieces specifically for using PPE in the home setting, and financial support to purchase necessary equipment is required.



3 Continue “pandemic pay” and implement a fair approach across all care settings

Compensation for non-regulated workers should be set using a wage range based on education, skills and experience, not setting of care. Governments must apply restart funds to equalize the starting compensation rates and include sick pay. Through the publicly funded health system, personal support workers are currently paid 37% more in hospitals (\$26.00/hr) and 26% more in nursing homes (\$24.00/hr), compared to home care (\$19.00/hr).



LONG-TERM AND SUSTAINABLE SUPPORT FOR HOME CARE

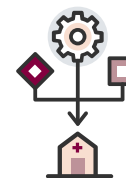
Make the systemic changes needed to provide Canadians with long-term care when they want it and where the best health outcomes are possible: at home..

Institutionalized residential care is not the only option for supporting the long-term care needs of seniors. Countries around the world have successfully created systems to provide quality care and reinforce quality of life for seniors living with a frailty. These systems have strategically and systematically expanded long-term care services at home so that only the individuals with the highest needs (i.e., those not able to manage at home) are admitted to long-term, facility-based care. In Canada, 42% of individuals over the age of 80 years that need long-term care receive it in an institutional setting compared to 30% in other comparable countries.ⁱⁱⁱ

Building capacity in home care, specifically for seniors living with a frailty and other vulnerable populations, requires leadership from the federal government in partnership with provinces and territories, to focus on three key areas:

1 Integrated long-term care at home

Governments must undertake the necessary reviews of our existing system to increase capacity and access to home care within an integrated approach to long-term care. Embedding a “home is best” philosophy to guide long-term care re-design and funding ensures that seniors who prefer to live at home and receive necessary services safely remain there as long as possible. The federal government can provide leadership by supporting the creation of principle-based standards for home and community care that ensure a level of national consistency in services, workforce skills and competencies, and quality care.



2 Health care workforce

Advances in medical technology have enabled services that were once only provided in a hospital setting to be effectively provided in the home. Education, qualifications, technical and compassionate skills are critical for today’s and tomorrow’s home health care workforce. Working conditions, compensation and career opportunities are vital considerations. There is a health care worker shortage across Canada, and it is expected to get worse. Without the leadership and commitment of the federal government, the necessary actions to improve working conditions, and increased access to educational programs, our system will have little capacity to care for Canadians.



3 Essential role of caregivers

Caregivers need to be recognized and included as essential partners of the care team. They must know where to get resources and supports for themselves and the care recipient. Our country needs national caregiver legislation to define and strengthen caregiver rights and recognition, ensure resources are available to support their health and well-being, minimize the financial burden, and enable access to necessary information and flexible caregiver-friendly workplaces.



These steps are not just needed to prepare our health care system for another wave of the pandemic—they are also needed to establish the foundation for a sustainable health care system that can support Canadians when and where they need it. We call on governments, with leadership from the federal government, to take tangible steps to implement the necessary systemic changes.

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- i Canadian Institute for Health Information. (2019). *Common Challenges, Shared Health Priorities: Measuring Access to Home and Community Care and to Mental Health and Addictions Services in Canada*. Ottawa, ON: CIHI.
 - ii Informal survey on home health care providers by the Canadian Home Care Association.
 - iii The C.D. Howe Institute. (2020). COVID-19 Crisis Public Health and Emergency Measures Working Group, *Communique #4: A Tale of Two Epidemics: Why Seniors' Care in Canada was So Hard Hit*. Crisis Working Group Report. Retrieved from https://www.cdhowe.org/sites/default/files/attachments/communiques/mixed/CWGR_2020_0602.pdf

CANADIAN HOME CARE ASSOCIATION

CHCA is dedicated to ensuring the availability of accessible, responsive home care to enable people to safely stay in their homes with dignity, independence and quality of life. Our vision is an integrated health and social care system that provides seamless patient- and family-centred care that is accessible, accountable, evidence-informed, integrated and sustainable. The CHCA is a recognized and respected resource for our members as we make connections and facilitate the sharing of new ideas and leading practices across the country. Through our diverse membership base, the CHCA represents public and private organizations that fund, manage and provide services and products in the home and community.

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