

# Harmonized Principles For Home Care

The Harmonized Principles are a statement of home care values that are shared across Canada. Developed through extensive consultations with over 350 stakeholders from government, administrators and providers, the Harmonized Principles articulate the fundamentals of home care in Canada without prescribing how services are funded, administered or delivered. Broadly endorsed by governments and home care stakeholders, the principles provide a policy and program framework to support consistent, high quality home care within and across jurisdictions.

The Harmonized Principles for Home Care reinforce quality standards identified through national accreditation bodies. The principles align with Accreditation Canada's Qmentum program which is designed to promote quality and safety, and CARF Canada's aging services standards.

Adoption of the Harmonized Principles for Home Care provides a basis for the identification of national standards and indicators for home care and sharing of promising practices. The Harmonized Principles for Home Care serve as a foundation for transformation to:

- Better care through proactive, integrated approaches to health and wellness.
- Better outcomes through improved quality, efficiency and effectiveness.
- Better value for home care investment.

### **Home Care in Canada**

Home care is an array of health and support services provided in the home, retirement communities, group homes, and other community settings to people with acute, chronic, palliative, or rehabilitative health care needs. Services include assessments, education, therapeutic interventions. personal assistance with daily living activities, help with instrumental activities of daily living and carer respite and support.

# Patient- and Family-Centred Care

Patients and their carers are at the centre of the planning and delivery of care.

- Foster autonomy and self-sufficiency.
- Integrate safety practices into all patient care and service delivery.
- Respect and address psychosocial, physical and cultural needs.
- Acknowledge patients and carers' unique strengths and engage them as partners in care.

### **Accessible Care**

Patients and their carers have equitable and consistent access to appropriate care.

- Provide care that is responsive and consistent among providers and across jurisdictions
- Promote patients' and carers' understanding of care needs and options, and consequences of decisions and actions.
- Customize care to the unique needs of patients and their families to ensure appropriate care.

### **Accountable Care**

Patients, providers and system outcomes are managed, met and reported.

- Focus on increasing capacity and improving performance.
- Ensure transparency through userfriendly reporting on service delivery information and outcomes.
- Use performance metrics and outcomes to inform planning and delivery.
- Foster adaptive leadership and governance to facilitate change and collaboration.

### **Evidence-Informed Care**

Patients receive care that is informed by clinical expertise, patient values and best available research evidence.

- Collect and apply research evidence, provider expertise and patient experience.
- Use standardized tools and supports to strengthen the quality of services and programs delivered.
- Create a culture of innovation and ingenuity.

# **Integrated Care**

Patients' needs are met through coordinated clinical and service-level planning and delivery involving multiple providers and organizations.

- Build strong foundational partnerships between home care and primary care.
- Optimize system resources and seamless navigation through care coordination.
- Facilitate joint planning, decisionmaking and open communication
- Engage health and social care sectors with a focus on continuity for the client.

## Sustainable Care

Patients whose needs can reasonably be met in the home will receive the services and support to do so.

- Use current and future population needs in strategic policy and system planning.
- Modernize delivery through the exploration and testing of new funding and service models.
- Plan and manage health human resources in anticipation of changing supply and future demand.
- Develop strategic procurement approaches to evaluate and adopt innovation and new technology.



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 and sustainable. 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.