

---

## Commentary

# Home Care's Unique Challenges

Cathy Hecimovich

The article by Anne Martin-Matthews and Joanie Sims-Gould is a very welcome piece of research within the home care sector. There is limited research available in regard to the home care, and even less of that research focuses on the unique challenges of delivering services to clients in the home setting (as opposed to home care research that addresses questions of a more clinical nature such as falls prevention). The authors have framed an important question by inquiring about the key issues in delivery and receipt of home support services. Many of us in the sector believe the issues to be self-evident; however, the advantage of this work is that these issues were examined from multiple perspectives.

While the study was conducted in the Vancouver area, British Columbia, the issues identified are common to home care delivery across the country. This is despite our desire to believe that each area is unique and that home care delivery presents its own set of unique challenges in our various geographies.

The discussion regarding recruitment and retention is a refreshing one in that it goes beyond the usual arguments of remuneration and scheduling (which are well documented as significant challenges) to examine the issue of intrinsic benefits to working in the home care sector and how capitalizing upon these benefits might present an additional strategy for home care employers. In Ontario, managed competition has often been cited as a primary cause of the recruitment and retention challenges within the home care sector. Interestingly, according to these authors, similar issues with recruitment and retention exist in British Columbia seemingly independent of the fact that British Columbia does not share Ontario's managed competition approach to the provision of direct client services.

Another area that was examined in this study and is of considerable practical application to the home care sector is the issue of the dynamic tension between client needs and assigned tasks. This issue gets to the heart of the gaps that currently exist in our policies and funding approaches to the provision of home supports. Client needs in quantity, breadth and scope greatly outstrip our ability as a sector to

meet those needs. The result is both unhappy clients and frustrated workers, who want to do more but are restricted by the limitations of the system.

Also of practical application, but even more challenging than the lack of fiscal and human resources, is the difficulty matching available resources to client needs and preferences. As a sector, we do reasonably well at matching resources to clients' needs but just do not have the human capital to adequately address preferences, particularly as they relate to time-specific visits.

While not specifically mentioned in this study, waiting lists for personal support services are another key indicator of home care system limitations, and they present a major challenge in meeting client needs. Home care waiting lists exist in many provinces and are a growing reality in many areas across Canada as the demand for services continues to outstrip the available fiscal and human resources within the sector.

On the topic of allocation of limited resources in the home care sector, an article by Don Guy (2002) in *Healthcare Quarterly* pointed out that while most Canadians support medicare funding for home care, only 46% believe that that funding should include supports for personal care and grooming. The vast majority of the support Canadians expressed for home care funding was limited to nursing, medication and physician supports in the home. It would therefore appear that the needs of key home care populations, such as the frail elderly, for personal support services to remain in the home setting are not well understood by the general taxpaying public.

Martin-Matthews and Sims-Gould conclude that solutions must consider multiple perspectives (employers, workers and clients) and be based on a shared understanding of the issues. This is undeniably true and a valid recommendation. The suggestion to "lead by example" was a little vague and, as such, it is difficult to understand how one might go about the practical application of this recommendation; however, the comment that employers, worker and clients hold the keys to improvements is a sound observation. The final conclu-

sion was that relationships are crucial to the development and understanding of the system and to making the system work. While this conclusion is certainly true, it seems that there could have been more substance behind this recommendation to really benefit those trying to ensure system improvements.

#### Reference

Guy, D. 2002. "Survey: A Public Preference for Home Care." *Healthcare Quarterly* 6(2): 32-32

#### About the Author

**Cathy Hecimovich**, BHSc. PT, MEd., CHE, has been an active employee in the health services field for over 20 years. Ms. Hecimovich is currently Senior Director of Client Services at the Mississauga Halton Community Care Access Centre (CCAC).

## Commentary

# One Eye Down and the Other Looking Ahead: Moving On in Home Support and Community Care

Shirlee Sharkey and Nancy Lefebvre

The research paper "Employers, Home Support Workers and Elderly Clients Reveal Key Issues in Delivery and Receipt of Home Support" provides an excellent summary of challenges affecting home care today. As proponents of knowledge exchange and evidence-based decision-making, it is encouraging to see home care being evaluated. From recruitment and retention to scheduling to responsiveness to client needs, the findings of the Nexus Home Care Project are both consistent with and relevant to our experience at Saint Elizabeth Health Care, the largest provider of home and community-based healthcare in Ontario.

The themes identified in the study are regrettably not new – our sector has been dealing with them for years now, and most people would agree there are no simple solutions. We believe this fact should inform but not dissuade us in how we move forward.

In their discussion and conclusion, the authors state that "at the end of the day, the delivery and receipt of service are all about the quality of human interaction." It is from this point we would like to begin. Through all our years in home care, we have learned that the beginning point from which you look at things is critical. In other words, "what you see depends mainly on what you look for" (Sir John Lubbock).

While home care is one of the fastest-growing segments of the Canadian healthcare system, our efforts to collectively understand and unleash the potential of this dynamic and evolving sector are often limited by our definition and

perspective. The creeping medicalization of home care through the reduction of home support services is but one example of this.

There seems to be both a temptation and a tendency in home care to apply the same provider/location-based lens that is common in other areas of the system. Yet, as far as healthcare settings go, the home is anything but typical. In comparison to public healthcare facilities such as hospitals, clinics and long-term care, home environments are multifaceted and diverse, with many variables that are difficult to control. As providers, we are "guests in the home," which creates a different relationship and the need for an approach to care that begins with the clients' and families' wishes and desires.

Indeed, the need to balance the private sphere of peoples' homes with the public work of healthcare impacts everything we do as a home care organization, from safety to quality to staff education and support. We believe this tension represents an incredible challenge and opportunity for home care: not only to involve clients and families in decision-making but *to start the entire conversation from their vantage point* – looking specifically at their needs, values and expectations, location and points of access.

Self-managed care models seek to provide individuals with greater freedom and control in planning and directing their own care and making their own choices (Spalding et al. 2006). While such models are offered in most jurisdictions across Canada, we still encounter a discomfort at all