Home Care
Roadmap Indicators
Indicator Descriptions

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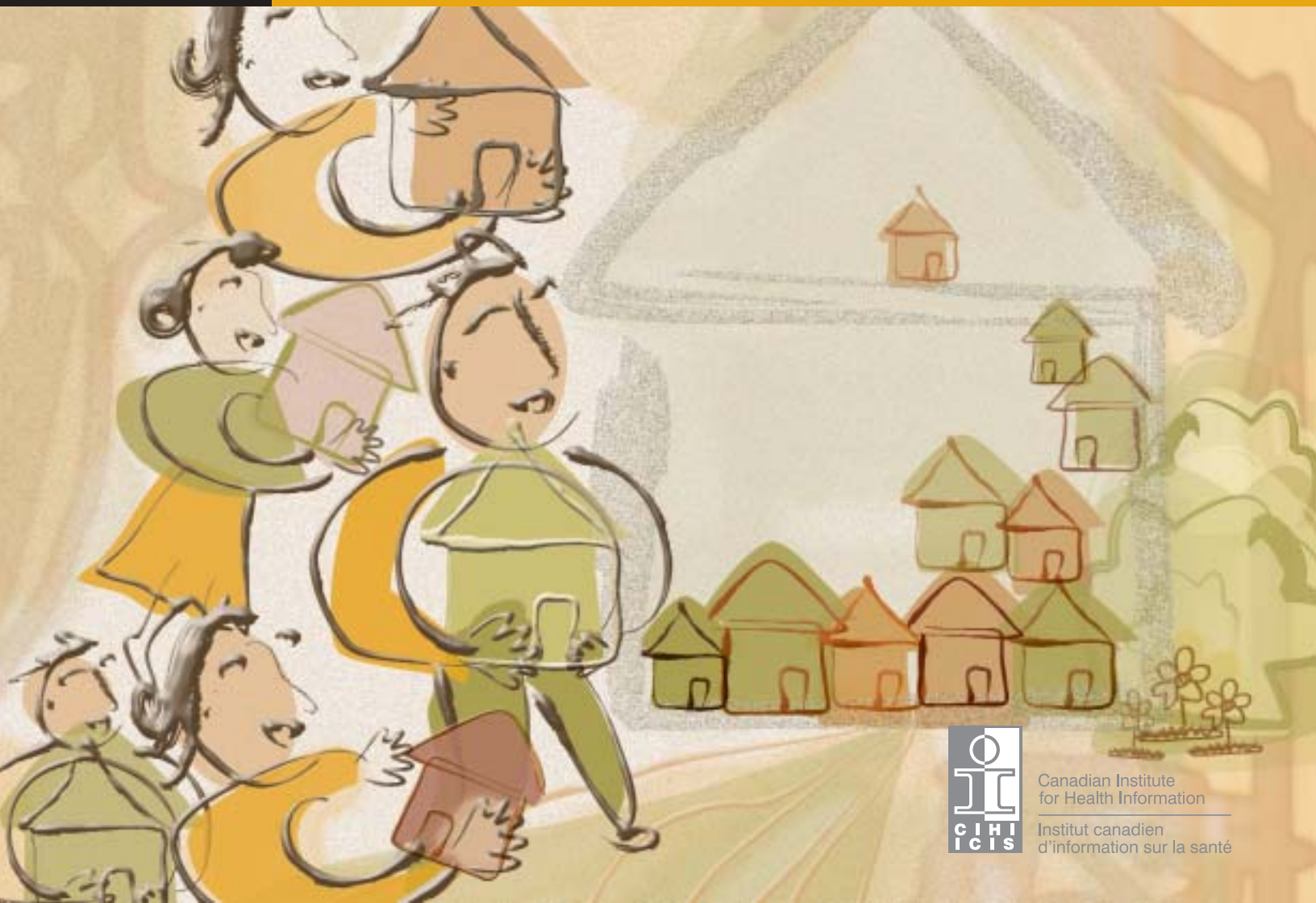
July 2004



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Home Care Roadmap Indicators: Indicator Descriptions

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CIHI Background Information

The Canadian Institute for Health Information (CIHI) is an independent, pan-Canadian, not-for-profit organization working to improve the health of Canadians and the health care system by providing quality health information. CIHI's mandate, as established by Canada's health ministers, is to coordinate the development and maintenance of a common approach to health information for Canada. To this end, CIHI is responsible for providing accurate and timely information that is needed to establish sound health policies, manage the Canadian health system effectively and create public awareness of factors affecting good heath.

Collaboration Is the Key

The Institute's mandate is based upon collaborative planning with key stakeholder groups, including all provincial, territorial and federal governments, national health care agencies and service providers.

Governance Structure

CIHI is governed by a Board of Directors whose members strike a balance among the health stakeholders, sectors and regions of Canada.

An Overview of CIHI's Core Functions

The Institute's core functions are to:

- identify health information needs and priorities
- conduct analysis and special studies and participate in/support health care system research
- support the development of national health indicators
- coordinate and promote the development and maintenance of national health information standards
- develop and manage health databases and registries
- fund and facilitate population health research and analysis, conduct policy analysis and develop policy options
- contribute to the development of population health information systems and infrastructure
- provide appropriate access to health data
- publish reports and disseminate health information
- coordinate and conduct education sessions and conferences (relevant to our core functions)

CIHI's mandate to provide accurate and timely health information is complemented by its pledge to respect personal privacy, to safeguard the confidentiality of information and to provide secure information systems. To ensure that health data entrusted to CIHI is protected, CIHI has established policies that address data integrity, system security, data access, data linkage, and data disclosure. Also, CIHI personnel sign a confidentiality agreement.

CIHI will publish, report or disclose data only when the requirements and restrictions in *Privacy and Confidentiality of Health Information at CIHI: Principles and policies for the protection of health information* are met. This document is available at www.cihi.ca. Click on "Privacy and Data Protection" under "About CIHI" on the Home Page. CIHI will only publish, report or disclose information that identifies individuals directly or indirectly when:

- the individuals concerned provide consent, or
- laws require the disclosure.

Introduction

To address the growing need across Canada for timely and accurate information on home care services, the Canadian Institute for Health Information (CIHI) received funding from the Health Transition Fund (1999–2001) and the *Roadmap Initiative*[1] (1999–2003) to develop national priority indicators for home care. CIHI's goal is to establish a set of indicators by which health regions, provinces and territories may compare their client and system characteristics, population access, outcomes and resource utilization for the purpose of quality improvement and accountability. In 2003, CIHI pilot tested these indicators in collaboration with six health regions from across the country.

A comprehensive consultation process conducted between April and December 2003 involved key stakeholder groups such as Health Canada, Statistics Canada, the Canadian Council on Health Services Accreditation, provincial/territorial managers and policy-makers, field experts and the CIHI Roadmap Indicator Expert Working Group. These consultations revealed strong support across Canada for CIHI to accelerate the identification of a national data standard and to develop a reporting system for home care to support national reporting. These consultations also validated the use of the RAI-HC©[2] as a key source of clinical data on long-term home care clients that can be used to populate national indicators.

The priority indicators for home care have been amended based on the findings of these consultations and the results of the Phase 2 National Pilot Test. The data required to populate the indicators are defined in the *Roadmap Indicators Data Standard*[3]. This reporting data standard is comprised of a core set of approximately 60 demographic, administrative, resource utilization and clinical data elements.

The development of the 2004 set of indicators has been influenced by the information gathered through the National Pilot Test and subsequent consultations. Some indicators tested in the Phase 2 National Pilot Test have been excluded or are not applicable to all client groups, as there will be no standardized data source available to populate them, at least in the short-term. (See Appendix A for more details on the indicators used in the Phase 2 National Pilot Test.) New indicators have been added including outcome indicators that will be available through the RAI-HC©.

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[1] The Roadmap Initiative is a collaborative effort between the Canadian Institute for Health Information (CIHI), Statistics Canada, Health Canada, and a number of key stakeholder groups, including provincial/territorial health ministries, to meet priority health information requirements that serve to improve public health and the quality of the health system.

[2] The RAI-Home Care includes the MDS-HC and Client Assessment Protocols (CAPs). The RAI-HC is Copyright© *interRAI* Corporation, 2001. Modified with permission for Canadian use under license to the Canadian Institute for Health Information. Canadianized items and their descriptors are Copyright© Canadian Institute for Health Information, 2002.

[3] Canadian Institute for Health Information, *Roadmap Indicators Data Standard* (Ottawa, CIHI: 2004).

Jurisdictions who elect to participate in reporting the Home Care Roadmap Indicators will be able to submit data to the CIHI Home Care Reporting System (HCRS). The HCRS will be a pan-Canadian, bilingual resource of standardized clinical, demographic, administrative and resource information about home care.

Many jurisdictions are in the process of redeveloping their business: introducing standardized clinical assessments and developing integrated health information systems. One of the aims of the HCRS is to utilize the information that will be collected through jurisdictions' redeveloped processes of care.

The HCRS and the Roadmap Indicators will adapt to the evolving home care sector. Future HCRS modules will be developed, as required, to support new standardized clinical assessments and emerging priorities (such as acute community mental health). In parallel, the Roadmap Indicators will adapt to availability of these new standardized data for particular groups of clients: current indicators may become applicable to these clients and/or new indicators may be added.

In addition, jurisdictions may plan for phased reporting of the Roadmap Indicators depending upon readiness on the front lines to implement standardized clinical assessment instruments and/or the development of integrated information systems.

Jurisdictions electing to submit demographic, administrative and resource elements for all clients, while phasing in their clinical assessment reporting for some client groups, will be able to report on comparable indicators of access and service utilization.

Jurisdictions using standardized clinical assessment tools other than those developed by inter*RAI* will also be able to submit to HCRS, through the development of mapping algorithms.

Definition of Home Care

Based on the findings of the Phase 2 National Pilot Test, the definition of home care has been revised to more accurately reflect the variety of settings where home care services are offered in Canada. For the purpose of the home care reporting system, Home Care is defined as:

"An array of services, which enables clients incapacitated in whole or in part to live at home, often with the effect of preventing, delaying or substituting for long-term or acute care alternatives. These services may be provided by a number of different agencies or individuals."[4]

This definition is in keeping with Health Canada's definition of home care.

[4] FPT Working Group on Home Care, a Working Group of the FPT Subcommittee on Long-Term Care, *Report on Home Care,* Health Canada, 1990

Home Care Client Groups

Comparative reporting can only be achieved when the access, outcome or utilization measures are applied to groups of similar home care clients. CIHI has developed Home Care Client Groups to provide a common set of concepts to describe client status, goals of service and expected length of service. Client Groups for home care include:

- Acute Home Care clients
- End-of-Life clients
- Rehabilitation clients
- Long-term Supportive Care clients
- Maintenance clients

Case managers/care coordinators will assign each client to a Home Care Client Group at time of assessment based on a set of criteria, developed by CIHI in consultation with clinical experts. Definitions of the client groups can be found in the *Roadmap Indicators Data Standard*.

Methodological Notes

The main data source for these indicators will be the CIHI Home Care Reporting System (HCRS). The population-based indicators will use population estimates from Statistics Canada in addition to the HCRS data.

The indicators will be based on home care clients aged 20 years and over. Due to provincial differences both in the age of majority and in the management of pediatric clients who receive home care, it is unlikely, at least in the short-term, that the HCRS will receive information on all home care clients under the age of 19. Therefore, pediatric clients will be excluded from the calculation of the indicators. To ensure consistency in reporting of population-based indicators and other indicators, an age cut-off of 20 years and over was selected, as population estimates for health regions are available by five-year age groups (for example, 20 to 24, 25 to 29).

The indicators will be produced using various levels of geographical aggregation, including health regions or other geographic units defined by the provincial ministries of health, such as CCACs (Ontario) and CLCSs (Quebec); provinces and territories; and Canada.

The majority of indicators will report on the home care clients who received services from the home care programs based in these geographic areas, irrespective of where the client actually lived. There are two exceptions to this:

Firstly, the Population Access indicator will be based on all home care clients who permanently live within a particular geographic area, irrespective of which region provides their home care services. For example, clients who live in one health region but receive home care services from a service provider from another health region would be included in the indicator for the health region they lived in and excluded from the indicator for the health region they received services from. Secondly, the Utilization Rate indicator will

include only those home care clients who permanently reside within the jurisdiction they received services from. The geographic area in which the client lives will be derived from the postal code of the client's permanent living setting at the time of admission.

Most indicators will be based on home care service episodes, which are generally defined as the period of care between a client's admission to and discharge from the home care program. If clients have multiple home care service episodes within a reporting period, each episode will contribute to the indicator.

In some circumstances, clients receiving home care services may be transferred from one client group to another without being formally discharged and readmitted to the home care program. For example, if they have a significant, long-term decline in health status which impacts on the level and/or types of services they receive clients may be transferred from Acute Home Care or Rehabilitation to Long-Term Supportive Care. For the purpose of the calculating of the indicators, the periods of care under the different client groups will be treated as separate home care service episodes.

Many of the indicators will be based on all home care service episodes received by clients during the reporting period, irrespective of when the episode began. In addition to providing information on all clients, where appropriate, indicators will also be produced separately for new home care service episodes commencing during the reporting period or for episodes that began in previous reporting periods.

Four indicators will be based only on clients who were admitted to home care during the reporting period, while two indicators will be based only on clients who were discharged during the reporting period. If clients were admitted or discharged more than once in the reporting period each admission or discharge would contribute to the indicator.

One indicator (Population Access) is analyzed at client-level: if clients have more than one home care service episode during the reporting period, they will contribute only once to the indicator.

All indicators will be available by Client Group and by age group, with selected indicators available by sex. Selected indicators may also be age-standardized or risk-adjusted to facilitate comparability across groups and jurisdictions.

A glossary of terms is available in Appendix B.

Indicators of Health Status

Health Conditions

Diagnostic Health Conditions

Definition: The distribution of home care service episodes by the clients' diagnostic health conditions that, at the time of assessment, were monitored or treated by a home care professional.

Rationale: Diagnostic information reflects the person's health status and resource requirements at the time of assessment. Diagnostic information will contribute to an understanding of levels of home care service, resource use and client outcomes. It will support comparative reporting across the continuum of health services.

Present coverage: Long-Term Supportive Care and Maintenance clients who received home care during the reporting period.

Present exclusions: Acute Home Care, End-of-Life and Rehabilitation clients

Level of analysis: Home care service episodes

Calculation:

$$\frac{\text{Number of home care service episodes with each diagnostic health condition recorded}}{\text{Total number of home care service episodes}} \times 100$$

Guidelines: The diagnostic category or categories that describe the condition or conditions that, at the time of assessment, affected the client's functioning, required treatment, symptom management or were monitored by a home care professional.

As clients may have had multiple conditions that were treated or monitored, the percentages in the distribution may add to more than 100.

Data source: CIHI Home Care Reporting System

References: *inter*RAI*, RAI-Home Care (RAI-HC©) Manual, Canadian Version, Second Edition, October 2002*, (Ottawa: CIHI, 2002), items J1, J2. Used with permission.

Canadian Institute for Health Information, *The International Statistical Classification of Diseases and Related Health Problems, 10th revision, Canada (ICD-10-CA)* (Ottawa: CIHI, 2001).

Human Function

Functional Status—Activities of Daily Living (ADLs)

Definition: The proportion of home care service episodes in which clients, at the time of assessment, were dependent on others for, or required extensive assistance with Activities of Daily Living (ADLs)

Rationale: Information on the ability of clients to perform ADLs is considered key in home care, because a given amount of independence in functioning is necessary for clients to remain at home. Functional status is a key component of quality of life and reflects both cognitive and motor abilities. The level of ability of clients to perform ADLs has a strong relationship to resource use in home care.

Present coverage: Long-Term Supportive Care and Maintenance clients who received home care during the reporting period.

Present exclusions: Acute Home Care, End-of-Life and Rehabilitation clients

Level of analysis: Home care service episodes

Calculation:

$$\frac{\text{Number of home care service episodes in which clients were dependent on others for or required extensive assistance with ADLs}}{\text{Total number of home care service episodes}} \times 100$$

Guidelines: Client function in four activities of daily living (eating, personal hygiene, toilet use and locomotion in the home) will be combined into the ADL Self-Performance Hierarchy Scale, devised by inter*RAI*. It is a measure of ADL performance and categorizes ADLs according to the stages at which they can no longer be performed.

Data source: CIHI Home Care Reporting System

References: *inter*RAI*, RAI-Home Care (RAI-HC©) Manual, Canadian Version, Second Edition, October 2002*, (Ottawa: CIHI, 2002), items H2c, g-i. Used with permission.

J.N. Morris, B.E. Fries, S. A Morris, "Scaling ADLs within the MDS", *Journal of Gerontology. Series A, Biological Sciences and Medical Sciences* 54, 11 (1999): M546-M553.

Cognitive Status

Definition: The proportion of home care service episodes in which clients, at the time of assessment, had a moderate to severe cognitive impairment

Rationale: Research findings indicate that older adults are at a higher risk than the rest of the population for cognitive impairment and that, in older individuals, cognitive functioning is more likely to decline during an episode of illness or injury. Findings also indicate that the type (e.g. physical or supervisory) and amount of assistance received varies significantly between cognitively and physically impaired clients. Provisions of innovative services/programs that actively engage cognitively impaired individuals can assist them in maintaining their autonomy and quality of life. Information on the cognitive status of home care clients and how it changes over time is useful for health and support services' planning and resource allocation.

Present coverage: Long-Term Supportive Care and Maintenance clients who received home care during the reporting period.

Present exclusions: Acute Home Care, End-of-Life and Rehabilitation clients

Level of analysis: Home care service episodes

Calculation:

$$\frac{\text{Number of home care service episodes in which clients had a moderate to severe cognitive impairment}}{\text{Total number of home care service episodes}} \times 100$$

Guidelines: Clients' cognitive status will be rated using the Cognitive Performance Scale (CPS), devised by inter*RAI.* This hierarchical index combines information on clients' short-term memory, their cognitive skills for daily decision-making, their abilities to make themselves understood and their eating ability.

Data source: CIHI Home Care Reporting System

References: *inter*RAI*, RAI-Home Care (RAI-HC©) Manual, Canadian Version, Second Edition, October 2002*, (Ottawa: CIHI, 2002), items B1a, B2a, C2, H2g. Used with permission.

J. N. Morris, B.E. Fries, D.R. Mehr, C. Hawes, C. Phillips C., V. Mor and L. Lipsitz, "MDS Cognitive Performance Scale", *Journal of Gerontology*, 49, 4 (1994): M174-M182.

S.L. Hartmaier, P.D. Sloane, H.A. Guess, G.C. Koch, "Validation of the Minimum Data Set Cognitive Performance Scale: Agreement with the Mini-Mental State Examination", *Journal of Gerontology. Series A, Biological Sciences and Medical Sciences*, 50, 2 (1995): M128-M133

Behavioural Symptoms

Definition: The proportion of home care service episodes in which clients exhibited behavioural symptoms that caused distress to themselves or that were distressing or disturbing to others with whom clients lived

Rationale: Some home care clients exhibit behaviours that are potentially harmful to themselves, interfere with daily activities and negatively impact on the service provider's ability to provide care/services. These behaviours may also negatively impact on the achievement of service goals/objectives. Some behaviours can be altered at times, but overall, they have an impact on service delivery and on the clients' ability to live at home either alone or with others.

Coverage: Long-Term Supportive Care and Maintenance clients who received home care during the reporting period.

Exclusions: Acute Home Care, End-of-Life and Rehabilitation clients

Level of analysis: Home care service episodes

Calculation:

$$\frac{\text{Number of home care service episodes in which clients exhibited behavioural symptoms}}{\text{Total number of home care service episodes}} \times 100$$

Guidelines: The behavioural symptoms reported in this indicator are wandering, verbal abuse, physical abuse, socially inappropriate behaviour and resistance to care. The client is coded as exhibiting behavioural symptoms if one or more of these specified behavioural symptoms occurred in the previous three days, irrespective of whether or not the behaviour was easily controlled or altered.

Data source: CIHI Home Care Reporting System

References: *inter*RAI*, RAI-Home Care (RAI-HC©) Manual, Canadian Version, Second Edition, October 2002*, (Ottawa: CIHI, 2002), items E3a-e. Used with permission.

Indicators of Determinants of Health

Living Conditions

Living Arrangements

Definition: The distribution of admissions to home care by the clients' permanent living arrangements

Rationale: Individuals' living arrangements can have a significant impact on their ability to live within their community. Identifying clients who may be at risk for physical and social isolation is informative for program planning and delivery of services. An individual's permanent living arrangements can be analyzed with reference to other related indicators of informal supports such as availability of informal caregivers and/or informal caregiver burden.

Present coverage: Long-Term Supportive Care and Maintenance clients who were admitted to home care during the reporting period.

Present exclusions: All Acute Home Care, End-of-Life and Rehabilitation clients; Long-Term Supportive Care and Maintenance clients who were admitted to home care during previous reporting period.

Level of analysis: Admissions

Calculation:

$$\frac{\text{Number of admissions for each type of permanent living arrangement}}{\text{Total number of admissions}} \times 100$$

Guidelines: At present, information on clients' living arrangements will be collected at their admission to the home care program. This indicator will not capture any changes to clients' living arrangements while they receive home care services.

Data source: CIHI Home Care Reporting System

References: *inter*RAI*, RAI-Home Care (RAI-HC©) Manual, Canadian Version, Second Edition, October 2002*, (Ottawa: CIHI, 2002), item CC6. Used with permission.

Living Setting

Definition: The distribution of admissions to home care by the clients' permanent living setting

Rationale: Appropriate living accommodation/setting that matches the client's needs is seen as fundamental to a viable community care plan, since formal home care service augment the personal resources and informal supports of the client.

Present coverage: Long-Term Supportive Care and Maintenance clients who were admitted to home care during the reporting period.

Present exclusions: All Acute Home Care, End-of-Life and Rehabilitation clients; Long-Term Supportive Care and Maintenance clients who were admitted to home care during previous reporting periods.

Level of analysis: Admissions

Calculation:

$$\frac{\text{Number of admissions for each type of permanent living setting}}{\text{Total number of admissions}} \times 100$$

Guidelines: At present, information on clients' living settings will be collected at their admission to the home care program. This indicator will not capture any changes to clients' living settings while they receive home care services.

Data source: CIHI Home Care Reporting System

References: *inter*RAI*, RAI-Home Care (RAI-HC©) Manual, Canadian Version, Second Edition, October 2002*, (Ottawa: CIHI, 2002), item CC5. Used with permission.

Personal Resources

Availability of Informal Caregivers

Definition: The proportion of home care service episodes in which clients had at least one informal caregiver who provides regular and sustained assistance and/or support

Rationale: There has been a growing recognition of the role and importance of informal and support networks in the provision of services to individuals in their homes. Absence of informal support has been identified in the research literature as a significant risk factor contributing to institutionalization of the frail elderly and people with disabilities living in the community.

Availability of informal supports are regarded as important in assessing what needs can be met by informal caregivers and the adequacy of both formal and informal services in meeting the client's physical, psychological, and social needs.

Present coverage: Long-Term Supportive Care and Maintenance clients who received home care during the reporting period.

Present exclusions: Acute Home Care, End-of-Life and Rehabilitation clients

Level of analysis: Home care service episodes

Calculation:

$$\frac{\text{Number of home care service episodes in which clients had at least one informal caregiver}}{\text{Total number of home care service episodes}} \times 100$$

Guidelines: Formal service providers or individuals arranged by formal service providers such as volunteers are excluded.

Data source: CIHI Home Care Reporting System

References: *inter*RAI, *RAI-Home Care (RAI-HC©) Manual, Canadian Version, Second Edition, October 2002*, (Ottawa: CIHI, 2002), item G1Ae. Used with permission.

Relationship of Primary Informal Caregivers

Definition: The distribution of home care service episodes by the relationships of the primary informal caregivers to the clients.

Rationale: Information on the relationships between home care clients and their informal caregivers will assist in developing a profile of informal caregiving across Canada. It will increase the knowledge about the dynamics of informal caregiving and provides insight into the intergenerational patterns of caregiving in the community.

Present coverage: Long-Term Supportive Care and Maintenance clients who had a primary informal caregiver during the reporting period.

Present exclusions: All Acute Home Care, End-of-Life and Rehabilitation clients. Long-Term Supportive Care and Maintenance client who did not have any informal caregivers.

Level of analysis: Home care service episodes

Calculation:

$$\frac{\text{Number of home care service episodes with each caregiver relationship}}{\text{Total number of home care service episodes}} \times 100$$

Guidelines: The relationship to the client is coded as either child or child-in-law, spouse or partner, other relative, friend or neighbour.

If a client has more than one caregiver, the primary caregiver is the person who is considered most helpful to the client or who the client can rely upon most for assistance and support.

Data source: CIHI Home Care Reporting System

References: *inter*RAI*, RAI-Home Care (RAI-HC©) Manual, Canadian Version, Second Edition, October 2002*, (Ottawa: CIHI, 2002), item G1Af. Used with permission.

Living Arrangements of Primary Informal Caregivers

Definition: The proportion of home care service episodes in which primary informal caregivers lived with the clients

Rationale: Whether or not primary caregivers live with the clients to whom they provide informal care may affect their availability to provide assistance and support to the clients when it is required. It may also affect the amount and level of care the caregivers are willing or able to provide. Furthermore, the levels of burden the caregivers feel may be related to their living arrangements.

Present coverage: Long-Term Supportive Care and Maintenance clients who had a primary informal caregiver during the reporting period.

Present exclusions: All Acute Home Care, End-of-Life and Rehabilitation clients. Long-Term Supportive Care and Maintenance client who did not have any informal caregivers.

Level of analysis: Home care service episodes

Calculation:

$$\frac{\text{Number of home care episodes in which primary informal caregivers lived with the clients}}{\text{Total number of home care service episodes}} \times 100$$

Guidelines: If a client has more than one caregiver, the primary caregiver is the person who is considered most helpful to the client or who the client can rely upon most for assistance and support.

Data source: CIHI Home Care Reporting System

References: *inter*RAI*, RAI-Home Care (RAI-HC©) Manual, Canadian Version, Second Edition, October 2002*, (Ottawa: CIHI, 2002), item G1Ae. Used with permission.

Types of Care Provided by Primary Informal Caregivers

Definition: The distribution of home care service episodes by the types of care provided to the clients by their primary informal caregivers

Rationale: Information about the types of assistance provided by informal caregivers assists in developing a profile of informal caregiving across Canada. Many caregivers play a critical role in maintaining individuals with complex health needs in the community. Increasing interest in caregiving has prompted greater interest in collecting more reliable and detailed data about caregivers and the relationship between informal caregiving and formal service provision.

Present coverage: Long-Term Supportive Care and Maintenance clients who had a primary informal caregiver during the reporting period.

Present exclusions: All Acute Home Care, End-of-Life and Rehabilitation clients. Long-Term Supportive Care and Maintenance client who did not have any informal caregivers.

Level of analysis: Home care service episodes

Calculation:

$$\frac{\text{Number of home care service episodes with each type of informal care provided}}{\text{Total number of home care service episodes}} \times 100$$

Guidelines: Informal caregivers may provide different types of support to the client: advice, emotional support or help with activities of daily living or instrumental activities of daily living. As caregivers may provide help in more than one area the percentages in the distribution may add to more than 100.

If a client has more than one caregiver, the primary caregiver is the person who is considered most helpful to the client or who the client can rely upon most for assistance and support.

Data source: CIHI Home Care Reporting System

References: *inter*RAI, *RAI-Home Care (RAI-HC©) Manual, Canadian Version, Second Edition, October 2002*, (Ottawa: CIHI, 2002), items G1Ag-i. Used with permission.

Informal Caregiver Burden

Definition: The proportion of home care service episodes in which a client's primary and/or secondary informal caregiver felt unable to continue in their caring activities

Rationale: A measure of caregiver strain/burden and of the adequacy of the informal support networks. Caregiver burden is often associated with the presence of emotional strain because of caregiving, problems with the caregiver's physical health, and difficulties performing necessary care tasks. There has been a growing recognition of the role and importance of informal and support networks in the provision of services to individuals in their homes. Informal caregiver burnout may impact on the home care client's ability to achieve service goals and/or remain at home.

Present coverage: Long-Term Supportive Care and Maintenance clients who had a primary informal caregiver during the reporting period.

Present exclusions: All Acute Home Care, End-of-Life and Rehabilitation clients. Long-Term Supportive Care and Maintenance client who did not have any informal caregivers.

Level of analysis: Home care service episodes

Calculation:

$$\frac{\text{Number of home care service episodes in which a caregiver felt unable to continue}}{\text{Total number of home care service episodes}} \times 100$$

Guidelines: Whether or not the caregiver is able to continue their caregiving activities may be determined by the caregiver themselves, the client or the assessor.

Data source: CIHI Home Care Reporting System

References: *inter*RAI*, RAI-Home Care (RAI-HC©) Manual, Canadian Version, Second Edition, October 2002*, (Ottawa: CIHI, 2002), item G2a. Used with permission.

Indicators of Health System Performance

Accessibility

Time Waiting From Referral to Service Provision

Definition: The median number of days between the date home care clients were first referred to the home care program and the date of their first service excluding comprehensive assessment

Rationale: The length of time individuals waited for the provision of their first service (excluding comprehensive assessment) once they had been referred to home care is informative for monitoring and trending the availability and accessibility of services for specified client groups and assessing system responsiveness to client needs.

Coverage: All clients admitted to home care and who received service during the reporting period.

Exclusions: Clients admitted to home care in previous reporting periods.

Level of analysis: Admissions

Calculation: The mid-point of the distribution of number of days (i.e. the point which 50% of admission lie beneath and 50% above) between the day of the referral and the day of first service.

Guidelines: The day of initial referral is included in the calculation of this indicator but the day of first service is not. The date of first service provision excludes any contact for the purpose of completing a comprehensive assessment.

Data source: CIHI Home Care Reporting System

References: Canadian Institute for Health Information, *CIHI Roadmap Indicators Data Standard* (Ottawa, CIHI: 2004), item X4.

*inter*RAI, *RAI-Home Care (RAI-HC©) Manual, Canadian Version, Second Edition, October 2002*, (Ottawa: CIHI, 2002), item CC1. Used with permission.

Population Access to Home Care

Definition: The number of individuals who received publicly funded home care per thousand population.

Rationale: This population-based access indicator is informative for reporting on access to home care from a jurisdictional population's perspective. It would also support program planning and evaluation. It can provide information about the demographic profile of the home care clients, relative to the population of the area.

Coverage: Client who received home care services during reporting period and who permanently reside within a jurisdiction.

Exclusions: Clients who received home care that reside outside of the jurisdiction

Level of analysis: Clients

Calculation:

$$\frac{\text{Number of home care clients who permanently live in a jurisdiction}}{\text{Total population of the jurisdiction/1000}}$$

Guidelines: The indicator will be based on all home care clients who live within a particular health region irrespective of which health region provides their home care services. For example, clients who receive home care services from a service provider in another health region would be included in the indicator for the health region they lived in and excluded from the indicator for the health region they received services from.

The region of residence will be based on the postal code of client's permanent living setting at time of admission.

Data source: CIHI Home Care Reporting System; Statistics Canada Population Estimates, Postal Code Conversion File, and Health Region to Census Geography Correspondence files.

References:

Canadian Institute for Health Information, *CIHI Roadmap Indicators Data Standard* (Ottawa, CIHI: 2004), item X1.

*inter*RAI*, RAI-Home Care (RAI-HC©) Manual, Canadian Version, Second Edition, October 2002*, (Ottawa: CIHI, 2002), item AA4. Used with permission.

Statistics Canada, *Postal Code Conversion File*, Catalogue No.: 92F0153XCE

Statistics Canada, *Population Estimates by Age Group and Health Region*, special tabulations

Statistics Canada, *Health regions: boundaries and correspondence with census geography,* Catalogue No.: 82-402-XIE

Effectiveness

Service Goals Met at Discharge

Definition: The proportion of discharges from home care at which the clients had met their expected service goals

Rationale: Clients, informal caregivers and service providers work together to set specific goals, plan services and document expected outcomes. This information provides important feedback to program managers for quality improvement initiatives and service planning.

Coverage: Clients who are discharged from home care during the reporting period.

Exclusions: Clients who are still receiving home care services at the end of the reporting period.

Level of analysis: Discharges

Calculation:
$$\frac{\text{Number of discharges at which clients met their expected service goals}}{\text{Total number of discharges}} \times 100$$

Guidelines: The service goal(s) must be documented in the client's record.

Data source: CIHI Home Care Reporting System

References: Canadian Institute for Health Information, *CIHI Roadmap Indicators Data Standard* (Ottawa, CIHI: 2004), item X11.

Disruptive or Intense Daily Pain

Definition: The proportion of home care service episodes in which clients reported having daily intense pain or pain that disrupted their usual activities on a daily basis.

Rationale: The impact of pain interfering with activities of daily living is a clinical outcome measure for the physiologic dimension of a client's health status. Management of the level and impact of pain is frequently a target of home care interventions and sources. Functionality is an important component of quality of life.

Present coverage: Long-Term Supportive Care and Maintenance clients who received home care during the reporting period.

Present exclusions: Acute Home Care, End-of-Life and Rehabilitation clients

Level of analysis: Home care service episodes

Calculation:

$$\frac{\text{Number of home care service episodes in which clients reported disruptive or intense daily pain}}{\text{Total number of home care service episodes}} \times 100$$

Guidelines: The intensity of the pain and whether or not pain disrupts their usual activities are items that are self-reported by clients. Clients' ability to report pain may be affected by their cognitive ability.

Data source: CIHI Home Care Reporting System

References: *inter*RAI*, RAI-Home Care (RAI-HC©) Manual, Canadian Version, Second Edition, October 2002*, (Ottawa: CIHI, 2002), items K4a-c. Used with permission.

Inadequately Controlled Pain

Definition: The proportion of home care service episodes in which clients reported pain and that their medications did not adequately control their pain

Rationale: Pain impacts on quality of life. For clients who have pain, it is expected that pain management will form part of their care plan. Identifying how well pain is controlled is one method of measuring the efficacy of service.

Present coverage: Long-Term Supportive Care and Maintenance clients who received home care and reported pain during the reporting period.

Present exclusions: All Acute Home Care, End-of-Life and Rehabilitation clients; Long-Term Supportive Care and Maintenance clients who did not report pain.

Level of analysis: Home care service episodes

Calculation:

$$\frac{\text{Number of home care service episodes in which medications did not control pain}}{\text{Total number of home care service episodes}} \times 100$$

Guidelines: The efficacy of clients' pain medication is self-reported. Clients' ability to report pain may be affected by their cognitive status.

Data source: CIHI Home Care Reporting System

References: *inter*RAI*, RAI-Home Care (RAI-HC©) Manual, Canadian Version, Second Edition, October 2002*, (Ottawa: CIHI, 2002), items K4a, K4e. Used with permission.

Continuity

Referral to Other Health Services

Definition: The distribution of discharges from home care by the health services clients were referred to after discharge

Rationale: Information on referrals at the time of discharge is important in the analysis of intersectional client flow through the health care system. It is therefore useful for health care planning. It can also provide information on outcomes, for example, whether clients were discharged from home care because they needed to move to living settings that provide more care and support.

Coverage: Clients who are discharged from home care during the reporting period.

Exclusions: Clients who are still receiving home care services at the end of the reporting period.

Level of analysis: Discharges

Calculation:

$$\frac{\text{Number of discharges by each health service clients were referred to}}{\text{Total number of discharges}} \times 100$$

Guidelines: If clients are referred to another health service after they are discharged from the home care program, the service is coded as one of the following: in-patient hospital services (acute, rehabilitation and continuing care services); residential care facilities; hospital ambulatory care services; community-based health services or programs; and assisted living settings.

Data source: CIHI Home Care Reporting System

References: Canadian Institute for Health Information, *CIHI Roadmap Indicators Data Standard* (Ottawa, CIHI: 2004), items X12, X13.

Safety

Falls

Definition: The proportion of home care service episodes in which clients had at least one fall in the previous 90 days.

Rationale: Falls are a common cause of serious injury and death among older people. Of seniors who survive their injuries, many never fully recover after their fall. This often results in chronic pain, reduced functionality and a fear of falling again. Clients who have sustained at least one fall or near fall are at risk of future falls. Falls can precipitate lifestyle changes that impact on seniors' quality of life and lead to early institutionalization. Those who remain living in the community may become dependent on others for care and support.

Present coverage: Long-Term Supportive Care and Maintenance clients who received home care during the reporting period.

Present exclusions: Acute Home Care, End-of-Life and Rehabilitation clients

Level of analysis: Home care service episodes

Calculation:

$$\frac{\text{Number of home care service episodes in which clients had at least one fall in the previous 90 days}}{\text{Total number of home care service episodes}} \times 100$$

Guidelines: The timeframe for recording falls is 90 days or the time since the client's last assessment if it less than 90 days.

Data source: CIHI Home Care Reporting System

References: *inter*RAI*, RAI-Home Care (RAI-HC©) Manual, Canadian Version, Second Edition, October 2002*, (Ottawa: CIHI, 2002), item K5. Used with permission.

Community and Health System Characteristics

Utilization Rate

Definition: The number of admissions to publicly funded home care per thousand population.

Rationale: A utilization indicator from a health-system perspective that provides information that can assist with program planning, evaluation and managing resources.

Coverage: Clients who were admitted and received home care services during the reporting period and who permanently reside within the jurisdiction they receive services from.

Exclusions: Clients who were admitted to the home care program during previous reporting periods; clients who received home care and who reside outside of the jurisdiction from which they receive services.

Level of analysis: Admissions

Calculation:

$$\frac{\text{Number of admissions to a jurisdiction's home care programs by residents of that jurisdiction}}{\text{Population of jurisdiction/1000}}$$

Guidelines: Multiple admissions for the same client within the reporting period will be included in the calculation of this indicator.

The region of residence will be based on the postal code of client's permanent living setting at time of admission.

Data source: CIHI Home Care Reporting System; Statistics Canada Population Estimates, Postal Code Conversion File, and Health Region to Census Geography Correspondence files.

References: Canadian Institute for Health Information, *CIHI Roadmap Indicators Data Standard* (Ottawa, CIHI: 2004), items X1, X4.

*inter*RAI*, RAI-Home Care (RAI-HC©) Manual, Canadian Version, Second Edition, October 2002*, (Ottawa: CIHI, 2002), item AA4. Used with permission.

Statistics Canada, *Postal Code Conversion File*, Catalogue No.: 92F0153XCE.

Statistics Canada, *Population Estimates by Age Group and Health Region*, special tabulations.

Statistics Canada, *Health regions: boundaries and correspondence with census geography,* Catalogue No.: 82-402-XIE.

Service Intensity—Hours

Definition: The average number of service hours received by home care clients per home care service episode

Rationale: Information on the amount of home care services received per home care service episode is important for predicting service utilization and resource use in the future and for developing and informing public policy regarding eligibility criteria and service maximums. Information will be presented for the total service hours received and separately by the different types of service providers from whom the clients received service.

Coverage: Clients who received home are during reporting period.

Exclusions: None

Level of analysis: Home care service episodes

Calculation:

$$\frac{\text{Sum of service hours received by home care client from each service provider category}}{\text{Total number of home care service episodes}}$$

Guidelines: Service hours includes client assessments, provision of services aimed at health promotion, improving/maintaining health status, or minimizing the impact of deterioration on function and quality of life, consultation/ communication with other service providers regarding the status and/or needs of the specific client, client/caregiver education, clinical documentation related to services provided.

Service hours exclude time spent travelling to and from clients' homes.

Service hours are collected separately for the following service provider categories: case management; nursing; clinical nutrition; occupational therapy; physiotherapy; social work; speech/language pathology; home support/community care worker; and other providers.

Data source: CIHI Home Care Reporting System

References: Canadian Institute for Health Information, *CIHI Roadmap Indicators Data Standard* (Ottawa, CIHI: 2004), items X9a-i.

Service Intensity—Face-to-Face Visits

Definition: The average number of face-to-face service visits received by home care clients per home care service episode

Rationale: Information on the number of visits clients received from home care service providers per home care service episode is important for predicting service utilization and resource use in the future and for developing and informing public policy regarding eligibility criteria and service maximums. Information will be presented for the total face-to-face visits received and separately by the different types of service providers from whom the clients received service.

Coverage: Clients who received home are during reporting period.

Exclusions: None

Level of analysis: Home care service episodes

Calculation:

$$\frac{\text{Sum of face-to-face visits received by home care clients from each service provider category}}{\text{Total number of home care service episodes}}$$

Guidelines: Face-to-face visits are defined as occasions during which home care services were provided face-to-face to a client for longer than five minutes, and where the services were documented by the service provider. These include visits for client assessment and the provision of home health and home support services.

Service visits are collected separately for the following service provider categories: case management; nursing; clinical nutrition; occupational therapy; physiotherapy; social work; speech/language pathology; home support/community care worker; and other providers.

Data source: CIHI Home Care Reporting System

References: Canadian Institute for Health Information, *CIHI Roadmap Indicators Data Standard* (Ottawa, CIHI: 2004), items X7a-i.

Service Delivery Settings

Definition: The distribution of home care service episodes by the service delivery settings in which the clients received home care

Rationale: Traditionally home care service providers visited clients in their own living setting to deliver home care services. Some jurisdictions are providing home care services in other types of setting including but not limited to home care clinics, schools and work settings. The information on the types of service settings can be used to support the analysis of the accessibility of service provision and in the evaluation of the ways in which the home care service agencies respond to clients' needs.

Coverage: Clients who received home are during reporting period.

Exclusions: None

Level of analysis: Home care service episodes

Calculation:

$$\frac{\text{Number of episodes with each service delivery setting recorded}}{\text{Total number of episodes}} \times 100$$

Guidelines: The location(s) where the client receives health, and/or support services from the home care program are captured retrospectively.

As clients may receive home care services in more than one location the percentages in the distribution may add to more than 100%.

Data source: CIHI Home Care Reporting System

References: Canadian Institute for Health Information, *CIHI Roadmap Indicators Data Standard* (Ottawa, CIHI: 2004), item X6.

Visits to an Emergency Room

Definition: The proportion of home care service episodes in which clients visited a hospital-based emergency room

Rationale: Organizations responsible for planning and evaluating health services may monitor and trend emergent care use and draw conclusions about overall health system performance. Jurisdictions could compare their rates over time and their experiences with those of other jurisdictions to identify potential opportunities to improve existing processes of care. Use of emergent care services is costly and can have a significant impact on the total cost of services provided.

Coverage: Clients who received home are during reporting period.

Exclusions: None

Level of analysis: Home care service episodes

Calculation:

$$\frac{\text{Number of episodes in which the client visited an emergency room}}{\text{Total number of episodes}} \times 100$$

Guidelines: The number of visits to an emergency room will be captured retrospectively.

Data source: CIHI Home Care Reporting System

References: Canadian Institute for Health Information, *Roadmap Indicators Data Standard* (Ottawa, CIHI: 2004), item X10.

Appendix A

Summary of Changes to the Phase 2 National Pilot Test Indicators

Summary of Changes to the Phase 2 National Pilot Test Indicators

National Pilot Test Indicator	Is it included in 2004 set of Roadmap Indicators?	Details of changes and rationale
Health Conditions		
Distribution of maintenance/long-term supportive care clients by primary functional impairment grouping	No	In the National Pilot Test the health status of these client groups was measured using body function impairments coded to the International Classification of Functioning, Disability and Health (ICF). Feedback from jurisdictions was that this classification duplicated other information collected as part of the RAI-HC© assessment and therefore they could not justify the extra burden of collection. The Roadmap indicators include an indicator that reports on the diagnostic health conditions of Maintenance and Long-Term Supportive Care clients, as captured by the RAI-HC©.
Distribution of rehabilitation clients by Rehabilitation Client Group	No	At present, there is no standardized clinical assessment tool applicable to Rehabilitation clients. An indicator reporting the health status of rehabilitation clients will be added when a standardized assessment becomes available.
Distribution of acute care substitution/end-of-life clients by most responsible health condition	No	At present, there is no standardized clinical assessment tool applicable to Acute Home Care or End-of-Life clients. An indicator reporting on the health status of these clients will be added when standardized assessments become available.
Human Function		
Functional status—ADLs	Yes	At present, this indicator will be applicable only to Long-Term Supportive Care and Maintenance clients. It is envisaged that when standardized clinical assessment tools become available for other client groups a similar indicator of ADL functional status will be available for Rehabilitation and End-of-Life clients. Consultations and feedback from the pilot sites stated that this indicator should not be applicable to Acute Home Care clients as the burden of data collection would be too high, particularly given the high turnover of clients and short duration of service.

National Pilot Test Indicator	Is it included in 2004 set of Roadmap Indicators?	Details of changes and rationale
Human Function (cont'd)		
Functional status—ADLs (cont'd)		The data elements used to populate this indicator have been harmonized with the ADL elements on the RAI-HC©. The calculation performed has been changed. The National Pilot Test proposed an arithmetic sum of eight ADL activities, including outdoor locomotion. Feedback from pilot sites raised concerns relating to the use of outdoor locomotion in Canada, as some clients' ability to go outside during the winter would be more affected by the weather than on clients' functioning ability. The indicator is now calculated based on four ADLs (eating, personal hygiene, toilet use and locomotion in the home) that are combined into the ADL Self-Performance Hierarchy Scale, devised by inter*RAI*.
Functional status—IADLs	No	While it was felt an indicator reporting on IADL functioning would be useful, it was also felt that further development of the indicator is required.
Cognitive Status	Yes	At present, this indicator will be applicable only to Long-Term Supportive Care and Maintenance clients. It is envisaged that a similar indicator would be calculated for the other client groups once standardized clinical assessment tools are available. The indicator uses the Cognitive Performance Scale to rate clients' cognitive status rather than the Standardized Mini Mental State Examination that was used in the National Pilot Test. The elements that comprise this scale form part of the RAI-HC©.
Presence of disruptive behaviours	Yes	The name of this indicator changed to "Presence of behavioural symptoms". This indicator will be applicable only to Maintenance and Long-Term Supportive Care clients—in the pilot the information was collected for all client groups. Consultations and feedback recommended that this information would be most relevant for clients with long-term care needs. The data element used to populate the indicator was amended to that used in the RAI-HC©.

National Pilot Test Indicator	Is it included in 2004 set of Roadmap Indicators?	Details of changes and rationale
Personal Resources		
Availability of Informal Caregivers	Yes	At present, this indicator will be applicable only to Long-Term Supportive Care and Maintenance clients. It is envisaged that a similar indicator would be calculated for the other client groups once standardized clinical assessment tools are available. The data element used to populate the indicator was amended to that used in the RAI-HC©.
Informal Caregiver Burden	Yes	At present, this indicator will be applicable only to Long-Term Supportive Care and Maintenance clients. It is envisaged that a similar indicator would be calculated for the other client groups once standardized clinical assessment tools are available. The definition of the indicator and the data elements used to populate it have been amended to reflect the data collected using the RAI-HC©. The indicator that was pilot tested related only to the primary informal caregiver. In the RAI-HC©, information is collected on up to two informal caregivers. One of the data elements relating to burden (caregiver unable to continue caring activities) does not distinguish which caregiver is unable to continue; the other two burden items relate only to primary caregivers. The indicator was amended to use only the "unable to continue" data element.
Living Arrangements	Yes	At present, this indicator will be applicable only to Long-Term Supportive Care and Maintenance clients. It is envisaged that a similar indicator would be calculated for the other client groups once standardized clinical assessment tools are available. The data element used to populate the indicator was amended to that used in the RAI-HC©. At present, information on clients' living arrangements will be collected at their admission to the home care program.

National Pilot Test Indicator	Is it included in 2004 set of Roadmap Indicators?	Details of changes and rationale
Personal Resources (cont'd)		
Accommodation Setting	Yes	The name of this indicator changed to "Living Setting". At present, this indicator will be applicable only to Long-Term Supportive Care and Maintenance clients. It is envisaged that a similar indicator would be calculated for the other client groups once standardized clinical assessment tools are available. The data element used to populate the indicator was amended to that used in the RAI-HC©. At present, information on clients' living setting will be collected at their admission to the home care program.
Accessibility		
Time Waiting from Referral to Initial Assessment	No	These two indicators have been replaced with a single indicator reporting on the time between referral and service provision. Data from the National Pilot Test showed that for the majority of clients, there was no wait between initial assessment and first service provision. In addition, some clients received their first service prior to receiving their assessment that resulted in negative waiting times between initial assessment and service provision. It was therefore felt that an indicator relating to the whole waiting time between the client's referral and receiving service was more appropriate. Data from the National Pilot Test also showed that the wait times were highly skewed and therefore it was decided to use a median rather than the arithmetic mean to measure the central tendency of the distribution. Data will still be available to measure the time between referral and assessment and assessment and service provision.
Time Waiting from Initial Assessment to Service Provision	No	
Home Care Access Per Capita	Yes	The name of this indicator has been changed to "Population Access to Home Care". The rates will be produced per thousand population.

National Pilot Test Indicator	Is it included in 2004 set of Roadmap Indicators?	Details of changes and rationale
Effectiveness		
Service Goals Met	Yes	The name and definition of this indicator has changed. The information on whether the documented services goals have been met will be collected only at discharge from the home care program.
Functional Outcomes	No	While it was recognized that indicators reporting on functional outcomes were needed—consultations revealed that it would be extremely difficult to get the required data due to compliance issues in conducting full RAI-HC© assessments at discharge. While outcome measures could be calculated for those clients for whom a full discharge assessment was carried out, the results would probably not be generalizable to all home care clients. Further development work and consultation is required to determine a feasible method of collecting data on functional outcomes.
Health System Characteristics		
Population Utilization—Admissions	Yes	The name of this indicator has been changed to "Utilization Rate". The rates will be produced per thousand population.
Population Utilization—Service Hours	Yes	The name of this indicator has been changed to "Service Intensity—Hours". In the Pilot Test service hours were collected separated into hours providing home health and home support services. The current indicator will provide information for the following service provider categories: case management; nursing; clinical nutrition; occupational therapy; physiotherapy; social work; speech/language pathology; home support/community care worker; and other providers.
Use of Emergent Care Services	Yes	The name of this indicator has changed to "Visits to an Emergency Room".

National Pilot Test Indicator	Is it included in 2004 set of Roadmap Indicators?	Details of changes and rationale
Health System Characteristics (cont'd)		
Temporary Transfers to Short-Term and/or Transitional Beds	No	Feedback from the pilot sites suggested that getting consistent information across Canada on such transfers would be problematic. In particular, they raised concerns surrounding the different service delivery models that may affect the types of beds included in the indicator, and differences in how jurisdictions would decide when a transfer to a facility bed is permanent or temporary. Further development of the data elements would be required before such an indicator could be included.
Per Capita Regional Expenses for Home Care	No	While recognizing the need for financial indicators relating to home care, further development is required before consistent operating expenses for home care can be reported. In particular, there is no current methodology to allocate indirect costs.

In addition to the indicators piloted in the Phase 2 National Pilot Test, the following indicators have been added:

For all client groups

- Referrals to Other Health Services;
- Service Intensity—Face-to-Face Visits; and
- Service Delivery Settings.

For Long-Term Supportive Care and Maintenance Clients

- Relationship of Primary Informal Caregivers;
- Living Arrangements of Primary Informal Caregivers;
- Types of Care Provided by Primary Informal Caregivers;
- Falls;
- Disruptive or Intense Daily Pain; and
- Inadequately Controlled Pain.

Appendix B

Glossary of Terms

Glossary of Terms

Admission The administrative process by which a health region (see below) accepts responsibility to provide a client with home care services.

Case Manager A home care service provider who carries out case management activities. Such activities include service planning and coordination services for or on behalf of the client/family to locate, establish and maintain resources, services and supports necessary to meet the client's service goals and expected outcomes.[5]

CCAC Community Care Access Centre (organizations legislated to co-ordinate the provision of home care services within Ontario)

Client Group The client group assigned by the case manager/care coordinator that best reflects the client's needs.

CLSC Centre local de services communautaires (organizations legislated to co-ordinate the provision of home care services within Quebec)

Discharge The administrative process by which a health region (see below) records the cessation of all home care services being delivered to a client.

HCRS Home Care Reporting System

Health Region A generic term applied to the various administrative areas across Canada that are defined by provincial ministries of health, representing geographic areas of responsibility for hospital boards or regional health authorities.

For the purposes of this document, health regions refers to the administrative areas as defined for the planning and delivery of home care services within a particular geographic area and includes CCACs in Ontario and CLSCs in Quebec. For complete Canadian coverage, each of the northern territories also represents a health region.

The geographical boundaries of the administrative areas responsible for home care services and those for the delivery of other health services may be different. For example, the boundaries for CCACs and District Health Councils within Ontario are different).

[5] Adapted from MIS Guidelines. Canadian Institute for Health Information, *Guidelines for Management Information Systems in Canadian Health Service Organizations* (Ottawa: CIHI, 2004)

Home Care

An array of services, which enables clients incapacitated in whole or in part to live at home, often with the effect of preventing, delaying or substituting for long-term or acute care alternatives. These services may be provided by a number of different agencies or individuals.

The HCRS will only capture information on clients who have received publicly funded home care.

Home Care Client

A unique individual living within a province/territory who receives home care services.

Home Care Professional

A home care service provider:

- who has completed the post-secondary university or college educational requirements required of their health profession;
- who may be required to undertake continuing education to remain current;
- who may be licensed with the province/territory in which they are employed;
- whose scope of practice may be regulated by the province/territory where they are employed; and
- who function independently within the bounds of their profession.[6]

Includes but is not limited to nurses, occupational therapists, physiotherapists, social workers, dieticians, physicians.

Home Care Service Episode

The period of time between a client's admission to and discharge from a health region's home care program during which the client receives home care services.

Clients may receive home care services from multiple service providers during a single home care service episode.

If a client is assigned to a different Client Group without being discharged from a home care program, the periods of care while assigned to the different client groups will be analyzed separately and, for the purposes of this document, are also referred to as separate home care service episodes. (These periods of care may be referred to 'sub-episodes' in other HCRS documentation.)

[6] Adapted from MIS Guidelines. Canadian Institute for Health Information, *Guidelines for Management Information Systems in Canadian Health Service Organizations* (Ottawa: CIHI, 2004)

Home Care Service Provider	An individual who provides home care services to a client. Includes but is not limited to case managers, clinicians and home support workers.
Home Care Service Provider Agency	An organization that employs service providers who provide home care services to clients. These organizations may be health regions or may be private organizations contracted to provide service on behalf of the health region.


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