2019 Home Care Services in New Brunswick: Are We Meeting the Needs of Citizens?





Who we are

New Brunswickers have a right to be aware of the decisions being made, to be part of the decision-making process, and to be aware of the outcomes delivered by the health system and its cost. The New Brunswick Health Council will foster this transparency, engagement, and accountability by engaging citizens in a meaningful dialogue, measuring, monitoring, and evaluating population health and health service quality, informing citizens on health system performance and recommending improvements to the Minister of Health.

For more information

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Introduction

New Brunswickers have a right to know if publicly funded home care services are meeting their needs. Programs have been developed to respond to specific home care needs, both medical and non-medical.

Currently, there is an additional emphasis being placed on these programs as a means to reduce the number of citizens waiting in hospitals for appropriate care and to reduce or delay the use of long term care facilities by citizens.

Validating the self-reported needs of New Brunswickers can be prioritized using the information on unmet needs from the New Brunswick Health Council (NBHC). The NBHC fully supports the validation of selfreported needs by those responsible, to assist them in better evaluating the current scope of services included in home care programs, thereby contributing to the objective of keeping citizens at home.

When completing care experience surveys, citizens generally believe that: (1) publicly funded services have been designed to meet their needs, (2) leaders who plan health services make decisions based on the information or evidence that is available, and (3) sharing their care experiences will lead to improvements in services.

Figure 1. Categories of publicly funded home care programs in NB

Services from the Extra-Mural Program

- Short-term care
- Chronic care
- Palliative care
- Home oxygen services
- Rehabilitation services
- Simplified access to long-term care

Provided by

- Registered nurses
- Licensed practical nurses
- Social workers
- Respiratory therapists
- Registered dietitians
- Physiotherapists
- Occupational therapists
- Speech-language
- pathologists
- Rehabilitation assistants

Home support services

- Bathing
- Grooming or dressing
- Meal preparation
- Housekeeping (cleaning, laundry)
- Feeding or nutrition care
- Transferring from place to place inside the home
- Resnite care
- Help with shopping or errands
- Other

Provided by

- home support workers

Managed by

Department of Social Development

Delivered by home

support agencies or private individuals under the Long Term Care Program or Disability Support Program

Funded (entirely or partially) by Department of Social Development

Managed by

Medavie Health Services New Brunswick

> **Delivered by** EM/ANB Inc.

Funded by

Department of Health

With an increasing percentage of the New Brunswick population being comprised of older adults and those with chronic health conditions, the need for effective planning and delivery of home care services will continue to increase in the years to come.

Whenever possible, New Brunswickers want the ability to be cared for at home, rather than in a hospital, nursing home or special care home. Home care services can help people stay in their own homes and allow them to function as independently as possible.

Developing a measure for unmet home care need

Based on the results of the 2017 edition of the Primary Health Survey (14,500 respondents from the general population), the NBHC estimated the number of citizens with a need for home care services. From these responses, the measure of unmet home care need is based on citizens who reported that they needed home care services, but did not receive these services. This indicator for unmet home care need includes:

- Citizens receiving no home care services who believed that they should be receiving some services
- Citizens receiving home care services who believed that they should be receiving additional types of services

In highlighting the quantity of needs reported by citizens as unmet, the NBHC seeks to emphasize the importance of the system using measures of unmet need on an ongoing basis. As well, this facilitates regular review of the scope of citizens' needs that will be served by public programs. It is not possible to address all needs everywhere, so good planning and program execution are required for the best possible result.

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Why report on unmet need?

When the NBHC conducted the 2015 edition of the Home Care Survey, care experiences were captured from clients of publicly funded home care programs such as the Extra-Mural Program, the Long Term Care Program, and the Disability Support Program. Although all survey respondents had received home care services, some reported that more could have been done to help them stay at home, which is a measure of unmet home care need.

However, this only provides a partial view of unmet home care needs. The Home Care Survey did not capture needs from citizens who received no home care service, so there was a possibility of uncaptured unmet needs among the general population not receiving services.

This observation was confirmed by feedback received after the release of the 2015 edition of the Home Care Survey. It helped the NBHC develop a new measure for unmet home care needs in the province, with the objective of capturing unmet needs by the whole population, rather than by only those people already receiving these services. When the NBHC conducted the 2017 edition of the Primary Health Survey, which captures care experiences from the general population, new questions were added to the survey. It asked citizens what home care services they felt should have been received, but weren't. It also asked whether any home care services had been received and what they were.

All data about the need for home care services in this report is based on these survey results, which represent the general population:

- 1. aged 18 or older
- 2. who live in their own home
- 3. within the reference period of 2016-2017

Results from the 2018 edition of the Home Care Survey

In a subsequent report, the NBHC will release the results of the 2018 edition of the Home Care Survey. These results will highlight the quality of home care services currently being delivered, with a focus on what clients have said about the publicly funded home care services they received from the Extra-Mural Program, the Long Term Care Program, and the Disability Support Program.

The challenges of accountability

Each of the three publicly funded home care programs, the Extra-Mural Program, the Long Term Care Program, and the Disability Support Program, has a clearly identified organizational accountability for the quality of services delivered to clients (see Figure 2).

The NBHC's survey results indicate that there is a problem to be addressed.

The lack of reporting on this problem by those responsible for services leads to the conclusion that at the time of the provincial survey, it was unclear who, if anyone, was identifying and validating unmet need among New Brunswickers, and incorporating those results into planning home care programs and services. Given the large percentage of self-reported unmet need identified by the NBHC, it is important to identify an accountable entity that will measure and review unmet home care need among citizens on an ongoing basis to assist the organizations responsible for the management and delivery of home care services.

This accountability process would take the form of a provincial evaluation of the home care needs of New Brunswickers at the community level. This would include planning for appropriate resources to deliver the home care services for needs that fall within programs, as well as measuring progress over time and holding partnering organizations accountable for their performance in reducing unmet need.

Figure 2. Who's accountable?

	Program management and service delivery	Addressing unmet needs at population level
Extra-Mural Program	EM/ANB Inc.	No individual or entity is accountable
Long Term Care Program and Disability Support Program	Social Development	No individual or entity is accountable

Key findings at the provincial level



Finding 1 42% of citizens who needed home care services perceived an unmet need

Within the term "unmet need," it is important to remember that a need may be outside of the scope of current programs, may not have resulted in a request for services, or may require clarification to identify the actual services needed. With this in mind, 42% is large enough that it should lead those responsible for programs to review both their current scope of services and methods for awareness and application process to ensure that they are effective and can lead to the desired outcomes related to keeping citizens in their homes.

Figure 3. Proportion of met and unmet home care needs



Source: NBHC, 2017 edition of the Primary Health Survey

Finding 2 Home support services are the most common types of unmet needs



While medical needs are often the focus of media stories, the NBHC's survey results show that needs related to home support services are identified in much larger numbers than medical needs. Home support services are non-medical and include personal care such as bathing, housekeeping and meal preparation. This should help to guide review and planning efforts.

Figure 4. Most common types of unmet needs

Type of unmet home care needs	Category	Estimated number of citizens
Bathing, housekeeping or meal preparation	Home support services	11,000
Transportation, meal delivery, shopping, yard maintenance	Home support services	2,200
Nursing care	Extra-Mural Program	2,000
Physiotherapy, occupational, respiratory or speech therapy, nutrition counselling or social work	Extra-Mural Program	1,300
Medical equipment or supplies	Extra-Mural Program	300

Note: Total estimated number of citizens with unmet home care needs will not add up to 16,000 because citizens can have an unmet need for more than one type of home care service

Source: NBHC, 2017 edition of the Primary Health Survey

Results vary geographically and demographically

In addition to reviewing the results for unmet need at the provincial level, it is important to look for variations in the amounts of self-reported unmet needs among regions within the province. Figure 5 on the next page provides some examples of this variation.

Without taking variability into account, it is likely that provincial strategies or initiatives to improve

home care services could take a "one size fits all" approach, which would be insufficient for some areas and unnecessary in others. In capturing what citizens have said about the home care services they need, this information serves to direct efforts and identify areas of focus that can support needs-based planning in this province.

Information that can support needs-based planning for home care

Assessing variations in self-reporting of unmet home care needs across different population groups and geographic regions of the province is an important next step. This information can guide local priorities and help address the gaps in services by focusing on where the needs are the greatest.

Once priorities are identified, estimating the number of citizens who perceive an unmet home care need for different population groups and geographic areas can guide the proper allocation of resources to meet their needs. Additionally, estimating the number of citizens who need home care services provides essential information for ongoing planning of future demand for home care. Citizens expect to receive an equitable level of home care services regardless of where they live or to which population groups they belong. When large variations exist, as shown in Figure 5, the challenge in providing equitable levels of service cannot be framed as only an "aging problem" with respect to home care. While addressing the real needs related to the demographic shift in the province, we must commit to "meeting the home care needs of the population," a challenge that will continue to grow in the foreseeable future.

Figure 5. Home care need, by health zone and population group

		timated number of citizens who	Proportion of needs	
	n	eed home care	Met	Unmet
BY HEALTH ZONE				
Moncton and South-East Ar		9,400	63%	37%
Fredericton and River Valley Are		9,500	60%	40%
Fundy Shore and Saint John Are		8,000	59%	41%
	Miramichi Area	2,600	58%	42%
	New Brunswick	38,000	58%	42%
	Restigouche Area	1,800	50%	50%
Bathurst and Acad	ian Peninsula Area	3,800	47%	53%
Madawaska and North-West Area		3,000	47%	53%
BY POPULATION GRO	OUP			
		16.400	65%	35%
	Age 65+ Men	16,400	65% 62%	35%
Citizens who prefer	Age 65+ Men	16,400 16,200 30,000	65% 62% 59%	35% 38% 41%
Citizens who prefer	Age 65+ Men	16,200	62%	38%
Citizens who prefer	Age 65+ Men services in English	16,200 30,000	62% 59%	38% 41%
Citizens who prefer	Age 65+ Men services in English New Brunswick	16,200 30,000 38,000	62% 59% 58%	38% 41% 42%
	Age 65+ Men services in English New Brunswick Women	16,200 30,000 38,000 21,900	62% 59% 58% 54%	38% 41% 42% 46%
	Age 65+ Men services in English New Brunswick Women Age 18 to 64	16,200 30,000 38,000 21,900 21,800	62% 59% 58% 54% 52%	38% 41% 42% 46% 48%
	Age 65+ Men services in English New Brunswick Women Age 18 to 64 ons with a disability Low income	16,200 [30,000] 38,000 [21,900] 21,800 [26,600]	62% 59% 58% 54% 52% 52%	38% 41% 42% 46% 48%

(Unmet needs: lower is better)

Note: As these numbers are rounded estimates, they will not add up exactly to the New Brunswick total. Source: NBHC, 2017 edition of the Primary Health Survey

Moving New Brunswick toward a citizen-centred approach in evaluating home care needs

Home care services are citizen-centred if planning and management are based on the needs of individuals and communities, rather than requiring people to adapt to provincial home care programs. All publicly funded home care programs in this province should be aligned to an overall objective: meeting the home care needs of the population in order to help them stay in their own homes as long as possible.

A government program that delivers home care services should have a clear program accountability structure and provide a high quality of care to its clients. However, it is often just one standalone piece of a disconnected system. What is required is a comprehensive, coordinated and integrated plan designed to meet the home care needs of New Brunswickers.

A properly designed and integrated citizen-centred approach in evaluating home care needs will answer the following questions:

- Who is ultimately responsible for identifying and clarifying these needs? While collaboration across the different home care programs is essential, this should not become a shared responsibility between programs or departments.
- Is New Brunswick meeting the overall home care needs of the population?
- Is New Brunswick providing a consistent level of service across geographic areas of the province?
- Is New Brunswick providing equitable services to population groups at higher risk of poor health?

 Are New Brunswick citizens aware of the different resources that are available in their community? The level of resources may be sufficient to meet the needs of a given community; however knowledge of these resources can be poor.

New Brunswick has a high level of unmet need with regard to home care services and large variation among regions and population groups. The NBHC's reporting of perceived unmet home care needs has identified an urgent priority for analysis followed by action on the part of those responsible for home care services.

Political leaders, decision makers and program managers hold the potential to move New Brunswick forward, by developing and implementing home care strategies that will make this province a leader in needs-based planning, based on what citizens are saying about the home care services they need.

More on our website

For additional information on met and unmet needs at the community level in New Brunswick, as well as maps of NB health zones and communities, please visit www. nbhc.ca.