Optimizing Nursing in Ontario's Renewed Home Care System

Home Care Ontario/OCSA Nursing Practice Council

July 2017

About Home Care Ontario

Home Care Ontario, *the voice of home care in Ontario™*, is a member-based organization with a mandate to promote growth and development of the home care sector through advocacy, knowledge transfer, and member service. Home Care Ontario members include those engaged in and/or supportive of home-based health care. In Ontario, service provider organizations are responsible for providing nursing care, home support services, personal care, physiotherapy, occupational therapy, social work, dietetics, speech language therapy and medical equipment and supplies in the home to individuals of all ages. An estimated 58 million hours of publicly and privately purchased home care service is provided annually across the province.

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About Ontario Community Support Association

Across the province each year, over one million people receive home care and community support services – and the need is growing. The Ontario Community Support Association (OCSA) champions a strong, sustainable home and community support sector for all Ontarians. Our not-for-profit, community-based member organizations provide a wide variety of health and wellness services which help a full range of clients, including seniors and people with disabilities, remain independent in their own homes and communities. These compassionate and cost-effective services improve quality of life and prevent unnecessary hospitalizations, emergency room visits and premature institutionalization. They are the key to a sustainable health care system for Ontario.

A respected leader for 25 years, OCSA advocates on behalf of our members and their clients, creates partnerships, facilitates knowledge sharing, and offers training, resources and benefits that enable our members to continue to provide vital services.

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EXECUTIVE SUMMARY

Nurses are "globally acknowledged as the linchpin of the health care system".[1] They are skilled practitioners with ever-increasing responsibilities. "In Ontario, nursing is a profession with two categories – Registered Nurse (RN), which includes Nurse Practitioner (NP); and Registered Practical Nurse (RPN)."[2] Both categories of nurses practice within the home care system.

This paper, produced by Home Care Ontario and the Ontario Community Support Association on behalf of their Nursing Practice Council highlights the ways in which the contribution of the frontline home care nurse can be optimized to align with the vision of the Patients First Strategy – "to put people and patients first by improving their health care experience and their health outcomes"[3]. The paper advises that substantial changes must be made to support home care nursing practice in order to achieve best results for patients in the health care system. In particular, as a revised role of 'system navigator' is established for case managers, the home care nurses' role must be fully optimized to assume responsibility and accountability for the management of the episode of home care in the community.

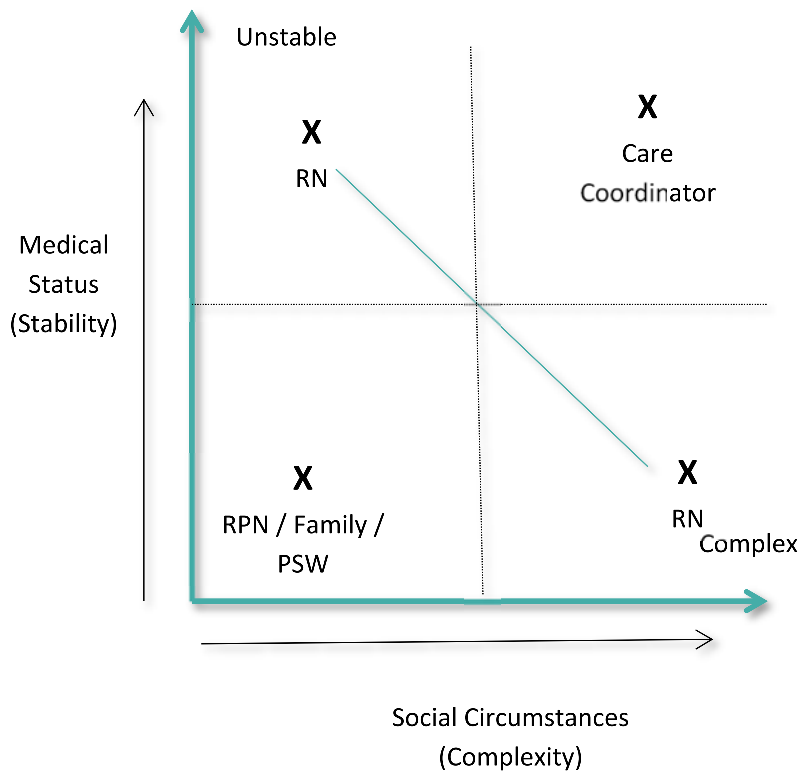
In home care, frontline nurses have risen to the challenge of providing care to an increasingly complex patient population. The needs of patients receiving government-funded home care in Ontario are rising in levels of complexity and acuity. Patients' needs range from close monitoring for early signs of failure to peritoneal or hemodialysis, chemotherapy, pain management, complex wound treatments and chronic ventilator care. While most patients are elderly, home care nurses[4] must also be knowledgeable and skilled in caring for younger adults and children with similarly complex care requirements.

[1] Alameddine p85
[2] HealthForceOntario
[3] MOHLTC p5
[4] The reference to home care nurse in this paper is, unless expressly stated otherwise, intended to represent knowledge-based professionals regardless of their nursing designation: Registered Nurses, Nurse Practitioners, Registered Practical Nurses.

The practice of home care nursing is complex, requiring independent decision making, and a diverse knowledge base to manage the care of patients with a broad array of diagnoses across the lifespan and the health-illness continuum. Home care nurses require competency in technology and the maturity to work confidently and autonomously. Home care nurses practice independently, outside the institutional structure where practitioners generally have faster and easier access to system controls and other staff. They must have general knowledge coupled with specialized expertise in the art and science of nursing practice. The challenge of frontline home care nursing can be enormously stimulating and satisfying. The requisite skills, knowledge and judgment to practice as an expert nurse in the sector requires years of nursing experience, often acquired in nursing settings such as medical, surgical wards and emergency departments.

The frontline home care nurse role requires advanced assessment and evaluation skills, effective communication skills, sound judgement, effective documentation skills, flexibility, critical /creative thinking and self-direction. Home care nursing is more than a procedural intervention. In fact, unregulated staff and/or family members can be taught to perform a variety of nursing procedures. However, the performance of a skill does not constitute the broad knowledge base required of the nurse. Home care nurses frequently report that their practice has been increasingly eroded by task and discharge-oriented system priorities.

From a policy perspective, the Nursing Practice Council agrees that the future role of care coordinators should be redirected to the broader system level within primary care. Care coordinators could provide greatest value to patients with complex health system navigation and/or social support (homelessness, mental health and addiction) needs. Working closely with primary care, care coordinators could be integral to moving the system from reactive health care to proactive interventions that support wellbeing. This changed role would strengthen and leverage the current capacity in the community and create an opportunity for improved outcomes for people and the health system as a whole.[5]



[5] RNAO p8

Today 94% more publicly funded home care patients have higher needs than in 2008/2009[6] and since that time, the number of patient referrals from hospital has increased 13%.[7] Despite this fact, the amount of home care nursing has remained constant. Frontline nursing care in the home has become increasingly task-oriented and segmented by the most pressing need to process the patient to discharge as quickly as possible. However, home care nurses know that collaborating with the patient and the family to determine a holistic plan of care achieves better patient outcomes, performance and sustainable health system goals.

Patients' perspectives are critical to informing health care delivery and provide valuable insight into the approach for nursing in home care that includes all levels of frontline nurses and the care coordinator. It is this perspective that is central to the recommendations in this paper.

[6] OACCAC (2016) p1
[7] OACCAAC Fast Facts

RECOMMENDATIONS

Drawing on interviews from the members of the Council and of each Association, the paper offers a description of what could be achieved to optimize the contribution of nursing within the home care sector for the benefit of thousands of patients receiving care at home every day. To enable the realization of the Patients First vision the following recommendations are made:

KEY ENABLER: EVOLVING PRACTICE Home care nurses bring tremendous experience and insight into the delivery of care in the home and community care environment. The broader health care system (e.g. primary care, acute care and ER) and patients and families would benefit from greater clarity about the potential scope and extent of the home care system.

1. ***Optimize the role of the frontline home care nurse to full scope of practice by identifying and honouring the discrete responsibilities of the home care coordinator and frontline nurse, and at the frontline, clarifying the scope of each level of nurse.***

Optimization of the home care nurse's scope of practice will improve access to care; promote continuity of care and caregiver; and enable positive patient, staff and system sustainable outcomes.

Identifying, clarifying and respecting the distinct roles of the home care coordinator and frontline nurse will reduce duplication of care processes and will bring efficiencies, cost savings and generate increased client/family confidence and satisfaction. Current accountabilities of care coordinators should be naturally transitioned to home care nurses who work more directly with the client and are accountable for care outcomes.

KEY ENABLER: PATIENT-CENTRED CARE Patients and their families are increasingly engaged in their health care and expect client/patient-centred care, which is respectful of their time, their priorities and of them as people.

2. ***Provide for greater frontline home care nurse autonomy and flexibility so the needs of patients in the moment of distress can be addressed.***

Practice to full scope requires policy and funding change that fully supports the autonomy and professional judgment of the home health care nurse. This involves enabling the application of evidence and best-practice to treat the patient's immediate needs while simultaneously providing for their health promotion, disease prevention and wellbeing. Increased knowledge about nursing

practice will complement the evaluation of home care performance through the perspective of patient experience. For example:

- Wound healing/closure time
- Pain control
- Death at location of choice
- Ability to be at home
- Level of patient and family coping
- Well being
- Confidence to deliver self-care

KEY ENABLER: TECHNOLOGY Providing health care at home and enabling patients and their families to be more engaged requires investment and implementation of current technology to the sector. Home care nurses at the front line of care must have equal access to up-to-date patient information in order to deliver excellence in nursing care.

3. ***Strengthen the mechanisms for information exchange between all Health Service Providers, including frontline home care nurses, to achieve continuity in approach and seamless, safe care for patients and families.***

The home care sector needs to be resourced with enabling technologies that support timely, direct communications to other members of the health care team, access to, and sharing of patient information, and virtual patient visits in a decentralized environment. The implementation of RN prescribing adds importance to the need for frontline home care nurses to be directly linked to the patient's primary care provider, the emergency department and acute care through access to the electronic medical record.

4. **KEY ENABLER: CULTURAL SHIFT** As the health care system naturally evolves from institutionally-based acute care to proactive community-based care, the role of the frontline home care nurse in the management of patient care will become even more critical. There must be a concomitant shift to respect and reward the contributions of the home care nursing role. ***Improve nurse compensation within the home care sector. Nurses with advanced education and experience are needed to support today's growing, complex home care patient population.***

Improving frontline home care nursing compensation must be achieved through dedicated funding.[8] Whether paid per visit or as a salary, nurses are professionally and intrinsically motivated to provide

[8] Wage restraint in Ontario has meant no increases in frontline Home Care Provider bill rates necessary to achieve increased wages.

safe, ethical and quality care. Nurses must be appropriately compensated to practice to full scope with the level of clinical experience and expertise that is required within the changing home care sector. This expertise includes recognition of the holistic health needs of the patient, including the need for health education and literacy. Funding must be provided that encompasses this critical role as opposed to the current funding method that only rewards the delivery of specific nursing activities (e.g. treatment of a wound). Nurses must also be resourced to mentor and develop members of their teams thus generating the trust, respect and confidence to practice to full scope..

KEY ENABLER: RESEARCH Researchers need greater access to the actual lived experience and practice knowledge that currently exists regarding front line home care nursing in the community. Greater access will complement the development of standards and subsequent evaluation of home care performance experience.

5. ***Include Home Care Ontario / Ontario Community Support Association Nursing Practice Council as members of the Ontario Quality Standards Committee[9].***

Representation on the Ontario Quality Standards Committee will help to ensure that the potential contribution of front line home care nursing is understood and leveraged so that patients receive the best and most consistent care across the health system.

By providing the right care at the right time by the right provider practicing to full scope, patients will have better clinical outcomes and quality of life. Providers will achieve greater satisfaction. Health system priorities, such as Alternate Level of Care (ALC) reductions, Emergency Department avoidance, enhanced Palliative and End-of-Life care and Chronic Disease management will be improved..

[9] See: http://www.hqontario.ca/Evidence-to-Improve-Care/Ontario-Quality-Standards-Committee. Formerly the HQO Integrated Client Care Council.

ABOUT HOME CARE

Home care is defined as an "array of services, provided in the home and community setting, that encompass health promotion and teaching, curative intervention, end-of-life care, rehabilitation, support and maintenance, social adaptation and integration and support for the family caregiver".[10]

Services within home care include nursing, personal support/homemaker, therapy (including physiotherapy, occupational therapy, speech language pathology, social work, nutrition/dietetics), medical supplies and equipment. Frontline Home Care Providers that meet high standards of excellence deliver home care in Ontario. These providers are usually incorporated entities, and can be designated as a non-profit organization, a private corporation, a municipal government or an aboriginal organization

Frontline Home Care Providers work with community support services such as day programs, respite care facilities, volunteer services, meal deliveries and transportation services. Effectiveness and efficiency is achieved when all members of the health care team can collaborate and employ their expertise and experience *at the right time and right place.*

"In Ontario, nursing is a profession with two categories – Registered Nurse (RN), which includes Nurse Practitioner (NP); and Registered Practical Nurse (RPN). Although all nursing students learn from the same body of nursing knowledge, RNs study for a longer period of time – allowing for greater depth and breadth of foundational knowledge; RPNs study for a shorter period of time, resulting in a more focused body of foundational knowledge."[11]

[10] Canadian Home Care Association
[11] HealthForceOntario

Home care is provided through government funding and private pay: out-of-pocket, or through insurance benefits. In 2015/16, over 729,000 individuals received home care services[12] - an increase of more than 115,000 in five years. It is also estimated that 150,000 Ontarians privately retain 20 million visits/hours of home care services annually.[13]

INCREASED PATIENT ACUITY & DECREASED NURSING SERVICE

Since 2010/11, most patients receiving government-funded home care were defined as having "high care needs".[14] With increasing pressure to protect hospitals from inappropriate utilization and congestion, publicly funded home care services have been increasingly used to address the needs of post-acute care patients. Home care patient acuity has therefore, increased year over year. In the past five years, there has been an increase of 95.3% more patients with higher needs.[15] The number of patient referrals from hospital has increased 13%.[16] However, the amount of nursing service as a percentage of total service has declined 5%.[17] while PSW services have increased 39% with total hours now representing 74% of home care services.[18] There is an impact on patient health, particularly in the elderly, because of this significant shift in the use of health care provider. The presenting symptoms of the elderly are less predictable than the general population. Older, frail adults typically have multiple comorbid conditions and a relatively minor health issue can quickly become complex,requiring careful, skilled, and consistent assessment.

The older and frailer an individual is, the less likely there will be a textbook presentation of any illness. Furthermore, seniors are particularly susceptible to the effect of drugs and the response of the frail elderly to medication is unpredictable. [19] [20]

Research has shown that "nurse-led health promotion and disease prevention interventions for frail, older home care patients provide greater improvements in health-related quality of life, compared to usual home care".[21] Improved outcomes for older home care patients with depressive symptoms, which are common but poorly recognized and treated, have been shown to improve through nurse-led mental health promotion interventions.[22]

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[12] Home Care Ontario
[13] Ontario Home Care Association
[14] OACCAC (2013)
[15] OACCAC
[16] Ibid
[17] Home Care Ontario – calculations from tables
[18] Ibid
[19] Hogan
[20] Sloan p33
[21] Markle-Reid (2011) p11
[22] Markle-Reid (2014)

HOME CARE NURSING: A SPECIALTY AREA OF NURSING PRACTICE

As the cornerstone of the health care system, nursing is a critical component of home care. Frontline home care nursing is a specialized area of nursing practice in which the nurse provides care in the patient's home, school or workplace or other community settings such as home and community clinics. It is a unique field of nursing practice that focuses on the provision of nursing care to acute, chronically ill and well patients of all ages while integrating community health nursing principles that focus on health promotion, environmental, psychosocial, economic, cultural and personal health factors affecting an individual's and family's health status.[23]

A home health nurse is a community health nurse who:

- Combines knowledge from primary health care (including the determinants of health), public health, nursing and social sciences and blends with the art of nursing
- Focuses on prevention, health restoration, maintenance or palliation
- Focuses on clients, their designated caregivers and their families
- Integrates health promotion, teaching and counselling in clinical care and treatment
- Initiates, manages and evaluates the resources needed for the client to reach optimal well-being and function
- Provides care in a home care clinic, the client's home, school or workplace, has a nursing diploma (applicable to RPN) or a degree (a baccalaureate degree in nursing-RN) and in some cases, has a Master in nursing (RN-EC).[24]

Ontario Minister of Health and Long-Term Care, the Hon. Dr. E. Hoskins, has announced plans to introduce changes to the Nursing Act in the spring 2017 which expands Registered Nurses' scope of practice to include communicating diagnoses and prescribing medication for their clients.[25]

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[23] Humphrey
[24] Community Health Nurses of Canada p8
[25] College of Nurses of Ontario

In the home setting, the nurse demonstrates caring activities that generate trust and collaboration for both the care of the client and the maintenance of health of the other family members. The nursing process, which serves as a framework to engage critical thinking skills[26], includes assessment, nursing diagnosis, planning for care, intervention and evaluation. These processes should not be considered linear[27] and are often more complex in the home given the nature of the setting, the additional variables influencing the client and the family, and the need for integration of community health nursing concepts.

The intervention, or implementation step, is where home care nursing in home care has, due to constraints, been reduced as reflected by discrete time limitations and task-specific referrals. The critical step of evaluation has been almost eliminated in the expectation of funders for focused task-orientated functions only. The result is a potential failure to recognize patient needs and changing health status in the patient. Home care service delivery is based on quality and best-practice by nurses who are enabled to be able to practice to the full scope of the profession, for the benefit of their patients.

The foundations of home health nursing include: 1) health promotion, and 2) illness prevention and health protection.[28] The elements of home health nursing that are central to practice are:

- Assessment, Monitoring and Clinical Decision Making
- Care Planning and Care Coordination
- Health Maintenance, Restoration and Palliation
- Teaching and Education
- Communication
- Relationships
- Access and Equity
- Building capacity.[29]

[26] Martin
[27] Martin
[28] Community Health Nurses of Canada p12
[29] Community Health Nurses of Canada p8

Employer leadership and investment, coupled with nursing skill, technology, skill and employer support has evolved so that procedures previously provided in the hospital setting are now routinely provided home:

- Dialysis
- Infusions – peripheral and central
- Wound management
- Pain & symptom management
- Palliation

And much more.

The home care nurse role requires advanced assessment and evaluation skills, effective communication skills, sound judgement, effective documentation skills, flexibility, critical/creative thinking and self-direction. This requires years of experience, ideally in medical, surgical and emergency departments. Home care nursing practice is complex, requiring independent decision-making and a diverse knowledge base. The nurse needs to work with and rely on the other members of the health care team while operating in a decentralized environment.

NURSING PRACTICE IN ONTARIO'S HOME CARE SYSTEM

An efficient and effective home care system appropriately utilizes and integrates all members of the team to achieve value and to assist Ontarians who wish to receive care at home. Providing the full array of home care services, including access to physicians, nursing, therapies, community pharmacists and personal support is essential to support good health outcomes for patients. Each interdisciplinary member has a unique body of knowledge and scope of practice, which must be respected and leveraged to maximize their effectiveness for patient care.

In one jurisdiction, frontline home care nurses, care coordinators, and discharge planners are beginning to work more collaboratively, hosting virtual huddles to update on patients and their care plans. This helps to build trust and clarity to support smooth and successful transitions to the home.

Within the current government-funded home care system, a care coordinator determines access to service and monitors the frontline home care nurse performance within a plan of care. The nurse is answerable to his/her employer and professionally accountable for direct clinical care provided to the patient. The nurse must apply clinical expertise and know when to seek guidance and/or consult with other members of the health care team. Employers have enabled frontline home care staff's access to others through the provision of smartphones. However, currently, the care coordinator, who may not be a nurse, has assumed the role of primary point of contact between other members of the health care team, which results in the frontline care delivery clinicians (nurses, doctors, therapists, pharmacists, PSWs) being reliant on second hand information. This lack of access to 'real-time' information can place patient care at risk. Home care nurses at the front line of care must have equal access to up-to-date patient information in order to deliver excellence in nursing care. Role differentiation between care coordinators and frontline nurses would also enhance patient care.

IMPROVEMENTS THROUGH PATIENTS FIRST

Home care is uniquely about patients first. Care is provided in the patient's home and frontline home care nurses are skilled in working with patients as 'guests' in the setting of care. Working with patients unlocks the potential for better health outcomes and is the key to addressing the system issues in the home care sector.

PATIENTS' PERSPECTIVES

- A key underlying principle of home care service delivery is that patients must have confidence in their care team, believe that they are competent, that they are providing best care and that they are equipped with the best equipment, supplies and technologies. A system that optimizes the nurse's decision-making and time with the patient, enhances patient and families' confidence in the system.

- Patient and families need to know that their nurse will be available to them when needed – based on patient need, best practice and system requirements.

- Family caregivers will typically take on more responsibility than they can manage for care in the home. Research has shown that caregiver distress in Ontario is on the rise[30], doubling from 15.9% in 2009/10 to 33.3% in 2013/14[31]. Identification of potential burnout and supporting families through telephone, virtual and in-person services will enable them to cope longer at home and avoid having to go to the ER or another setting for care.

- Patients and families have reported that they cannot understand or tolerate duplication and redundancies of assessments, care and other processes that should be streamlined through effective communication and collaboration by the home care team.

- Conversely, when health and social issues become medically or socially complex, a broader system coordinator is required to help to access the resources and decisions necessary for social/medical intervention. Recognizing and respecting variations in patient need is critical to the amount and nature of care coordination provided through the health system.

[30] Hirdes
[31] Health Quality Ontario

AN APPROACH FOR NURSING

Nurses are well trained and professionally accountable. They need the latitude to do their work – to assess, treat and safely transition the person to self-care or other care setting. This involves gaining the confidence, trust and respect of the patient and their family.

Registered Nurses (RNs) can determine when to involve a RPN and/or delegate to unregulated care – either a PSW or family caregiver. Home care nurses can pre-empt problematic issues by simply calling the patient to follow-up on teaching and to ensure adoption of new protocols.

Patients that are medically unstable and have socially complex issues benefit from the broader health care team and will often benefit from the expertise of a case manager or care coordinator.

Five per cent of Ontarians have such complex needs that their health care costs account for 65 per cent of provincial health care costs.[32]

In this role, the care coordinator is an expert in accessing services and supports to address the social determinants of health that are negatively impacting a person's physical health. Embedded within primary care, nurse coordinators function in a complementary role proactively addressing issues that place the person at risk and creating an opportunity for improved outcomes for people and the health system.[33]

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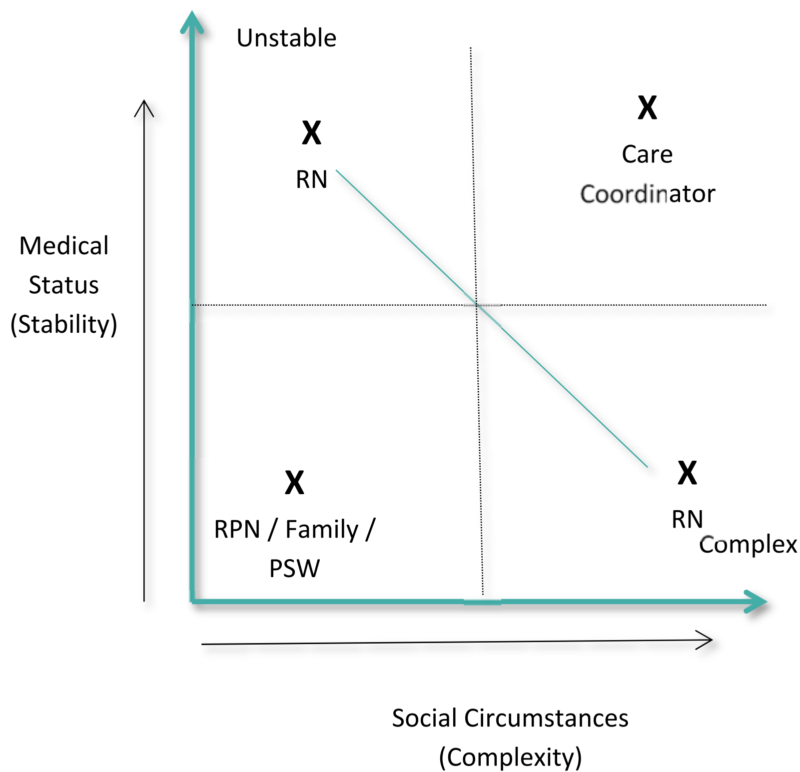
[32] Wodchis
[33] RNAO p8

The role of the care coordinator as the "quarterback" for those with complex needs has not been well defined and in the absence of a well described function there has been an unnecessary overlap of nursing intervention at the frontline. Nursing is central to the role of the broader system care coordinator which must be clearly defined to better serve patients. The figure below provides a high-level illustration of the nursing practice continuum and the relationship between stability of medical status and complexity of social need.



KEY ENABLERS

TECHNOLOGY

The paradigm of providing health care at home and enabling patients and their families to be more engaged requires investment and implementation of technology to the sector. There is ample evidence to show that patients are open to having their caregivers leverage technology that supports better communication, coordination and collaboration and enables an evidence-informed approach to care in the home.

PATIENT-CENTRED CARE

Patients and their families are increasingly engaged in their health care and demanding client/patient-centred care – care that is respectful of their time, their priorities and of them as people. Many have a passion and a commitment to keep loved ones at home. It is expected that health system providers embed client and family centre care into all aspects of their services. This aligns with the professional practice of the frontline home care nurse who must be able to apply the nursing process to patient care and use a strength-based approach to care planning and interventions.

CULTURAL SHIFT

Building on the evolution of health care from reactive treatment to proactive collaborative care requires a willingness to trust and respect the contributions of all members of the team. Within home care, there is a need to organize care delivery in ways that are complementary and are based on mutual trust and respect. A willingness to mentor and support best practice must underpin care delivery. This would result in less system fragmentation and more team work with and across organizations and result in better patient experience.

Frontline Home Care Providers, all of whom have third party validation for the calibre of their services, many of them achieving exemplary recognition, are equipped to be accountable for the services and expertise of their staff.

EVOLVING PRACTICE

Home care nurses bring tremendous experience and insight into the delivery of care in the home and community care environment. The broader health care system (e.g. primary care, acute care and ER) and patients and families would benefit from greater clarity about the potential scope and extent of the home care system.

Within home care, nurses need access to and the ability to provide evidence informed care. The Home Care Ontario / Ontario Community Support Association Nursing Practice Council should be strengthened and resourced to inform frontline home care nursing practice provincially. This group should participate on the Ontario Quality Standards Committee so that consistency for patients and families can be achieved across the health system and across all LHINS.

It is also important to build nursing competence in delegation and oversight of unregulated providers. This skill is becoming more important as remote monitoring and virtual assistance in care is increasingly possible. Frontline Home Care Providers are responsible to institute nursing practice leaders who establish criteria for care and levels of staff consistent with the expectation of the College of Nurses of Ontario.

RESEARCH

Nurses function as members of the health care team and yet the benefits are sometimes difficult to quantify. More specific research is required on the home health care context and the impact to nurses and nursing. More research on the benefits to patients is also required. While patient outcomes reflect the work of the health team across an episode of care, the data from indicators pertaining to nursing practice, such as HOBIC[34], need to be studied. Evidence that increases the understanding of the contribution of nursing will help to prevent the potential slide to delegated task based care.

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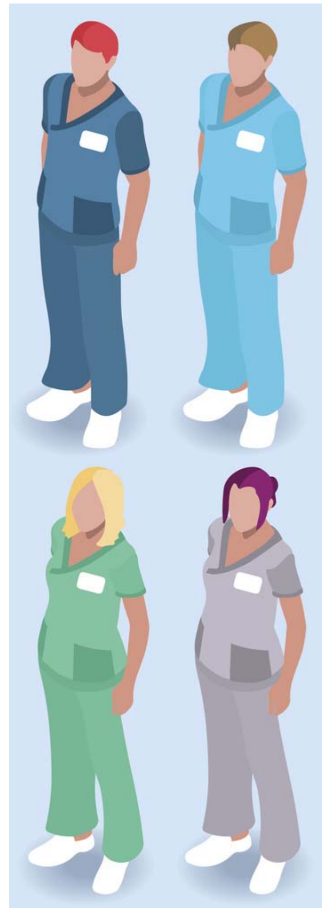
[34] Health Outcomes for Better Information and Care (HOBIC) was a project that introduced a systematic, structured language to patient assessment and documentation, in acute care, complex continuing care, long-term care and home care. The project ended in March 2016. The data can be examined for real-time information about the effect of nursing care on patients; levels of staffing; and, the effectiveness of the system.

Increased knowledge about nursing practice will complement the evaluation of home care performance through the perspective of patient experience. For example:

- Wound healing/closure time
- Pain control
- Death at location of choice
- Ability to be at home
- Level of patient and family coping
- Wellbeing
- Confidence to deliver self-care



CONCLUSION

Frontline home care nurses are experts who must be supported and recognized for their abilities to deliver care in the home: the least structured and most personal of all care settings. They, and all providers, must practice to full scope. As the health system in Ontario implements the 'patients first' commitment and home care becomes the locus of care, it is imperative that home care nurses are seen as independent, skilled professionals who contribute to achieving the best possible quality of life for their patients.

RECOMMENDATIONS

Improving the contribution of nursing within the home care sector requires that government, administrators and employers:

1. *Optimize the role of the frontline home care nurse to full scope of practice by identifying and honouring the discrete responsibilities of the home care coordinator and frontline nurse, and at the frontline, clarifying the scope of each level of nurse.*

Optimization of a nurse's scope of practice improves access to care; promotes continuity of care and caregiver; and enables positive patient, staff and system sustainable outcomes.

Identifying, clarifying and respecting the distinct roles of the home care coordinator and frontline nurse will reduce duplication of care processes and will bring efficiencies, cost savings and generate increased client/family confidence and satisfaction.

2. *Provide for greater frontline home care nurse autonomy and flexibility so the needs of patients in the moment of distress can be addressed.*

Practice to full scope requires policy and funding change that fully supports the autonomy and professional judgment of the home health care nurse. This involves enabling the application of evidence and best-practice to treat the patient's immediate needs while simultaneously providing for their health promotion, disease prevention and wellbeing.

3. Strengthen the mechanisms for information exchange between Health Service Providers, including frontline home care nurses, to achieve continuity in approach and seamless, safe care for patients and families.

The home care sector needs to be resourced with enabling technologies that support timely, direct communications to other members of the health care team, access to and sharing of patient information, and virtual patient visits in this decentralized environment. The implementation of RN prescribing adds importance to the need for frontline home care nurses to be directly linked to the patient's primary care provider, the emergency department and acute care.

4. Improve nurse compensation within the home care sector. Nurses with advanced education and experience are needed to support today's growing complex home care patient population.

Improving frontline home care nursing compensation must be achieved through dedicated funding.[35] Whether paid per visit or as a salary, nurses are professionally and intrinsically motivated to provide safe, ethical and quality care. Nurses must be appropriately compensated to practice to full scope with the level of clinical experience and expertise that is required within the changing home care sector. This expertise includes recognition of the holistic health needs of the patient, including the need for health education and literacy. Funding must be provided that encompasses this critical role as opposed to the current funding method that only rewards the delivery of specific nursing activities (e.g. treatment of a wound). Nurses must also be resourced to mentor and develop members of their teams thus generating the trust, respect and confidence to practice to full scope of practice.

5. *Include Home Care Ontario / Ontario Community Support Association Nursing Practice Council as members of the Ontario Quality Standards Committee[36].*

Representation on this committee will help to ensure that the potential of frontline home care nursing is understood and leveraged so that patients receive the best and most consistent care across the health system.

Optimizing the role and value of the frontline home care nurse will support and enable the realization of a truly 'Patients First' approach to care in the Ontario health care system.

[35] Wage restraint in Ontario has meant no increases in frontline Home Care Provider bill rates necessary to achieve increased wages.
[36] See: http://www.hqontario.ca/Evidence-to-Improve-Care/Ontario-Quality-Standards-Committee. Formerly the HQO Integrated Client Care Council.

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