

INTRODUCTION

Since 1990, the Canadian Home Care Association (CHCA) has strived to promote a vision of accessible, responsive home care and community supports which enable people to stay in their home with safety, dignity and quality of life. Through leadership, awareness, advocacy and knowledge, we dedicate ourselves to advancing excellence in home care.

The current reality is that home care is shaping the future provision of care. An aging population, increase in life expectancy, rise in prevalence of chronic and life-limiting illnesses, and shortages in health human resources have been shifting care from institutions towards care within the home. In 2012, 2.2 million Canadians received some form of help in their home to cope with long-term health conditions, disability or aging needs. As our home care system is facing pressures on a scale never experienced before, the question that shape CHCA's priorities is: how can we ensure accessible and responsive home care supports for Canadians into the future, while achieving system efficiencies? The answers are pointing toward evidence, experience, and engagement.

The CHCA has identified evidence-informed decision making as one of our four strategic priorities. In partnership with Health Canada, we are working on a project called Home Care Knowledge Network to support organizations with new knowledge and change management strategies in delivering better care, better outcomes and better value for investment. Through the Knowledge Network, we strive to provide decision makers with:

- A mechanism for sharing of information, practices and experience across jurisdictions and providers.
- Quick and easy access to emerging practices, practical models and tools to support evidence-informed policy and program delivery.
- A vehicle to share the expertise and experience of home care experts across Canada.
- A catalyst for policy and service delivery evaluation and continuous improvement.

A QUESTION OF EVIDENCE FORUM

On June 11, 2015, we collaborated with Home Care Ontario to host a one day forum on the 'how-to' of evidence-informed decision making in the home care sector. A total of 120 home care policy planners, administrators and service providers from across Ontario came together to share information. This forum was an opportunity for us to initiate conversations that catalyze change, to inform and influence policy and practice, as well as to facilitate continuous learning through partnerships and networking. The forum brought a number of realities about the existing health care system in Canada, and shared with our audiences the importance of engaging patients in addition to applying clinical expertise and research evidence to inform our decisions about home care.

It provided participants with understanding and practical tips and tools to integrate the three key elements of evidence-informed decision in all sectors, including home care.

- Best available research evidence
- Clinical expertise and knowledge
- Patient/client values and beliefs

The keynote speakers and panelists offered their views on evidence as it pertains to the system, the person, the provider, and the policy maker. The following is an overview of the forum's agenda:

A QUESTION OF EVIDENCE

EVIDENCE-INFORMED DECISION MAKING IN THE HOME CARE SECTOR

KEYNOTE PRESENTATION

How does research evidence support policy development and implementation?

DR. JOHN LAVIS, *Canada Research Chair in Evidence-Informed Health Systems, Director, McMaster Health Forum*

How can evidence-informed decision making impact the future direction of home care?

DR. SAMIR SINHA, *Director of Geriatrics, Mount Sinai and University Health Network*

PATIENT/CAREGIVER VOICE PANEL

How does the patient and caregiver experience impact evidence-informed decisions?

SARA SHEARKHANI, *Family Caregiver and Co-Founder, Family Caregiver Voice*

CAROLE ANN ALLOWAY, *Family Caregiver and Co-Founder, Family Caregiver Voice*

CHALLENGE PANEL

What strategies can we use to bring the patient/caregiver's voice and research evidence into care decisions?

RYAN DEFORGE, *PhD Postdoctoral Associate, International Centre for Health Innovation, Ivey Business School, Western University*

WENDY NICKLIN, *President and Chief Executive Officer, Accreditation Canada*

JENNIFER SCHIPPER, *Chief of Communications, Health Quality Ontario*

DISCUSSION PANEL

How does evidence inform home care policy?

DEBRA BELL, *Manager of the Home and Community Care Unit, Ministry of Health and Long-Term Care*

GEORGIA LIVADIOTAKIS, *Senior Policy Analyst, Strategic Policy Branch, Health Canada*

APPLICATION CONCEPTS

What ways can we apply evidence-informed decision making to improve home care service delivery?

WAYNE MILLER, *Patient Safety Improvement Lead, Canadian Patient Safety Institute*

DEBBIE TAYLOR, *Vice President Client Services, Circle of Care*

ADOPTION TOOLS

What are some of the tools that support evidence-informed decision-making?

HEATHER BINKLE, *Director Client Services, Ontario Association of Community Care Access Centre*

ANNA COOPER, *Clinical Practice Leader/ BPSO Lead, Bayshore Health Care*

DEBBIE GREEN, *RN Responsive Management, Nurse Consultant and Clinical Team Leader, 3M*

SUMMARY

Evidence-informed decision making involves the integration of three key elements: best available research evidence, clinical expertise and knowledge, as well as client values and beliefs. Each of these key perspectives can enable organizations to deliver better care, better outcomes and better value. This section summarizes what was shared by our key opinion leaders on the power of each of these key elements—evidence, experience, and engagement—in providing excellence in home care.

THE IMPORTANCE OF EVIDENCE

Knowing the facts helps us recognize the size of gap between our vision of accessible and responsive home care and the reality in which we live in. It provides hard evidence to the incidence and prevalence of an issue that is important to many Canadians. Reliable data and evidence are also essential to more informed policy, higher-quality decisions, more effective practices, and, in turn, improved outcomes.

In this section, we will be sharing three segments of the forum:

1. How can evidence-informed decision making impact the future direction of home care?
2. How does evidence inform home care policy?
3. How does research evidence support policy development and implementation?

How can evidence-informed decision making impact the future direction of home care?

DR. SAMIR SINHA, *Director of Geriatrics, Mount Sinai and University Health Network*

Dr. Samir Sinha, Provincial lead of Ontario Senior's Strategy, provided the current picture of our demographic and health care system. Dr. Sinha shared an evidence-based view to address the needs of our ageing population. Specifically, he addressed:

- The discrepancies between our current health care spending and health care needs
- Top 5 system barriers to integrating care for older adults
- Top 5 requirements to improving home care

How does evidence inform home care policy?

DEBRA BELL, *Manager of the Home and Community Care Unit, Ministry of Health and Long-Term Care*

GEORGIA LIVADIOTAKIS, *Senior Policy Analyst, Strategic Policy Branch, Health Canada*

Using evidence to inform policy advocates a more rational, rigorous and systemic approach, and ultimately seen to produce better outcomes. Therefore, as part of the question of evidence forum, a discussion panel was held to understand the role of evidence in policy and decision making.

Georgia Livadiotakis from Health Canada provided a federal policy analyst perspective to the current home care evidence and data, and its influence in policymaking. Two factors in making a more evidence-based approach to policymaking were made clear:

1. Policy should be informed by a wide breath of evidence.
2. Evidence is not the only factor which influences policy making.

Debra Bell shared how the Ontario Ministry of Health and Long-Term Care uses evidence and integrated decision making to inform home and community care policy development. Three important areas of evidence are:

1. Population health (who are the most complex or highest risk patients in the population?)
2. Experience of health (how do outcomes, utilization, costs and experience differ across regions and over time?)
3. Costs (what are the total and average costs by each category of need severity, complexity and risk?)

How does research evidence support policy development and implementation?

DR. JOHN LAVIS, *Canada Research Chair in Evidence-Informed Health Systems, Director, McMaster Health Forum*

Given the numerous scientific research coming out every day, how do we know which are worth a closer look? Finding the best research evidence can be challenging due to a lack of time, limited access to peer-reviewed journals, inadequate critical appraisal skills, and/or conflicting evidence.

Dr. John Lavis shared tips and tools to help patients, providers and policy makers become involved in making an informed decision and therefore, driving improvements in practice and policy. Three essential components to a high-performing 'patient first' and evidence-informed home care system:

- Patients are supported to engage in healthy behaviours, effective self-management and appropriate care seeking, and to engage in driving improvements in practice and policy.
- Providers are supported to engage in shared decision-making with patients and in evidence-based practice.
- Policy makers are supported to engage in evidence-informed policy development and implementation.

THE IMPORTANCE OF EXPERIENCE (CLINICAL EXPERTISE)

The evidence, by itself, does not make the decision. The integration of best available evidence with clinical expertise ensures clinician's cumulated experience, education, and clinical skills will respond to each patient's unique health state and diagnosis, their individual risks and benefits of potential interventions. How can we take the evidence and move it into practice?

The clinician experts shared their experiences in integrating evidence into their practice. Specifically, two questions were addressed:

1. What ways can evidence-informed decision making be applied to improve home care service delivery?
2. What are some of the tools that support evidence-informed decision making?

Application concepts - What ways can we apply evidence-informed decision making to improve home care service delivery?

WAYNE MILLER, *Patient Safety Improvement Lead, Canadian Patient Safety Institute*

DEBBIE TAYLOR, *Vice President Client Services, Circle of Care*

Canadian Patient Safety Institute (CPSI) shared their leadership in making home care safer. CPSI shared their journey, lesson learned, and outcomes as they collaborated with diverse organizations to establish a National Integrated Patient Safety Strategy. Through gathering and analyzing the evidence, as well as multiple consultations (2 consortium meetings, 3 summits, 2 roundtable meetings), CPSI has created a culture of "right thing right" – doing the right thing and doing that thing the right way.

Similarly, Circle of Care aims to build a premier exemplar of integrated health system that enables patients to move seamlessly across different care setting. Debbie Taylor, Vice President of Client Services from Circle of Care, shared the process they undertake to apply evidence-informed decision making to improve home care service delivery.

1. Identify gaps and the problem and explore possible solutions
2. Assess internal and external environment
3. Tailor solutions and implement
4. Monitor, evaluate and sustain

Adoption Tools - What are some of the tools that support evidence-informed decision-making?

HEATHER BINKLE, *Director Client Services, Ontario Association of Community Care Access Centre*

ANNA COOPER, *Clinical Practice Leader/ BPSO Lead, Bayshore Health Care*

DEBBIE GREEN, *RN Responsive Management, Nurse Consultant and Clinical Team Leader, 3M*

At the Canadian Home Care Association, we look for innovative ideas that can adapt to the many implications that come with increased demand on our health care system. Specifically, we want to identify and stimulate innovative solutions to raise productivity, improve health outcomes, and enable patients to live in grace and dignity in their own homes without a ripple effect on their caregivers.

The three panelists shared innovative tools they are using to support their care planning decisions:

Heather Binkle from Ontario Association of Community Care Access Centre shared the two evidence-informed tools and processes used to promote and ensure patient care and decisions are grounded in evidence. They are Outcome Based Pathways and the interRAI suite of assessment instruments.

Anna Cooper from Bayshore Health Care shared a knowledge translation tool called Nursing Order Sets (NOS). The goal of NOS is to standardize the Practice Recommendation published in the clinical Best Practice Guidelines to better support program development and outcome evaluation.

Debbie Green from 3M discussed the Electronic Wound Documentation System (EWDS) that has been implemented and developed to address the lack of standardization of common data elements in skin and wound care across the healthcare sector. This cloud-based wound management software application allows clinicians and administrators to significantly improve patient outcomes and reduce costs.

THE IMPORTANCE OF ENGAGEMENT

The focus on patient and caregiver engagement acknowledges that patients and caregivers have an important and effective role to play in their own health care. Integrating client/patient/caregiver perspectives into care plans and decision making enhances the opportunity for optimal clinical outcomes that respect the unique values, needs and autonomy of the individuals we serve.

A key element to the Harmonized Principles for Home Care is Client and Family-Centred Care. This means clients and their caregivers are at the centre of care provided in their home. The CHCA is committed to bringing the patient/caregiver voice in any work we do and share promising strategies to promote an active role of patients and their caregivers. This reflects the two main segments of question of evidence forum agenda:

1. How does the patient and caregiver experience impact evidence-informed decisions?
2. What strategies can be used to bring the patient/caregiver's voice and research evidence into care decisions?

How does the patient and caregiver experience impact evidence-informed decisions?

SARA SHEARKHANI, *Family Caregiver and Co-Founder, Family Caregiver Voice*

CAROLE ANN ALLOWAY, *Family Caregiver and Co-Founder, Family Caregiver Voice*

Sara Sharkhani and Carole Ann Alloway shared their personal challenges in being a caregiver and the role they can bring as a valuable partner to our health care system.

"Caregivers experience challenges but they are invisible. When your problem is not visible, the health care system doesn't necessarily notice you. Caregivers are not recognized as part of the system until they burn out and become clients of the system"

"As a caregiver, we are dismissed as being irrational. We are a valuable resource—trust that we know about the patient better"

Together, Sara and Carole Ann co-founded a family caregiver-led group called Family Caregivers Voice. They provide resources and support for family caregivers, as well as education to encourage caregivers to become their self-advocate. Sara is also involved in a project called Patient and Community Engagement Researchers (PaCERs). The purpose of this program is to train patients and caregivers to become researchers so they too can transform the role of patients and families in health and health culture experience.

What strategies can we use to bring the patient/caregiver's voice and research evidence into care decisions?

RYAN DEFORGE, *PhD Postdoctoral Associate, International Centre for Health Innovation, Ivey Business School, Western University*

WENDY NICKLIN, *President and Chief Executive Officer, Accreditation Canada*

JENNIFER SCHIPPER, *Chief of Communications, Health Quality Ontario*

True "evidence-informed" decision making involves the integration of patient and family caregiver perspectives. The presentations incorporate strategies to build patient's and family caregiver's engagement into practice.

Ryan Deforge from International Centre for Health Innovation at Ivey Business School spoke on the importance of choice, connectivity, and consumer driven - "personalization of home health care". It is the reframing of how we think about health care so family and patients gain the flexibility to choose what is important to them and identify their values in health care.

It is about joining the 21st century and getting connected. In an increasingly technology savvy society, we have an opportunity to create new options for care delivery. Technology in the home care can help individuals to take more control of their own health and well-being in various areas, including communication, remote patient monitoring, disease and medication management, and social networking. True patient and family-centred care means redefining success around patient and family needs, not provider protocols.

Wendy Nicklin shared how they have raised the bar on Client- and Family-Centred Care (CFCC) across Canada by embedding clients and families throughout Accreditation Canada standard programs and processes. To date, CFCC is an integral part of health services accreditation (Qmentum) program which include quality framework, standards content, on-site survey process, instruments and leading practices requirements. Accreditation Canada is committed to fostering meaningful partnerships and supporting organizations to adopt principles and implement practices that exemplify a client-and family-centred approach to service delivery. This requires fostering culture change at all levels – it is not about “doing for” or “doing to” but rather “doing with” client and their families.

Jennifer Schipper from Health Quality Ontario emphasized the importance of communication in bringing data to life and stimulating real collective actions to make lasting impacts. This involves the use of compelling narrative and leveraging multi-media coverage while keeping true to the evidence. Jennifer also emphasized the importance of all types of evidence, not just hard numbers. This is where the viewpoints of patients and caregivers can provide the depth and detailed picture missing from quantitative data collection. It provides context to vividly demonstrate the issue at hand and encourage action.

FUTURE DIRECTION

The CHCA believes in the power of knowledge that is grounded in evidence, clinical expertise, and patient/caregiver values. It is our commitment to continue supporting our valued members with easy access to promising practices and innovative models, as well as a platform to stimulate collaborative engagement.

The CHCA Home Care Knowledge Network incorporate three fundamental elements to support transformational change in home and community care:

1. Access to evidence and experience through the **Knowledge Centre**
2. Collaborative engagement and problem solving through the **Network HUBS**
3. Analysis of challenges and identification of issues and gaps using the **Home Care Lens**

Engagement in the CHCA Home Care Knowledge Network will provide the following benefits:

- Continued learning and professional development;
- Access to expertise (within the individual network hub and broad knowledge network);
- Reduction in time/cost to retrieve information;
- Improved communication with peers (within a jurisdiction and across Canada);
- Improved knowledge sharing and distribution and enabled innovation;
- Reduced rework and reinvention, resulting in increased productivity and quality of work;
- Benchmarking against best practices;
- Building of alliances within the individual network hub and broad knowledge network; and
- Access to a network to keep current in the home and community care sector.

For more information about the Knowledge Network visit www.homecarekn.ca