

CHSRF-Funded Research Study

Determinants and Outcomes of Privately and Publicly Financed Home-Based Nursing

Study Update
(August 2004)

Study Launch

In the Fall of 2003, a Canadian Health Services Research Foundation (CHSRF) funded study, entitled *Determinants and Outcomes of Privately and Publicly Financed Home-Based Nursing*, was launched at the University of Toronto.

Study Summary

The environment in which home-based nursing and personal support services are delivered is increasingly constrained by personnel shortages and escalating health care costs. As a result, care recipients may receive a mixture of publicly and privately financed home-based services, as well as care provided by unpaid family members. Despite the need for the delivery of efficient and effective nursing care and personal support assistance, a limited understanding of the use, cost, and outcomes of these home-based services exists.

This study will assess determinants of publicly and privately financed home-based nursing and personal support service utilization. Determinants such as socio-economic status, amount of informal caregiving, and geographic location of residence will be considered. The relationship between publicly and privately financed home-based nursing and personal support services and the quality of care, as well as the costs to the system and to care recipients will also be evaluated. A greater appreciation of home-based nursing and personal support services is necessary for practitioners, health service managers, and policy decision makers to ensure that care recipients and their families receive efficient, effective, equitable, and quality care. Decision-making around the allocation of resources in a financially constrained environment may be facilitated through an accurate depiction of the home care context where nursing and personal support services are provided and received.

Community Care Access Centres (CCACs)

The University of Toronto research team works in partnership with six CCACs across Ontario. The partner CCACs include:

- Algoma
- Brant
- Etobicoke and York
- Grey-Bruce
- Haliburton, Northumberland and Victoria
- Ottawa

Role of the CCACs

The Executive Director or the Director / Manager of Client Services from each participating CCAC functions as a Decision-Maker Partner for the study. These Partners have been involved in the development of the objectives and formulation of the research questions. They will continue to be involved by participating in all stages of the research process.

For the study, the CCACs assist in the identification and recruitment of potential study participants, based on predetermined eligibility criteria (see Participant Recruitment). Once potential clients are identified, a CCAC representative contacts the client to ask: 1) if he/she is interested in learning more about the study; and 2) for his/her permission to release their contact information to the Research Assistant.

Participant Recruitment

The data collection phase of the study is currently underway. Adult, English-speaking clients of home-based nursing and personal support services (excluding those receiving palliative service) are eligible. Two types of participants are being recruited:

Short-term clients:

Clients are eligible if they started receiving in-home nursing services within the past seven days and if they are expected to receive in-home services for no more than 60 days from their start date.

Continuing care clients:

Clients are eligible if they have been receiving in-home nursing and/or personal support services for the past 60 days (with no more than one week break in services) and if they are expected to receive in-home services for the next 30 days or more.

The target sample size is 512 participants, which will include 256 short-term clients and 256 continuing care clients. As of the end of July 2004, 296 participants were recruited, representing 64% of total referrals.

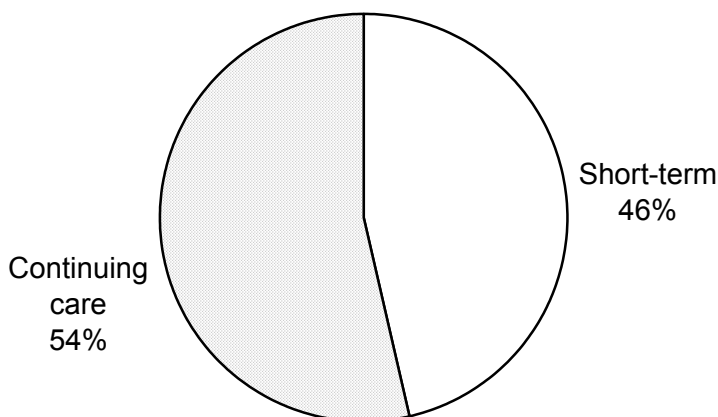
Data Collection

Ten determinants of home-based nursing and personal support service utilization are being considered for the study: age, sex, marital status, cohabitation status, level of education, income, informal caregiving, CCAC region, geographical location of residence (urban/rural), and ability to perform activities of daily living. These 10 determinants were chosen because they have been identified in previous studies as predictive of home-based health service use, and because they may provide insight into the determination of whether efficient, effective, equitable, and quality care is being delivered.

To collect information on the 10 determinants, data are obtained from the following questionnaires: 1) Ambulatory and Home Care Record (© Coyte & Guerriere, 1998) to assess economic outcomes; 2) a demographic data form; 3) Older Americans' Resources and Services Activities of Daily Living Scale (© Fillenbaum, 1988) to measure functional ability; 4) Chronic Conditions module of the Canadian Community Health Survey (Statistics Canada, 2002) to measure co-morbidity; and 5) Quality of Care Survey (The NRC+PickerGroup Canada, 2000) to obtain families' opinions about the care they received.

Each study participant is interviewed over the telephone once a week for four weeks. Each interview lasts about 15 minutes. It is anticipated that data collection will be completed by the end of 2004.

**Proportion of Study Participants to Date
(N = 296)**



For more information, please contact:

Peter Coyte, PhD Co-Principal Investigator (416) 978-8369 peter.coyte@utoronto.ca	Denise Guerriere, PhD Co-Principal Investigator (416) 978-1459 denise.guerriere@utoronto.ca
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Patricia McKeever, PhD Co-Investigator (416) 978-2855 p.mckeever@utoronto.ca	Ada Wong Research Assistant (416) 946-3434 adaym.wong@utoronto.ca
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Department of Health Policy, Management and Evaluation
Faculty of Medicine
University of Toronto
McMurrich Building, 2nd floor
12 Queen's Park Crescent West
Toronto, ON M5S 18A