

## HOME CARE IN CANADA

Home care is an array of services for people of all ages, provided in the home and community setting, that encompasses health promotion and teaching, curative intervention, end-of-life care, rehabilitation, support and maintenance, social adaptation and integration and support for caregivers<sup>1</sup>. Provincial, territorial and federally funded home care services are administered by care coordinators or case managers and delivered by regulated health care professionals as well as non-regulated health care workers (e.g. home support, personal care attendants).

# Harmonized Principles for Home Care

THE HARMONIZED PRINCIPLES ARE A STATEMENT OF HOME AND COMMUNITY CARE VALUES that are shared across Canada. Developed through extensive consultations with over 350 stakeholders from government, administrators and providers, the Harmonized Principles articulate the fundamentals of home care in Canada without prescribing how services are funded, administered or delivered. Broadly endorsed by governments and home care stakeholders, the principles provide a policy and program framework to support consistent, high quality home care within and across jurisdictions.

The Harmonized Principles for Home Care reinforce quality standards identified through national accreditation bodies. The principles align with Accreditation Canada's Qmentum program which is designed to promote quality and safety, and CARF Canada's aging services standards.

Adoption of the Harmonized Principles for Home Care provides a foundation for the identification of national standards and indicators for home care and sharing of promising practices. The Harmonized Principles for Home Care serve as a foundation for transformation and result in:

- better care through proactive, integrated approaches to health and wellness;
- better outcomes through improved quality, efficiency and effectiveness; and
- better value for home care investment.

# CLIENT- and FAMILY- CENTRED CARE

**Clients and their caregivers are the centre of care.**

**VALUED:** Respect and value client and caregiver self-worth.

**HOLISTIC:** Encompass psychosocial, physical and spiritual needs.

**INDEPENDENT:** Foster autonomy and self-sufficiency.

**INFORMED:** Ensure understanding of care options, and consequences of decisions and actions.

**ENGAGED:** Client and family carers are partners in care.

**SAFE:** Incorporate safety into all client care.

**SELF-DETERMINED:** Empower clients to purposefully and continuously take ownership of their own care.

**ACCESSIBLE CARE**  
*Equitable and consistent access to appropriate care.*

**APPROPRIATE:** Provide care that is needed and ensure the need for care.

**CONSISTENT:** Reliable care among providers and across jurisdictions and geographies.

**WELL-DEFINED:** Ensure understanding of services and options available.

**EQUITABLE:** Create fair and unbiased access within and across jurisdictions and geographies.

**EVIDENCE-INFORMED CARE**  
*Care is informed by clinical expertise, patient values and best available research evidence.*

**COMPREHENSIVE:** Identify research evidence, provider expertise and patient experience.

**COMMUNICATED:** Evaluate, refine and share information broadly.

**INNOVATIVE:** Support a culture of innovation and ingenuity.

**ACTIONABLE:** Customize information in clear and practical actions.

**SUSTAINABLE CARE**  
*Provision of care that improves the client experience and achieves health and system outcomes in a cost effective manner.*

**PROACTIVE:** Focus on health promotion, disease prevention and management, and quality of life.

**RESPONSIVE:** Incorporate current and future population and system needs and trends.

**EFFECTIVE:** Integrated resource planning across client populations and care settings.

**ACCOUNTABLE CARE**  
*A shared vision and clear strategy for managing, delivering and reporting on client, provider and system outcomes.*

**RESPONSIBLE:** Clinical and managerial leadership supported by adaptive governance to facilitate change and collaboration.

**QUALITY:** Continuous performance measurement, analysis, reporting and improvement.

**TRANSPARENT:** Consistent reporting on performance metrics and outcomes to inform planning and delivery.

**INTEGRATED CARE**  
*Coordinated planning, delivery and alignment across multiple health and social care providers.*

**SEAMLESS:** Foster collaboration and communication to support seamless care transitions.

**COORDINATED:** Reduce disparities through care coordination.

**TARGETED:** Proactive management of population groups to inform early intervention and prevention.

**COLLABORATIVE:** Facilitate joint planning and decision-making.