

Wait Times for Home Care Services

Alternate Name*

Median wait time for a client between application for home care services or hospital discharge and first service

INDICATOR DESCRIPTION

Description*

This is the median number of days that new clients of publicly funded home care, who are 19 years or older, waited for home care. It is measured from a request for services to their first home visit for those who applied in the community, or from hospital discharge to their first home visit for those who applied in the hospital. A lower number of days is better. Median is the midpoint of days waited; half the clients waited shorter times, half waited longer times. Services include nursing (administering medication and changing dressings), and personal support for complex needs (such as assistance with bathing and eating).

Indicator Status*

Active

HQO Reporting tool/product

On-Line Public Reporting

Public Reports (annual report, bulletins and theme reports)

Dimension*

Timely

Type*

Outcome

DEFINITION AND SOURCE INFORMATION

Unit of Measurement*

Days

Calculation Methods*

The wait time is calculated as the number of days between two time points.

Calculation:

1. Select service date for the time period of interest
2. Identify client eligibility for home care
3. Determine if the application was from community or hospital using the Intake Referral Source
4. Calculate the number of days between application date and first non-case management service date
5. Calculate the median number of days between the application date and the first non-case management service date

Numerator including inclusion/exclusion*

Wait time, in days, between application/discharge and first service

Inclusion Criteria:

1. In-Home Program includes requested programs being In-home (01); in Adult Day Care (05); or in Supportive Housing (06)
2. Eligible clients: Assessment Outcome EQUAL TO (12) Eligible client admitted to in-home services; (15) Eligible for long-term care (LTC); or (16) Eligible in-home plus other services
3. Community clients (based on Step 3 of the Calculation below)

Exclusion Criteria:

1. Community referrals (School, LTC placement and other programs)
2. Home care episodes with calculated wait time less than 0 days or more than 365 days
3. Episodes with only a case management service.

Denominator including inclusion/exclusion*

NA (No denominator because value will be given as a median)

Adjustment (risk, age/sex standardization)- detailed

NA

Data Source

Client Health and Related Information System (CHRIS)

Home Care Database (HCD)

Data provided to HQO by

Health Shared Services Ontario (HSSO)

Ministry of Health and Long-Term Care (MOHLTC)

Reported Levels of comparability /stratifications (defined)

Province

Other

Time

Region

OTHER RELEVANT INFORMATION

Caveats and Limitations

Only applies to new home care clients. There could be wait lists in place in some LHINs which would affect the performance in a specific period since the clients will not be counted until the service is delivered. Each case is reported under the fiscal year and quarter in which the client received their first home care service. Approximately 3% of records per fiscal year are dropped due to invalid (less than 0 days) or implausible (more than 365 days) wait times.

Comments Detailed

Wait Times for Home Care
Services

The term "client" is used in public reporting to denote an individual who received home care services. Other organizations may use the term "patient". Both terms refer to the same home care recipients.

TAGS

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Home Care
Outcome
Wait Times
Timely
Client Health and Related Information System (CHRIS)
Home Care Database (HCD)

PUBLISH

PUBLISH DATETIME*

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