

Percentage of complex home care patients whose wait time for their first personal support visit was within five days from the date they were authorized for personal support services by the LHIN

Alternate Name*

Percentage of home care patients aged 19 and older with complex needs who received their personal support visit within five days of service authorization

INDICATOR DESCRIPTION

Description*

This indicator measures the percentage of complex home care patients aged 19 and older who waited five days or less for personal support services. The wait time is described as the number of days between the service authorization date and the date of receipt of Local Health Integration Network (LHIN) in-home personal support. A higher percentage is better.

Indicator Status*

Active

HQO Reporting tool/product

Public reporting

Dimension*

Timely

Type*

Process

DEFINITION AND SOURCE INFORMATION

Unit of Measurement*

Percentage

Calculation Methods*

Numerator divided by the denominator times 100

Numerator including inclusion/exclusion*

Percentage of complex home care patients whose wait time for their first personal support visit was within five days from the

<http://indicatorlibrary.hqontario.ca/Indicator/Detailed/Waiting-home-care-services-complex-personal-support-services/EN>

The number of complex home care patients who received their first personal support service visit within five days of the date they were authorized for personal support services by the LHIN.

The wait time equals the number of days between the first service date and the care authorization date.

Denominator including inclusion/exclusion*

The number of adult complex home care patients who received in-home personal support services

Inclusions:

1. New patients
2. Existing patients who now require a new service
3. Existing patients who are receiving services after a break in service
4. Home care patients with complex needs (Authorization Client Care Model Population = 1)
5. Home care patients who requested in-home program at the time of referral (Request program=1)
6. Home care patients who received in-home service (SRC = 91 to 95)
7. Home care patients who received personal support services (Service Type = 11, 12, 13, 15)
8. Home care patients whose age at service authorization date is greater than 18

Exclusions:

1. Children receiving personal support service (Age < 19)
2. Service delivered in school setting (Care site = 12, 24, 25)
3. Episodes of care where service on hold date falls between the service authorization date and first service date

Adjustment (risk, age/sex standardization)- detailed

None

Data Source

Client Health and Related Information System (CHRIS)

Home Care Database (HCD)

Data provided to HQO by

Ministry of Health and Long-Term Care (MOHLTC)

Reported Levels of comparability /stratifications (defined)

Time

Region

RESULT UPDATES

Indicator Results

[Click here to view Health Quality Ontario results for this indicator](#)

OTHER RELEVANT INFORMATION

Caveats and Limitations

Each case is reported under the fiscal year and quarter in which the home care patient received their first home care service. Since wait times are not counted until the patient has received the service, wait lists in LHINs can impact the indicator results.

Comments Detailed

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This indicator was developed by a working group with representation from the Ministry of Health and Long-Term Care (ministry), Community Care Access Centres (CCACs), Local Health Integration Networks (LHINs), the Ontario Community Support Association (OCSA), and Health Quality Ontario (HQO). Home care assessments occur over a period of time rather than on a single date. A number of possible dates could be used to measure the wait from assessment, including the date of initial assessment (start of the assessment stage) or the service authorization date (end of the assessment stage). The benefit of using service authorization date is that it applies to both new patients as well as patients starting other services. Additionally, the Home Care Wait Time Task Group recommended the use of service authorization date for the following reasons: 1) More meaningful for patients and the public: The service authorization date most accurately reflects the true start time that the patient perceives themselves to be waiting. 2) More person-centred: Use of service authorization date allows for legitimate variation to accommodate unique patient and family circumstances which are unrelated to overall quality and performance of the home care sector. 3) More complete picture of wait times by including both new and existing home care patients: Use of service authorization date is a relevant measure for existing patients, given that reassessment visit is not currently captured. Reporting wait times for existing patients is important to understanding the quality of the sector. 4) More accurate for patients referred from hospital: Regardless of when the patient is assessed in hospital, initiation of home care services cannot begin until the patient is home. The use of service authorization date is therefore more relevant and accurate for both patients referred from community as well as hospital. 5) More relevant for home care performance management: Understanding the specific delay between service authorization date and date of first service is important for CCAC contract and performance management. On the other hand, the delay between assessment date and date of first service may include a number of other factors which are largely outside of the control of providers and therefore not within their scope of influence for improvement.

TAGS

TAGS*

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

PUBLISH

PUBLISH DATETIME*

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