

REGIONAL MUNICIPALITY OF OTTAWA-CARLETON
MUNICIPALITÉ RÉGIONALE D'OTTAWA-CARLETON

REPORT
RAPPORT

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DATE 25 October 1996

TO/DEST. Coordinator, Community Services Committee

FROM/EXP. Director,
Home Care Program

SUBJECT/OBJET **FINANCIAL STATUS-HOME CARE PROGRAM**

DEPARTMENTAL RECOMMENDATION

That the Community Services Committee receive this report for information.

PURPOSE

This report is in response to a request made by members of the Community Services Committee to provide additional information on the Home Care Program's financial status in the 1996-97 period to date as well as a recapitulation of the 1995-96 results.

1995-1996 FINANCIAL RESULTS

The Home Care Program, administered by the Home Care Directorate of the Regional Municipality of Ottawa Carleton Health Department, is 100% funded by the Ministry of Health. The Home Care fiscal year is April 1 to March 31. Inhome health and personal support services are provided for Acute and Long Term Care needs.

In 1995-96, as a result of provincial fiscal policy changes, the Home Care Program budget was capped at 1994-95 funded levels. In October 1995, prior to receipt of the 1995-96 budget approvals from the Ministry of Health, the Program had experienced an increased demand on specific purchased service lines (medical supplies, nursing and homemaking) due to caseload growth. As well, there were growing waiting lists for integrated homemaking services, shift nursing for complex care, and school therapy. With a capped budget there was a need to identify operational changes in service delivery to avoid a projected deficit and maintain a safe and effective level of care for our clients.

After a thorough review of options, the Home Care Program decided to introduce changes in line with service adjustments being made elsewhere in the province. These options were identified in a report to Community Services Committee dated November 1995.

The following service level adjustments were made:

- a reduction in eligible hours assigned to housekeeping tasks (from weekly to bi-weekly)
- a change in level of worker assigned to perform personal care duties (from RN to home support worker)

In general, these changes have been well accepted by clients and service providers. They have led to a reduction in the average cost per client of 6.2%. This has enabled the program to budget for expected caseload growth as well as begin to introduce a number of high priority service enhancements.

Because of the changes initiated in November 1995, the Program was able to redirect its spending to eliminate waiting lists for homemaking services (89 clients) and shift nursing (6 clients) as well as introduce an innovative continence program in consultation with the VON. The Program completed the 1995-96 period with a \$3,216,000 surplus. The surplus was comprised of the following:

ITEM	SURPLUS/(DEFICIT)
interest income	\$ 142,000
pay equity retro-CIPP	\$ (629,000)
administrative expenditures	\$ 190,000
purchased services	\$2,813,000
shift nursing funding	<u>\$700,000</u>
total	<u>\$3,216,000</u>

The \$2,813,000 surplus to purchased services reflected for the most part, a reduction in nursing services equivalent to approximately 54,000 visits (15.1% of total) and a reduction in homemaking services of approximately 81,000 hours (6.2% of total). The \$700,000 surplus for shift nursing services represents funds provided by the Ministry of Health on December 28, 1995 for which expenditures could not be realized so late in the fiscal year. Planning was initiated to ensure appropriate use of these funds in the 1996-97 period.

It is important to note that admissions to the Program were lower in the second half of the fiscal year by 3.6% and 1.1% respectively for Acute and Chronic Programs. Hospital referrals dropped by 9.8% during the last two quarters of 1995-96. This decreased volume of clients compounded the spending reductions and contributed to the year end surplus. Given the nature of Home Care services in which volume is based on referrals which are inherently variable, and the fact that the Ministry will not fund deficits, there is always some underexpenditure. This was exacerbated in 1995-96 due to the shift in services described above.

HOME CARE BUDGET FOR 1996-97

The changes made in the late 1995-1996 budget year permitted the program to accommodate caseload growth and propose significant program enhancements in the 1996-1997 budget despite a budget cap. The Ottawa Carleton Home Care Program submitted a budget to the Ministry of Health in the amount of \$61,524,772. This budget submission allows for the cost (\$1,429,774) of an anticipated caseload growth of 9% and 3% for the Acute and Long Term Care services respectively. Service development in the amount of \$3,732,886 was proposed to address priority areas identified in the District Health Council multi-year plan for community long term care services.

These initiatives include:

- increased caregiver respite
- the introduction of mental health services for seniors and adults
- reduced waiting lists for Occupational therapy and Physiotherapy assessments in Long Term Care facilities
- increased shift nursing services to accommodate ten (10) additional medically complex clients
- continence program

The submission also reflects an increased amount of \$346,831 over last year's approvals. This amount was requested to create inhome services for persons in acute care beds awaiting admission to Long Term Care facilities. The results for the first 5 months of the fiscal period demonstrate Program expenditures (excluding one-time costs) at 37.5% overall. Spending patterns in the latter part of the fiscal year will increase as the service initiatives mentioned above are implemented. A realistic projection of our cash position at year end would be a surplus of approximately 2.2% (\$1.4 M) based on projected caseload levels.

CASELOAD GROWTH

Currently, there are 8,879 clients receiving services (7,962 in Long Term Care and 917 in Acute Care) on the Program. Due to a policy change affecting the definition and tracking of admissions, data from this year are not directly comparable to data from last year. However, we estimate that caseload growth to the Program in the first five months of 1996-97 is 1.7% higher in Acute and 5.4% higher in Long Term Care as compared to the last five months of 1995-96.

Shift nursing services continue to realize significant growth. Over the past four years the utilization of this service has increased 204% and this years projection is 58% greater than the actuals of the last fiscal period. Similarly, the Home Infusion services are experiencing an 80% caseload growth over last year and to date, the palliative caseload has increased 25% over last year.

CONCLUSION

As caseloads continue to grow and the Home Care Program budgets remain capped, the Home Care Program will continue to seek efficiencies and improvements within its own operations as well as argue for an equitable share of resources in a restructured health care system.

*Approved by
Geoff Dunkley*