



2015 SURVEY

New Brunswickers' Experiences with Home Care

Who we are

New Brunswickers have a right to be aware of the decisions being made, to be part of the decision-making process, and to be aware of the outcomes delivered by the health system and its cost. The New Brunswick Health Council will foster this transparency, engagement, and accountability by engaging citizens in a meaningful dialogue, measuring, monitoring, and evaluating population health and health service quality, informing citizens on health system performance and recommending improvements to health system partners.

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Glossary

Accessibility – The ability of patients/clients to obtain care/service at the right place and the right time, based on respective needs, in the official language of their choice.

Appropriateness – Care/service provided is relevant to the patients'/clients' needs and based on established standards.

Citizen-centered – Meeting the needs and preferences of individuals and communities, rather than expecting people to adapt to what the system has to offer.

Community – Results of the NBHC 2015 Home Care Survey are reported for 33 New Brunswick communities. These communities were first created by the NBHC to report results for the NBHC 2011 Primary Health Survey. By providing information at the community level for home care services in New Brunswick, decision-makers can better respond to the needs of communities.

Several considerations were necessary to create these communities:

- Locations of hospitals, community health centres, and health service centres
- Catchment areas of community health centres
- Population base of each community to ensure that there would be enough survey responses in each community to report results
- Receiving feedback from primary health stakeholders

Chronic health condition – A chronic health condition is a prolonged health condition that generally cannot be prevented by vaccines or cured completely. A chronic health condition typically lasts more than 12 months, may require continuous treatment, and is severe enough to create some limitations in usual activity.

Effectiveness – Care/service, intervention or action achieves the desired results.

Efficiency – Achieving the desired results with the most cost-effective use of resources.

Equity – Providing quality care/service to all, regardless of individual characteristics and circumstances, such as race, color, creed, national origin, ancestry, place of origin, language, age, physical disability, mental disability, marital status, family status, sexual orientation, sex, social status, belief or political activity. The extent to which access to health care and quality services are provided on the basis of health needs, without systematic differences on the basis of individual or social characteristics.

Extra-Mural Program - Home care services funded by the Department of Health are delivered by New Brunswick's two regional health authorities, Horizon Health Network and Vitalité Health Network, under the Extra-Mural Program. Home care from the Extra-Mural Program includes services that can be provided by registered nurses, licensed practical nurses, occupational therapists, physiotherapists, registered dietitians, respiratory therapists, social workers, speech-language pathologists or rehabilitation assistants.

Family caregiver - Family members, friends or others who provide unpaid care.

Home care - Home care is a range of health and support services received at home that help citizens achieve and maintain optimal health, well-being and functional ability through a process of assessment, case coordination, and/or the provision of services.

Home care client/recipient - The person who is receiving home care services.

Home care provider - Any paid professional or worker who provides home care services.

Home care survey - The New Brunswick Health Council Home Care Survey evaluates home care services provided to citizens whose costs are being entirely or partially covered by public funds. In New Brunswick, home care services are funded by the Department of Health and/or the Department of Social Development.

Home First - In May 2014, the New Brunswick government unveiled *Home First*, a three-year strategy aimed at helping seniors in New Brunswick maintain their independence and remain in their homes and communities for as long as possible.

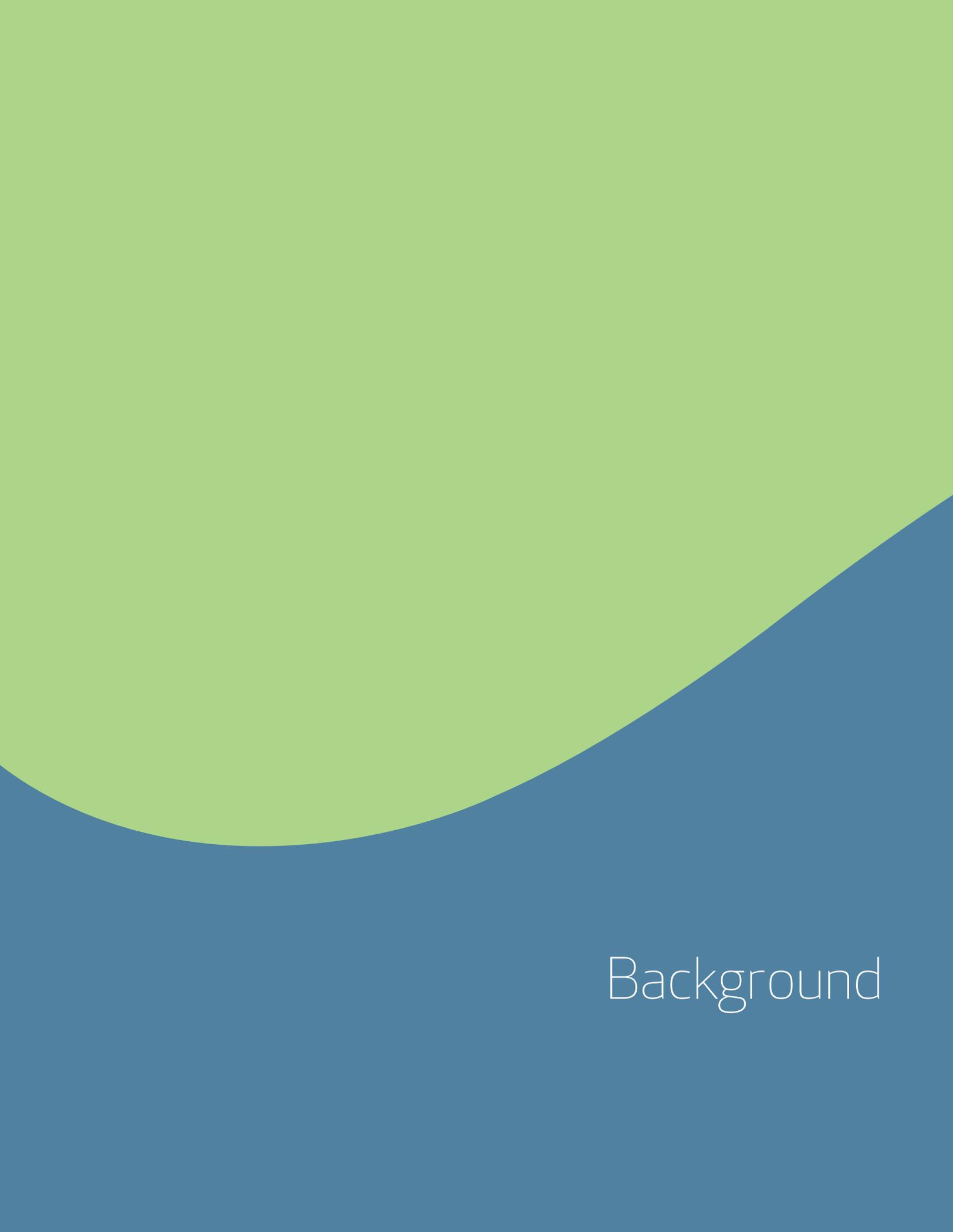
Home support services - Home support services are provided by a home support worker to help with bathing, dressing, grooming, feeding, transferring, housekeeping, laundry, meal preparation, respite care or any other type of personal care. These home care services, funded entirely or partially by the Department of Social Development, are provided under the Long Term Care Program and the Disability Support Program. The Department of Social Development either retains the services of a home support agency on behalf of its clients, or clients may choose to receive services from private individuals. Agencies are approved by the Department of Social Development through a tendering process and must comply with certain standards.

Home support worker - A paid worker who provides personal care such as housekeeping or meal preparation.

Primary health - Primary health services are usually provided at the first point of contact with the health care system, and refer to several types of services that can be provided by many different health professionals, including family doctors, nurses, nurse practitioners, dietitians, physiotherapists, and social workers. Primary health services typically include routine care, care for urgent but minor or common health problems, mental health care, maternity and child care, psychosocial services, liaison with home care, health promotion and disease prevention, nutrition counseling, and end of life care.

Safety - Potential risks of an intervention or the environment are avoided or minimized.

Zone (health zone) - New Brunswick has seven zone boundaries (health regions) as defined by Statistics Canada and these zones are currently used for higher level statistical reporting for the population. Extra-Mural Program offices in Zone 2 (Fundy Shore/Saint John), Zone 3 (Fredericton/River Valley) and Zone 7 (Miramichi) are managed by Horizon Health Network. Extra-Mural Program offices in Zone 4 (Madawaska/North-West), Zone 5 (Restigouche) and Zone 6 (Bathurst/Acadian Peninsula) are managed by Vitalité Health Network. Both Horizon Health Network and Vitalité Health Network manage Extra-Mural Program offices in Zone 1 (Moncton/South-East).



Background

Accountability and performance management

Assessing the quality of home care services is extremely important in moving towards health services reform and in the evaluation of progress made. Data on the quality and performance of home care services holds the potential to keep people and organizations accountable for their performance.

This survey is currently the only initiative in New Brunswick that can produce several measurable indicators on the quality and experience of home care services. Through its surveys, the NBHC collects standardized provincial data that can be used to set benchmarks and performance targets.

In 2015, 65.7% of citizens receiving publicly funded home care services in New Brunswick are 65 years old or over. As the percentage of seniors is projected to increase, the population needing home care services will also increase over time. In the context of an aging population, the NBHC Home Care Survey becomes a key component in the development of a comprehensive provincial strategy for seniors' care.

One of the initiatives outlined in New Brunswick's *Home First*^[1] strategy, under accountability and performance management, is to implement an accountability framework. A culture shift towards performance management and accountability focused on the quality of the care experienced by citizens is needed to support an integrated health services delivery system. This first requires that health system leaders and planners accept the main responsibility for creating benchmarks and performance targets, and supporting the environment that will enable this cultural shift to occur.^[2]

In the context of New Brunswick's aging population, the number of citizens needing home care services is projected to increase. The NBHC Home Care Survey thus becomes a key component in the development of a comprehensive provincial strategy for seniors' care.

Home First is a strategy aimed at helping seniors in New Brunswick maintain their independence and remain in their homes and communities for as long as possible. While some initiatives under *Home First* are aimed at preventing or delaying the need for home care services, others are directed towards citizens who are already receiving these services. The New Brunswick Home Care Survey responds to the second piece, in providing indicators that can be used for benchmarking and performance management.

In the context of publicly funded home care services, 14.5% of citizens who receive these services in 2015 reported that more could be done to help them stay at home (compared to 11.4% in 2012). As this indicator is not going in the right direction, it will be important to ensure that performance measures are included in initiatives such as a provincial strategy on seniors or a *Home First* accountability framework, with a focus on reducing the percentage of seniors who report having "unmet needs" by the time the NBHC repeats its survey in 2018.

Effectiveness and efficiency of home care services

The Extra-Mural Program has an important role to play within an integrated system that focuses on helping citizens manage their chronic health conditions and on reducing hospital admissions and visits to the hospital emergency department. Initiatives have been outlined in the Extra-Mural Strategic Plan 2013-2016^[3] and in the *Home First* strategy to address these challenges.

However, results from the New Brunswick Home Care Survey are showing that indicators measuring these important elements of the quality of home care services have not improved over the last three years. While citizens responding to this survey had done so less than a year after the *Home First* strategy was unveiled, initiatives in the *Home First* accountability framework will need to have benchmarks and performance targets under the Extra-Mural Program to measure the progress in helping citizens manage their chronic health conditions and in reducing hospital admissions and visits to the hospital emergency department.

Keeping seniors at home as long as possible

These survey results are based on citizens across New Brunswick who have recently received home care services funded entirely or partially by the provincial government. It is worth noting that citizens who are not receiving home care services, but who should be, are not included in this survey. More research in this area could help identify to what extent publicly funded home care services are not meeting the needs of citizens.

Home support services funded entirely or partially by the Department of Social Development have a key role to play in keeping people at home once citizens start receiving the different services available.

When citizens receiving home care services were asked in 2015 what else could be done to help them stay at home, the top three responses were related to difficulties in receiving home support services: more hours of service such as weeknights and weekends, more home support services such as yard work or food delivery, and more equipment such as wheelchairs and shower handles.

In the evaluation of home care services through this survey, citizens have told us that home support services can play an important role in helping them remain in their homes as long as possible.

For citizens receiving home care services, can we expect to keep seniors at home without incorporating initiatives that have a direct influence on the types of home support services available or the number of hours available? An important shift has to occur in adopting a vision that focuses on meeting the needs of citizens, while considering factors such as the impact on resource levels and the cost of additional services.

Collaboration and coordination across the continuum of care

In the context of an aging population in New Brunswick, and in identifying solutions that can reduce the length of stay for patients in hospitals who need an alternate level of care (ALC), it has been suggested to put a greater emphasis on home care. Do we currently have a good understanding of how to measure and reduce the possible gaps between programs and services when a citizen's home care experiences are influenced by other sectors of care such as hospital services and primary health?

The continuum of care as it relates to the citizen's journey across publicly funded programs and services is often cited as a key area of focus in strategies and initiatives such as *Home First*. A strategy for seniors that focuses on the continuum of care must ensure that all points of contact with the system have high standards of quality and are integrated across government departments, while also ensuring that programs and services are integrated with non-profit groups and community services.

For a good proportion of citizens under the Extra-Mural Program, the coordination of care across services starts with the transition from hospital to home, followed by the information provided by different health professionals within the Extra-Mural Program, and, to close the loop, the citizen's primary health provider should be aware of all the services received. This type of information is captured in the New Brunswick Home Care Survey, and thus

provides a unique approach in finding areas where improvements can occur in the continuity of services, and how different sectors can fit together in an integrated system centered on citizens.

The continuum of care as it relates to the citizen's journey across publicly funded programs and services is often cited as a key area of focus in strategies and initiatives.

One of the key principles of being citizen-centred includes providing the same standard of care across the province when it comes to communication and coordination, and many points of contact within the health system have a role to play in helping seniors navigate through the different home care services. Hospitals, the Extra-Mural Program, home support agencies, mental health programs, primary health providers, and not-for-profit agencies can all work together in removing barriers to services and in aiming to achieve optimal health outcomes for the population of New Brunswick.

Introduction

What is the New Brunswick Home Care Survey?

Citizens across the province should be given the opportunity to share their experiences about the health services they receive. In this report, the New Brunswick Health Council (NBHC) has released the results of the 2015 edition of its Home Care Survey, providing a voice to citizens in evaluating the quality and experience of home care services in New Brunswick.

This survey is an important piece of the quality improvement process, as citizens generally believe that: (1) sharing their experiences will lead to improvements in services, (2) publicly funded services are designed to meet their needs, and (3) leaders who plan health services make decisions based on the information or evidence that is available.^[2]

When possible, New Brunswickers want the ability to be cared for at home, rather than in a hospital, special care home or nursing home. Home care services can help people stay in their own home and function as independently as possible in the context of their daily lives.

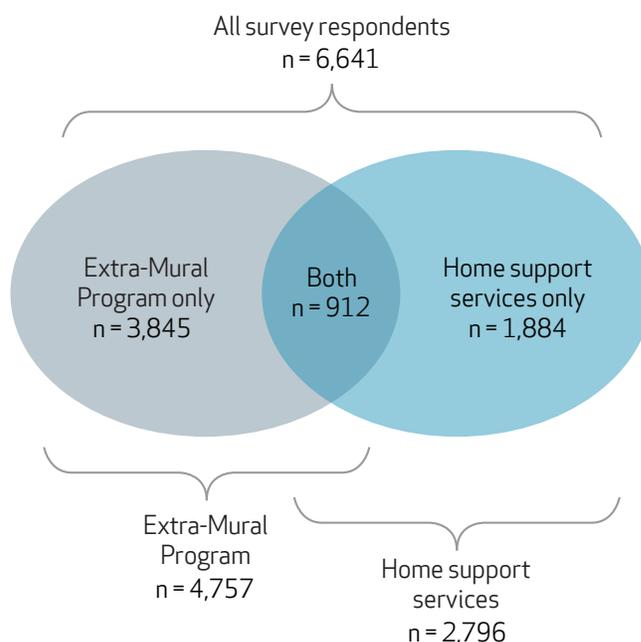
Home care is a range of health and support services received at home that help citizens achieve and maintain optimal health, well-being and functional ability through a process of assessment, case coordination, and/or the provision of services.

The objective of this report is to provide data at the provincial, regional and community level in order to measure, monitor and evaluate the quality and experience of home care services.

Who received this survey?

This survey was sent to citizens receiving home care services, with the cost of these services being entirely or partially covered by the provincial government. A total of 13,931 bilingual questionnaires were mailed throughout New Brunswick to eligible home care clients. Of the questionnaires that were mailed, 6,641 (48%) were returned (see Figure 1).

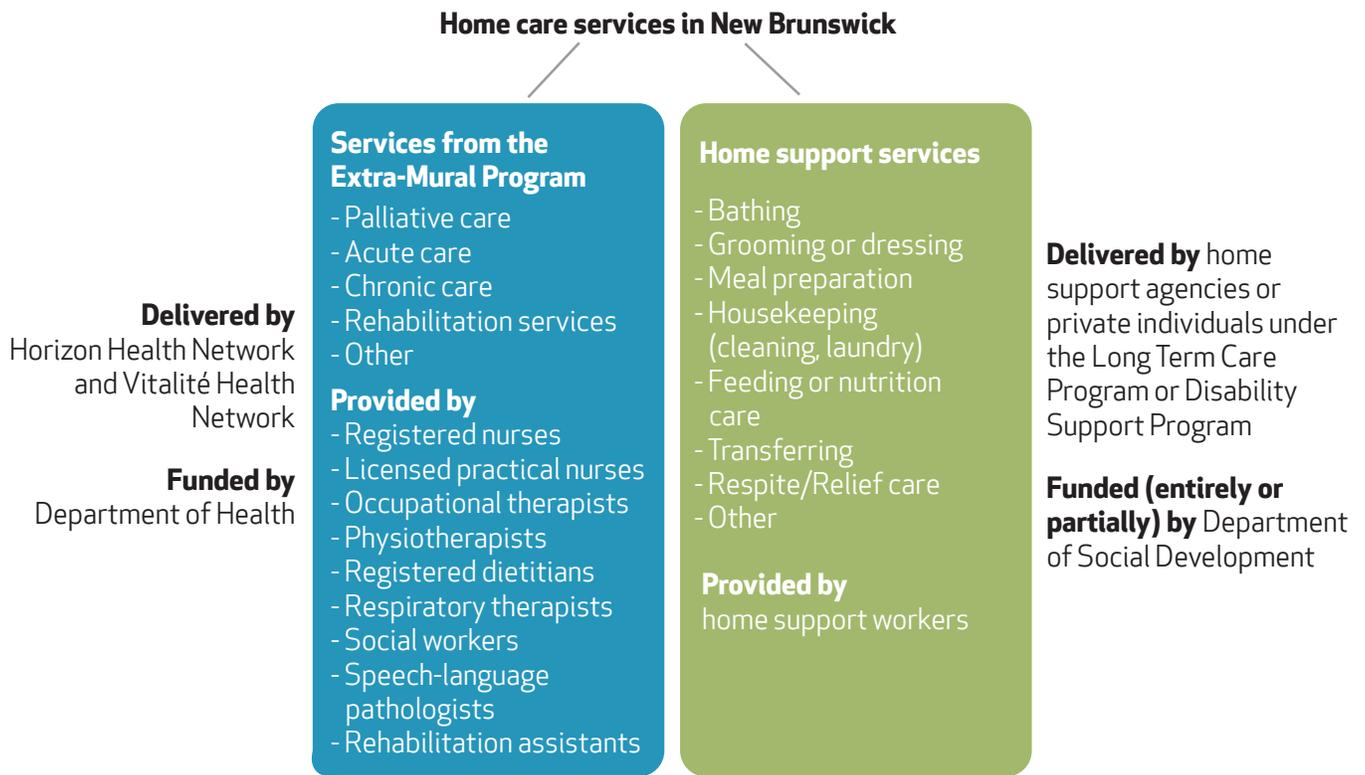
Figure 1. Number of survey respondents, by service received



In this report, the evaluation of the quality of service is presented under two different types of home care services (see Figure 2).

The Extra-Mural Program (EMP) provides home health care services to citizens who have a range of illnesses, injuries, chronic (long term) conditions or palliative (end of life) care needs. Services from the EMP are provided by health professionals, as illustrated in Figure 2. The EMP services are publicly funded by the Department of Health and delivered by New Brunswick's two regional health authorities, Horizon Health Network and Vitalité Health Network.

Figure 2. Overview of publicly funded home care services in New Brunswick



This survey also covers home support services funded entirely or partially by the Department of Social Development under the Long Term Care Program and the Disability Support Program. Home support services are provided by home support workers to help with tasks such as housekeeping or meal preparation. The Department of Social Development either retains the services of a home support agency on behalf of its clients, or clients may choose to receive services from private individuals. Agencies are approved by the Department of Social Development through a tendering process and must comply with certain standards.

How survey results are reported

Survey results in this report under the quality of service are presented for overall New Brunswick. Survey results are also available online by health zone (7) and by community (33) at www.nbhc.ca. Overall New Brunswick results are also available online by gender, age group, education level, language of service preference, household income, and Aboriginal identity.

New Brunswick has seven zone boundaries (health regions) as defined by Statistics Canada and these zones are currently used for higher level statistical reporting for the population. The 33 New Brunswick communities were first created by the NBHC to report results for the NBHC 2011 Primary Health Survey.

In using a standardized approach across the province for citizens to express their opinions about the home care services they receive, the information collected from this survey will allow communities to compare their home care experiences with overall New Brunswick results, and variations across communities can be highlighted.

Groups and result categories

Results are compiled for the following groups of home care clients (see Figure 1 on page 12):

1. Home care services overall (based on all survey respondents)
2. Extra-Mural Program
3. Home support services

The categories of results are the following:

- Quality of service
 - Unmet needs
 - Profile of recipients
 - Use of services
 - Family caregivers
- } *Included in this report*
- } *Available online*

Survey methodology

The New Brunswick Health Council (NBHC) has been established as an independent organization that measures, monitors and evaluates New Brunswick's health care system performance and population health, and engages citizens in the improvement of health service quality. The 2015 Home Care Survey was conducted by Ipsos Reid, an independent research company, on behalf of the NBHC.

For the purposes of this survey, home care services have been divided into two separate categories. The first category of home care includes home care services provided by health professionals, funded

by the Department of Health and delivered by New Brunswick's two regional health authorities, Horizon Health Network and Vitalité Health Network, under the Extra-Mural Program (see Figure 2 on page 13).

The second category of home care services encompasses personal care services provided by home support workers. These home support services, funded by the Department of Social Development, are delivered under the Long Term Care Program or the Disability Support Program (see Figure 2). The Department of Social Development either retains the services of a home support agency on behalf of its clients, or clients may choose to receive services from private individuals. Agencies are approved by the Department of Social Development through a tendering process and must comply with certain standards.

Target population

This paper survey was conducted with New Brunswickers who are living in private dwellings and who have recently received home care services, with the cost being entirely or partially covered by the provincial government. Participation in this survey was voluntary. Client data files were submitted to the NBHC and served as the base for the home care survey target population.

The home care recipient can give permission for a family caregiver to complete the survey on their behalf. Family caregivers include family members, friends, neighbors and volunteers who provide unpaid care, assistance or emotional support.

Citizens are excluded from the survey if they are living in a special care home or a nursing home. This survey excludes clients if their mailing address is incomplete.

The target population for the Extra-Mural Program includes clients of all ages who have recently received

services at home. Clients who have only received services at school are not eligible and are excluded from the survey. If a client is under the age of 16 and is eligible, a parent/guardian is asked to complete the survey on their behalf.

The target population for home support services includes clients aged 19 years or older who have recently received home care services under the Long Term Care Program or the Disability Support Program.

Survey mode

Citizens receiving home care services were asked to complete a paper questionnaire at home. A decision was made to conduct a paper survey (2015), even if the NBHC's previous survey (2012) was conducted by telephone. During the 2012 survey process, we received many calls from citizens who preferred to complete the survey on paper. As home care clients represent a more vulnerable group when compared to the general population, a paper survey makes it easier for family members to help clients complete the survey.

Since survey results in this report are compared to 2012 survey results, an internal analysis was performed on 2012 and 2015 survey data to ensure that the quality and experience of home care services can be compared between two different survey modes.

When receiving their survey packages at home, all eligible clients were also given the opportunity to complete the survey online. Furthermore, when eligible clients contacted the NBHC office to inform us that they preferred to complete the survey by telephone, this approach was accepted and the NBHC staff captured the client's survey responses. Completing the survey on paper was preferred by 98% of respondents.

Questionnaire design

The Home Care Survey questionnaire is an adaptation from the 2010 Home Health Care CAHPS® Survey^[4] implemented in the United States. Questions in the Home Health Care CAHPS Survey have been rigorously tested and mostly relate to accessibility, communication with providers, coordination of care, safety, patient-centred care and overall satisfaction. Every effort was made to keep the same wording of questions and response options throughout the design process for the New Brunswick Home Care Survey. However, some modifications were made in the questionnaire to better align with home care services received in New Brunswick.

In keeping with NBHC's mandate to measure, monitor and evaluate New Brunswick's health system performance, the Home Care Survey questionnaire includes questions under six quality dimensions (accessibility, appropriateness, effectiveness, efficiency, equity and safety).

The NBHC Home Care Survey evaluates experiences from the citizen's point of view. Since these experiences include several types of home care providers and a wide array of home care services across the province, feedback from a broad range of stakeholders was crucial in the development of the questionnaire. This resulted in improvements being made to the questionnaire design.

Several steps were taken to ensure that New Brunswickers could respond to the survey in either official language (English or French) of their choice. The French version of the NBHC questionnaire was based on the English version. It was translated into French by a professional translator. The translated questionnaire was then fully reviewed by the NBHC.

A pilot test was conducted to ensure that respondents would understand the survey questions.

A representative sample of New Brunswickers was selected based on language, gender, age, literacy level, and geographical location. During this pilot test, citizens were asked to provide their feedback on the survey questionnaire, and further changes to the questionnaire were implemented based on the results of the testing process.

A copy of the questionnaire is available at www.nbhc.ca.

Sampling

A census approach was used for the survey, and citizens were selected in two waves. In the first wave, all eligible clients who were either receiving home care services on February 1, 2015, or had stopped receiving services between January 1, 2015 and January 31, 2015 were asked to participate in the survey. Clients were deemed eligible if they were living in a private dwelling and services were delivered at home. In the second wave, all eligible clients who had started receiving services between February 1, 2015 and February 28, 2015 were also asked to participate in the survey.

The NBHC removed individuals from the client list who indicated that they preferred to “opt out” of the survey process (i.e. they did not wish to participate in the survey). The option to “opt out”, as well as the NBHC toll-free number, were communicated to all eligible clients by way of a cover letter that was sent with the survey questionnaire. Clients choosing to “opt out” were asked to call the NBHC toll-free number to provide their name and address.

The mail-out process consisted of two steps:

1. The initial mailing was sent to all eligible clients and consisted of a survey questionnaire as well as a cover letter explaining the purpose of the survey and a postage-paid return envelope.

2. Clients who did not respond to the initial mailing and had not called and asked to be removed from future mail-outs were sent a second survey kit which also consisted of a survey questionnaire, a reminder letter asking for their participation in the survey process and a postage-paid return envelope.

Communication plan

A communication and awareness campaign was launched to promote participation in the home care survey by ensuring New Brunswickers understood that their participation would give them a unique opportunity to affect the future of home care in the province.

The communication plan consisted of announcing the survey through a media release, as well as strategically placed paper ads and radio ads across all regions of the province.

The NBHC toll-free number was published on all information material related to this survey. Documentation relating to the survey was also available on the NBHC web site.

Confidentiality and privacy

In order to protect the confidentiality of the information being provided by the NBHC as well as that being provided by the citizens, Ipsos Reid and all parties involved in the conduct of this survey followed strict data security procedures. Information was transmitted only through a secure file transfer site and all parties followed strict data transfer and data security protocols in place to deal with sensitive information.

The privacy laws of New Brunswick and Canada were respected in the conduct of this home care survey. Various confidentiality rules were applied to all data

released or published to prevent the publication or disclosure of any information deemed confidential. If necessary, data is suppressed to prevent direct or residual disclosure of identifiable data.

associated with the estimate. Survey results with a coefficient of variation in excess of 33.3% are considered too unreliable to be published and have been suppressed from this report.

Data limitations

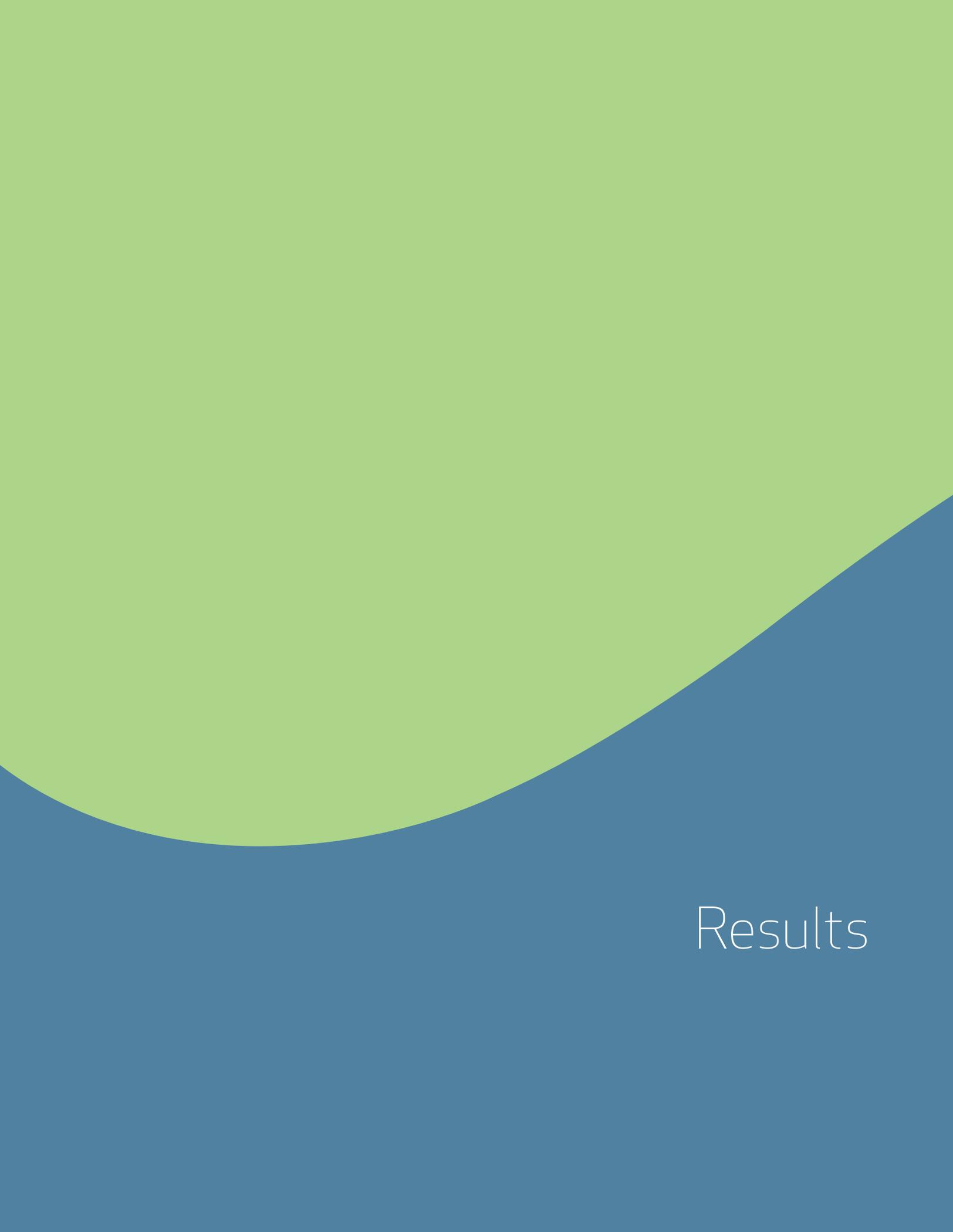
All data are self-reported and are therefore subject to recall errors, and over or under-reporting. The sample design excludes people living in nursing homes or special care homes.

These survey results are based on citizens across New Brunswick who have recently received home care services funded entirely or partially by the provincial government. It is worth noting that citizens who are not receiving home care services, but who should be, are not included in this survey. More research in this area could help identify to what extent publicly funded home care services are not meeting the needs of citizens.

Estimation

Survey data was weighted by age and gender based on a complete snapshot of all clients who had recently received home care services under the Extra-Mural Program or through the Department of Social Development. This estimation method is used so that survey results are representative of the actual population of citizens receiving home care services in New Brunswick. In this report, when comparing two survey results, symbols are used to indicate a statistically significant difference calculated at a 95% level of confidence.

The coefficient of variation is used to determine the quality level of the estimates. Survey results with a coefficient of variation in the range of 16.6% to 33.3% are considered marginal and are flagged with the letter E accompanied by a warning to caution subsequent users about the high level of variability



Results

Key findings

For the first time in New Brunswick, comparisons can be made between survey results (2015 and 2012) to see if any improvements have been made for key indicators evaluating the quality and experience of home care services.

Home care services overall

Unmet needs are a growing concern

For citizens receiving any type of publicly funded home care service, a key measure collected from this survey, "unmet needs", is going in the wrong direction: 14.5% have reported in 2015 that more could be done to help them stay at home (compared to 11.4% in 2012).

When asked what else could be done to help them stay at home, the top three responses in 2015 were the following:

1. More hours of service such as weeknights and weekends (28.8%)
2. More home support services such as yard work or food delivery (16.3%)
3. More equipment such as wheelchairs and shower handles (12.5%)

Extra-Mural Program

Overall satisfaction remains high

When asked to rate the services they received from staff at the Extra-Mural Program, 95.1% of citizens responded favourably in 2015 by giving an 8, 9 or 10 on a scale of 0 to 10, where 0 is the worst home care possible and 10 is the best (compared to 96.7% in 2012).

No improvements to key indicators under effectiveness and efficiency

While overall satisfaction with home care services remains high, indicators closely linked to initiatives outlined in the Extra-Mural Strategic Plan 2013-2016 under effectiveness and efficiency have not improved over the last three years:

- Effectiveness: Among citizens with a chronic health condition who were receiving services from the Extra-Mural Program, 22.4% reported in 2015 that they are "very confident" in controlling and managing their health condition (compared to 26.4% in 2012).
- Efficiency: 46.4% reported in 2015 that they were admitted to a hospital or visited a hospital emergency room while receiving services from the Extra-Mural Program (compared to 42.8% in 2012).

In May 2014, the New Brunswick government unveiled *Home First*, a three-year strategy aimed at helping seniors in New Brunswick maintain their independence and remain in their homes and communities for as long as possible. While citizens responding to this survey had done so less than a year after the *Home First* strategy was unveiled, several initiatives outlined in this strategy have a focus on (1) improving the effectiveness of home care services by helping citizens to manage their health condition at home, or (2) improving the efficiency of home care services by reducing admissions to the hospital or visits to the hospital emergency room.

Although these measures of effectiveness and efficiency are also influenced by health services outside home care such as primary health and community services, the Extra-Mural Program has an important role to play within an integrated system that focuses on citizens who can stay in their own home and function as independently as possible.

Improvements to safety indicators

Some indicators under the safety dimension have improved significantly under the Extra-Mural Program:

- 80.4% of citizens receiving services from the Extra-Mural Program in 2015 reported that someone from the program had talked with them about how to set up their home to move around safely (compared to 72.2% in 2012).
- 83.4% reported in 2015 that someone from the Extra-Mural Program had talked with them about all the medicines they were taking (compared to 72.3% in 2012).

These results speak to a provincial focus on safety indicators within Accreditation Canada’s required organizational practices.^[5] Through the efforts put forth by New Brunswick’s two regional health authorities, Horizon Health Network and Vitalité Health Network, a systemic change has occurred in following standards that enhance the safety of citizens receiving services from the Extra-Mural Program.

For many citizens who have a chronic health condition or have been discharged from a hospital to home care, medication is an important part of their care. When staff from the Extra-Mural Program talk with clients about all the medications they are taking, they can identify possible medication discrepancies or issues in the way the client is managing their medications. Keeping the medication list up-to-date and accurate can potentially prevent harm to the citizen, admissions to the hospital, or visits to the hospital emergency department due to adverse drug events.^[5]

Several indicators are going in the wrong direction

Although some indicators under the quality of service for the Extra-Mural Program have improved compared to 2012, several indicators are going in the wrong direction (see Table 1).

14.5% of respondents said that more could be done to help them stay at home. On what could be done, the top three responses were:

1. More hours of service such as weeknights and weekends
2. More home support services such as yard work or food delivery
3. More equipment such as wheelchairs and shower handles

Table 1. Number of indicators under the quality of service for the Extra-Mural Program in 2015 and their change in direction since 2012

	Favourable change	No change	Unfavourable change
Accessibility	1	3	0
Appropriateness	1	2	1
Communication	0	0	2
Difficulties in receiving care	0	2	0
Effectiveness	0	0	1
Efficiency	1	0	1
Safety	2	0	1
Satisfaction	0	1	2
Total	5	8	8

Based on statistically significant differences calculated at a 95% level of confidence.

For a complete breakdown of these indicators and corresponding survey results, see page 23.

Home support services

Services received are highly valued

When asked to rate the services they received from home support workers, 88.7% of citizens responded favourably in 2015 by giving an 8, 9 or 10 on a scale of 0 to 10, where 0 is the worst home care possible and 10 is the best (compared to 87.9% in 2012).

Limits or reductions in services are a growing concern

A higher percentage of citizens receiving home support services in 2015 reported difficulties in receiving those services:

- 23.0% reported in 2015 that there were limits or reductions in the types of service or care available (compared to 19.8% in 2012)
- 30.4% reported in 2015 that there were limits or reductions in the duration of services or the number of hours available (compared to 25.6% in 2012)

Improvements to accessibility indicators

Some indicators have improved under the accessibility dimension:

- 29.4% of citizens receiving home support services in 2015 reported that it was “very easy” to get information about services before starting (compared to 19.4% in 2012)
- 63.7% reported in 2015 that it was “very easy” to contact the agency office or home support worker for help (compared to 58.6% in 2012)

Results in 2015, however, indicate that there is still room for improvement. In dialogue sessions that the NBHC has conducted over the years^[6], citizens have shared their belief that the health system has some form of accountability structure to ensure that priorities are responded to and progress is made. In the absence of benchmarks and targets for home care

indicators under accessibility, are citizens receiving equitable services across the province?

Several indicators are going in the wrong direction

Although some indicators under the quality of service for home support services have improved compared to 2012, several indicators are going in the wrong direction (see Table 2).

Table 2. Number of indicators under the quality of service for home support services in 2015 and their change in direction since 2012

	Favourable change	No change	Unfavourable change
Accessibility	2	3	0
Appropriateness	0	2	1
Communication	0	0	2
Difficulties in receiving care	0	1	2
Safety	0	1	0
Satisfaction	0	2	1
Total	2	9	6

Based on statistically significant differences calculated at a 95% level of confidence.

For a complete breakdown of these indicators and corresponding survey results, see page 25.

Provincial level results

Home care services overall

Range of results across all 33 New Brunswick communities

Unmet needs	2012	2015	2015
	N.B.	N.B.	Variability
Is there anything else that could have been done to help you stay at home? (% yes)	11.4	14.5 ▲	7.4 to 22.7

When asked what else could have been done to help them stay at home, the top three responses in 2015 were the following:

1. More hours of service such as weeknights and weekends (28.8%)
2. More home support services such as yard work or food delivery (16.3%)
3. More equipment such as wheelchairs and shower handles (12.5%)

Extra-Mural Program

Quality of service	2012	2015	2015
	N.B.	N.B.	Variability

Accessibility

Did services start as soon as you thought you needed it? (% yes)	93.0	94.3 ▲	83.1 to 98.0
Always got help when contacting the office (% yes)	96.8	97.3	89.9 to 100
How often service was received in language of choice			
Among citizens who prefer English (% always)	97.5	96.8	90.3 to 100
Among citizens who prefer French (% always)	92.7	92.3	58.5 to 100

Appropriateness

How often providers seemed informed about all care/treatment received at home (% always)	77.1	73.3 ▼	59.2 to 90.4
How often clients received conflicting information about their care from different providers (% never)	81.7	86.4 ▲	67.5 to 95.8
Staff gave information needed for clients to take care of themselves (% strongly agree)	49.3	48.3	38.2 to 64.1
Family caregivers were given information they wanted when they needed it (% strongly agree)	42.8	42.3	27.9 to 57.0

Note: These survey results are also available by community at www.nbhc.ca

Symbols indicate a statistically significant difference calculated at a 95% level of confidence:

▲▼ = Favourable change from 2012 to 2015

▲▼ = Unfavourable change from 2012 to 2015

Range of results across all 33
New Brunswick communities

Extra-Mural Program (continued)

Quality of service	2012 N.B.	2015 N.B.	2015 Variability
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Effectiveness

Citizens with a chronic health condition* who are confident in controlling and managing their health condition (% very confident)	26.4	22.4 ▼	12.6 to 41.4
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*Self-reported by respondent: Alzheimer's disease, arthritis, asthma, cancer, chronic pain, dementia, depression, diabetes, emphysema or COPD (chronic obstructive pulmonary disease), gastric reflux (GERD), heart disease, hypertension, stroke, mood disorder other than depression

Safety

Staff talked with clients about how to set up their home to move around safely (% yes)	72.2	80.4 ▲	70.4 to 92.0
Staff talked with clients about all the medicines they were taking (% yes)	72.3	83.4 ▲	73.6 to 91.3
Do you believe you were harmed because of an error or mistake as a result of services from this program? (% yes)	0.7	1.3 ▲	.*

*Data suppressed due to low respondent counts at the community level

Efficiency

Admitted to hospital or visited hospital emergency room while receiving services (% yes)	42.8	46.4 ▲	33.2 to 61.0
Continuity of care across hospital services, home care services and primary health*	61.5	67.1 ▲	49.7 to 91.5

*Staff at the hospital or rehabilitation centre explained what type of home care services would be received, AND home care providers seemed informed about all services received at home, AND primary health provider seemed informed about home care services. More information is provided on page 33 with a breakdown of this indicator's individual components.

Communication

How often providers explained things in a way that was easy to understand (% always)	90.4	86.0 ▼	68.8 to 94.6
How often clients were treated with courtesy and respect (% always)	96.4	93.6 ▼	86.6 to 100

Satisfaction

Overall rating of services received (% 8, 9 or 10 on a scale of 0 to 10*)	96.7	95.1 ▼	87.3 to 100
Would recommend Extra-Mural Program to family or friends (% definitely yes)	94.2	88.5 ▼	76.5 to 95.9
Satisfaction with number of times care was received (% very satisfied)	76.1	75.8	55.4 to 88.4

*Where 0 is the worst home care possible and 10 is the best

Reported difficulties in receiving care

Limits or reductions in the types of services available (% yes)	7.6	8.2	5.5 to 21.0
Limits or reductions in the duration of services or the number of hours available (% yes)	7.6	6.6	5.3 to 18.0

Symbols indicate a statistically significant difference calculated at a 95% level of confidence:

▲▼ = Favourable change from 2012 to 2015

▲▼ = Unfavourable change from 2012 to 2015

Home support services

Range of results across all 33
New Brunswick communities

Quality of service	2012 N.B.	2015 N.B.	2015 Variability
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Accessibility

Ease or difficulty getting information about services before starting (% very easy)	19.4	29.4 ▲	14.6 to 50.3
Did services start as soon as you thought you needed it? (% yes)	80.1	79.4	68.5 to 89.3
Ease or difficulty contacting agency office or home support worker for help (% very easy)	58.6	63.7 ▲	30.8 to 98.2
How often service was received in language of choice			
Among citizens who prefer English (% always)	97.3	96.1	89.7 to 100
Among citizens who prefer French (% always)	90.7	91.6	50.6 to 97.8

Appropriateness

How often home support workers seemed informed about all care received at home (% always)	67.8	55.9 ▼	41.3 to 91.0
How often clients received conflicting information about their care from different home support workers (% never)	75.5	74.2	52.8 to 92.1
Family caregivers were given information they wanted when they needed it (% strongly agree)	27.3	28.7	15.1 to 47.7

Safety

Do you believe you were harmed because of an error or mistake as a result of services received? (% yes)	1.8	2.5	-*
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*Data suppressed due to low respondent counts at the community level

Communication

How often home support workers explained things in a way that was easy to understand (% always)	84.5	77.8 ▼	70.5 to 90.9
How often clients were treated with courtesy and respect (% always)	90.3	86.4 ▼	78.5 to 93.7

Satisfaction

Overall rating of services received (% 8, 9 or 10 on a scale of 0 to 10*)	87.9	88.7	74.9 to 98.7
Would recommend agency or home support worker to family or friends (% definitely yes)	74.3	73.6	59.5 to 88.8
Satisfaction with number of times care was received (% very satisfied)	70.6	65.8 ▼	44.3 to 86.2

*Where 0 is the worst home care possible and 10 is the best

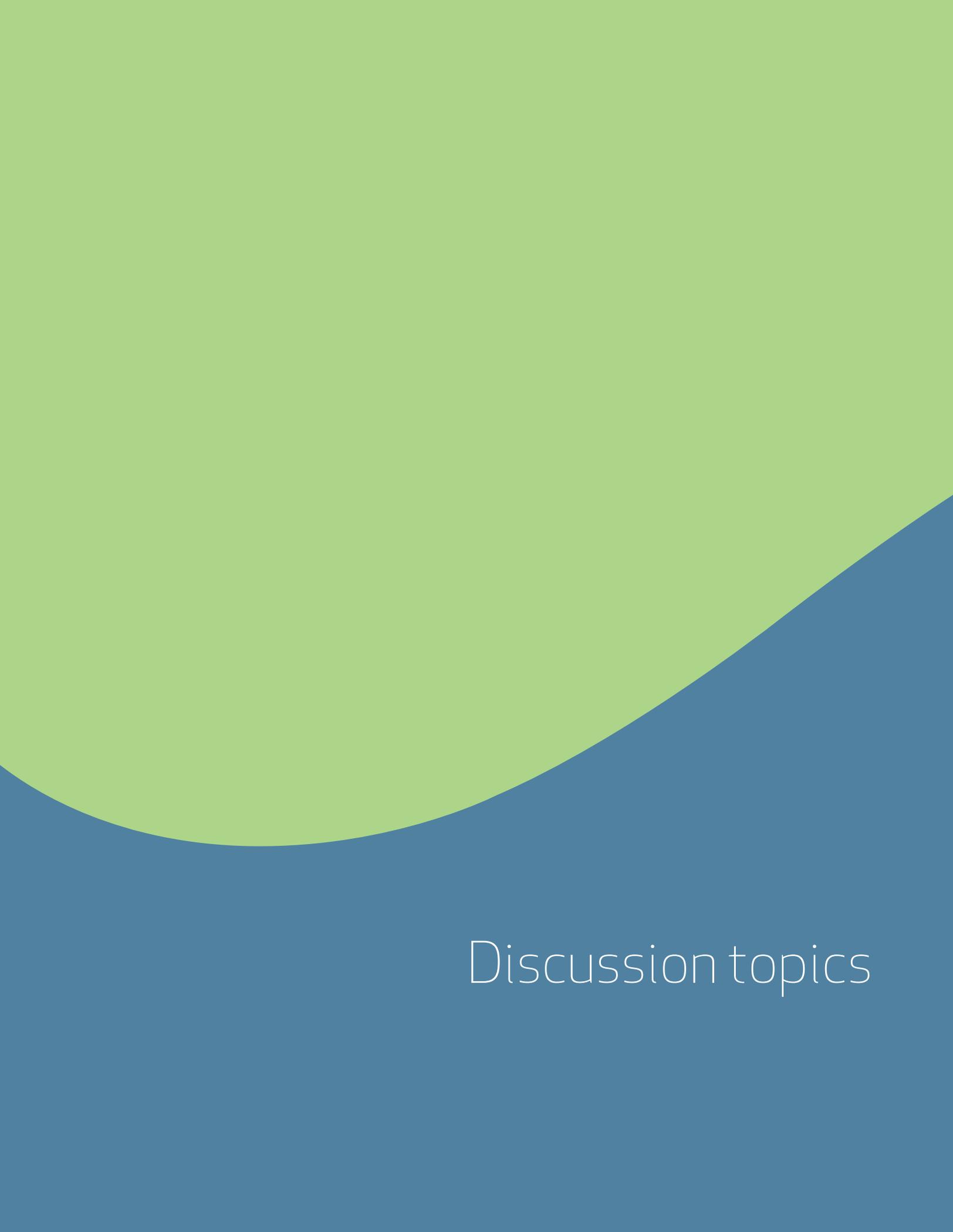
Reported difficulties in receiving care

Limits or reductions in the types of services available (% yes)	19.8	23.0 ▲	12.4 to 34.7
Limits or reductions in the duration of services or the number of hours available (% yes)	25.6	30.4 ▲	17.4 to 47.1
Have you ever found the cost for services too high? (% yes)	22.1	21.7	9.7 to 38.5

Symbols indicate a statistically significant difference calculated at a 95% level of confidence:

▲▼ = Favourable change from 2012 to 2015

▲▼ = Unfavourable change from 2012 to 2015



Discussion topics

Chronic health conditions and unmet needs

When asked if a doctor or any other health professional has ever diagnosed them or treated them for a chronic health condition, 89.0% of survey respondents reported they had at least one of the chronic health conditions listed in Table 3 below.

While 54.6% have three or more chronic health conditions, more than one in five (22.5%) survey respondents have five or more chronic health conditions (Figure 3).

The prevalence of self-reported chronic health conditions is generally higher for citizens receiving home support services when compared to citizens receiving services from the Extra-Mural Program (EMP). The prevalence of cancer is higher for citizens receiving services from the EMP, and the prevalence of

Figure 3. Distribution of home care clients by number of chronic health conditions

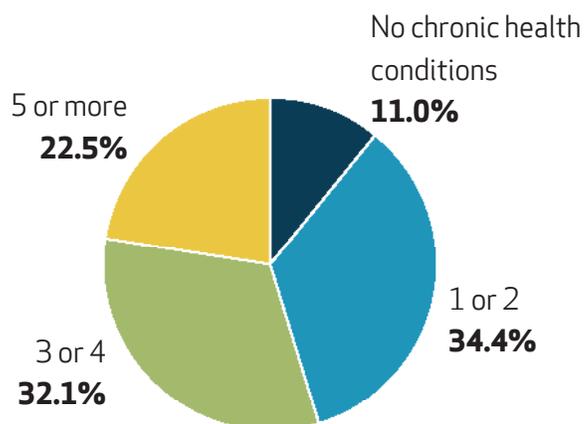


Table 3. Prevalence of self-reported chronic health conditions, by service received (%)

	Home care services overall	Extra-Mural Program	Home support services
Hypertension	56.2	54.4	60.1
Arthritis	47.6	43.9	57.1
Heart disease	32.7	32.9	34.9
Chronic pain	31.6	28.2	40.9
Diabetes	31.1	31.1	31.7
Gastric reflux (GERD)	25.5	24.0	29.5
Cancer	25.0	28.6	17.1
Depression	23.2	18.9	31.8
Emphysema or COPD (chronic obstructive pulmonary disease)	19.4	21.4	17.2
Asthma	16.0	14.6	19.1
Stroke	13.2	13.0	16.0
Dementia	6.7	5.9	10.0
Mood disorder other than depression (bipolar disorder, mania, manic depression or dysthymia)	4.4	2.8	7.3
Alzheimer's	3.0	2.3	4.6

emphysema or COPD is also higher under the EMP when compared to home support services.

Unmet needs

Understanding the health profile of citizens receiving home care services is extremely important in managing chronic health conditions, and in understanding to what extent these citizens are telling us that more can be done to help them stay in their own home and function as independently as possible (Table 4 and Table 5).

Although the prevalence of Alzheimer’s disease or dementia is lower when compared to other self-reported chronic health conditions (Table 3), these home care recipients have a significantly higher percent who reported that more could have been done to help them stay at home (Table 5).

Table 4. Percentage of respondents who said that more could be done to help them stay at home, by number of chronic health conditions (%)

Number of chronic health conditions	Percentage who said “yes”
None	9.5
1 or 2	11.2
3 or 4	14.4
5 or more	21.1
Overall	14.5

Table 5. Percentage of respondents who said that more could be done to help them stay at home, by chronic health condition (%)

Chronic health condition	Percentage who said “yes”
Alzheimer’s	28.6
Dementia	27.8
Mood disorder other than depression	22.0
Chronic pain	20.9
Stroke	19.7
Depression	19.3
Arthritis	17.3
Asthma	17.1
Gastric reflux (GERD)	16.5
Hypertension	15.9
Diabetes	15.1
Heart disease	15.1
Emphysema or COPD	14.5
Cancer	13.0

Indicators under the Extra-Mural Program

The Extra-Mural Program (EMP) has an important role to play within an integrated system that focuses on helping citizens manage their chronic health conditions. While Table 3 on page 28 provides the prevalence of 14 self-reported chronic health conditions among citizens receiving services from the EMP in 2015, Table 6 focuses on the quality and experience of services received from the EMP.

Survey results relating to the satisfaction with services received from the EMP do not vary significantly between the different chronic health conditions.

However, for the indicator *Clients are confident in controlling and managing all of their chronic health conditions* in Table 6, results can vary based on the health profile of clients. Among clients who reported that a health professional had diagnosed them or treated them for dementia, only 8.9% are “very confident” in controlling and managing all of their

Table 6. Indicators under the quality of service for the Extra-Mural Program, by self-reported chronic health condition (%)

	EMP clients	Among EMP clients with				
		Alzheimer’s disease	Arthritis	Asthma	Cancer	Chronic pain
Overall rating of services received (% 8, 9 or 10 on a scale of 0 to 10)	95.1	96.0	96.1	95.1	96.8	94.5
How often providers seemed informed about all care/treatment received at home (% always)	73.3	79.2	71.7	73.3	78.0	71.6
Clients are confident in controlling and managing all of their chronic health conditions* (% very confident)	22.4	12.6	18.1	18.9	22.5	15.2
Admitted to hospital or visited hospital emergency room while receiving services (% yes)	46.4	45.2	47.7	56.9	52.9	53.5
Continuity of care across hospital services, home care services and primary health**	67.1	-	65.9	69.5	71.8	65.7
Limits or reductions in the types of services available (% yes)	8.2	6.4	7.8	8.2	5.7	11.0
Limits or reductions in the duration of services or the number of hours available (% yes)	6.6	4.3	6.4	8.5	5.2	9.4

*Self-reported by respondent: Alzheimer’s disease, arthritis, asthma, cancer, chronic pain, dementia, depression, diabetes, emphysema or COPD (chronic obstructive pulmonary disease), gastric reflux (GERD), heart disease, hypertension, stroke, mood disorder other than depression.

chronic health conditions. Among clients with cancer, 22.5% are “very confident” in controlling and managing all of their chronic health conditions.

Among clients with emphysema or COPD (chronic obstructive pulmonary disease), 59.3% were admitted to the hospital or had visited the hospital emergency department while receiving services from the EMP.

For the indicator *Admitted to hospital or visited hospital emergency room while receiving services*, results can also vary based on the health profile of clients. Among clients who reported that a health professional had diagnosed them or treated them for Alzheimer’s disease, 45.2% were admitted to the hospital or had visited the hospital emergency department while receiving services from the EMP.

Among EMP clients with								
Dementia	Depression	Diabetes	Emphysema or COPD	Gastric reflux (GERD)	Heart disease	Hypertension	Mood disorder other than depression	Stroke
95.1	94.3	95.2	96.8	96.1	95.2	96.5	91.4	94.9
70.1	72.2	73.1	75.3	72.6	71.0	74.5	71.7	73.8
8.9	15.2	21.3	17.3	19.7	16.9	19.8	9.8	15.4
56.4	53.4	49.4	59.3	53.0	52.7	47.3	57.0	53.3
69.5	67.1	67.2	67.0	66.7	65.7	67.9	54.1	63.9
8.6	12.4	7.9	5.9	8.9	7.8	7.3	13.1	8.7
8.3	11.1	6.0	5.1	7.4	6.4	5.8	12.6	8.5

*** Staff at the hospital or rehabilitation centre explained what type of home care services would be received, AND home care providers seemed informed about all services received at home, AND primary health provider seemed informed about home care services. More information is provided on page 33 with a breakdown of this indicator’s individual components.*

As illustrated in Figure 3 on page 28, citizens receiving home care services often have multiple chronic health conditions. Table 7 provides information on multiple chronic health conditions for EMP clients. Among EMP clients with chronic pain, 67.9% reported that they have arthritis, 59.5% reported having hypertension and 40.2% reported that they have heart disease. Among EMP clients with depression, 55.5% reported that they have hypertension, 51.1% reported having arthritis and 43.9% reported that they have chronic pain.

Table 7. Other self-reported chronic health conditions for Extra-Mural Program clients, by chronic health condition (%) (Only top three are shown)

Alzheimer's		Arthritis		Asthma	
Hypertension	54.7	Hypertension	63.5	Hypertension	58.3
Arthritis	45.6	Chronic pain	43.8	Arthritis	52.7
Dementia	40.5	Heart disease	39.2	Chronic pain	40.6

Cancer		Chronic pain		Dementia	
Hypertension	48.1	Arthritis	67.9	Hypertension	51.6
Arthritis	38.3	Hypertension	59.5	Arthritis	45.6
Diabetes	26.5	Heart disease	40.2	Heart disease	42.0

Depression		Diabetes		Emphysema or COPD	
Hypertension	55.5	Hypertension	68.8	Hypertension	52.9
Arthritis	51.1	Arthritis	47.4	Arthritis	46.8
Chronic pain	43.9	Heart disease	43.2	Heart disease	40.0

Gastric reflux (GERD)		Heart disease		Hypertension	
Hypertension	61.1	Hypertension	64.4	Arthritis	51.3
Arthritis	54.4	Arthritis	52.3	Diabetes	39.3
Chronic pain	40.2	Diabetes	40.9	Heart disease	38.9

Mood disorder other than depression		Stroke	
Depression	64.3	Hypertension	66.8
Hypertension	46.7	Heart disease	49.1
Chronic pain	42.2	Arthritis	46.7

Example - How to read tables

Among clients who had a stroke...
66.8% also have hypertension

Continuity of care across health services for Extra-Mural Program clients

For a good proportion of citizens under the Extra-Mural Program (EMP), the coordination of care across services starts with the transition from hospital to home, followed by the information provided by different health professionals within the EMP, and, to close the loop, the citizen's primary health provider should be aware of all the services received.

This type of information is captured in the New Brunswick Home Care Survey (Figure 4), and thus provides a unique approach in finding areas where improvements can occur in the continuity of services, and how different sectors can fit together in an integrated system centered on citizens.

The continuity indicator in Figure 4 can be described as follows: Among citizens who (1) received services from the Extra-Mural Program after a visit to a hospital/rehabilitation centre and (2) received services from more than one Extra-Mural provider in the last two months, 67.1% responded positively to the three indicators in Table 8.

Although this continuity indicator has improved (67.1% in 2015 compared to 61.5% in 2012), it is the indicator measuring the information provided to the citizen at the hospital that has improved significantly (Table 8).

Figure 4. Indicator for the continuity of care across hospital services, home care and primary health



Table 8. Indicators used to measure continuity of care

	2012 N.B.	2015 N.B.		2015 Variability
Staff at the hospital explained what type of services would be received from the Extra-Mural Program (% yes)	77.4	88.1 ▲		73.9 to 97.4
How often providers from the Extra-Mural Program seemed informed about all care/treatment received at home (% always)	77.1	73.3 ▼		59.2 to 90.4
Primary health provider seemed informed about services received from the Extra-Mural Program (% yes)	93.7	93.6		85.8 to 98.6

Range of results across all 33 New Brunswick communities

Symbols indicate a statistically significant difference calculated at a 95% level of confidence:

▲ = Favourable change from 2012 to 2015

▼ = Unfavourable change from 2012 to 2015

Why is continuity important?

Overall, 56.8% of survey respondents reported that they have received care from more than one person in the last two months under the Extra-Mural Program. For these citizens, the coordination of care becomes an important area of focus.

From the citizen's point of view, home care navigation and coordination cannot focus exclusively on services received at home, but rather on the continuum of care between all health care sectors. With 75.8% of respondents receiving care from the Extra-Mural Program after a visit to a hospital or rehabilitation

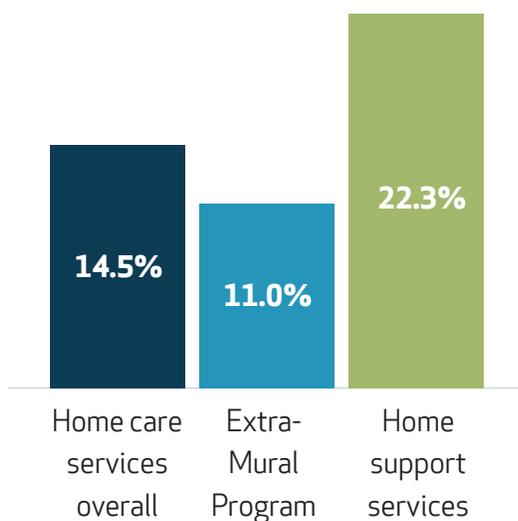
centre, the acute care sector plays an important role in informing citizens of the care they will receive at home, just as primary health providers need to be informed and up-to-date about all the care and treatment received at home.

Integrating home care into the larger health care system can ensure that seamless transitions are created for patients, their families, and providers in a way that leads to higher quality care, greater efficiency, and sustainability. Integration is particularly important in home care to ensure that there are strong connections and good communication between home care, hospitals, and primary health care. ^{[7][8]}

Home support services and unmet needs

In 2015, 14.5% of citizens receiving publicly funded home care services (Extra-Mural Program or home support services or both) reported that more could be done to help them stay at home. If we look at the two different types of services received, we see that citizens receiving home support services are reporting a higher level of unmet needs (22.3%) when compared to the Extra-Mural Program (11.0%) (see Figure 5).

Figure 5. Percentage of clients who said that more could be done to help them stay at home, by service received



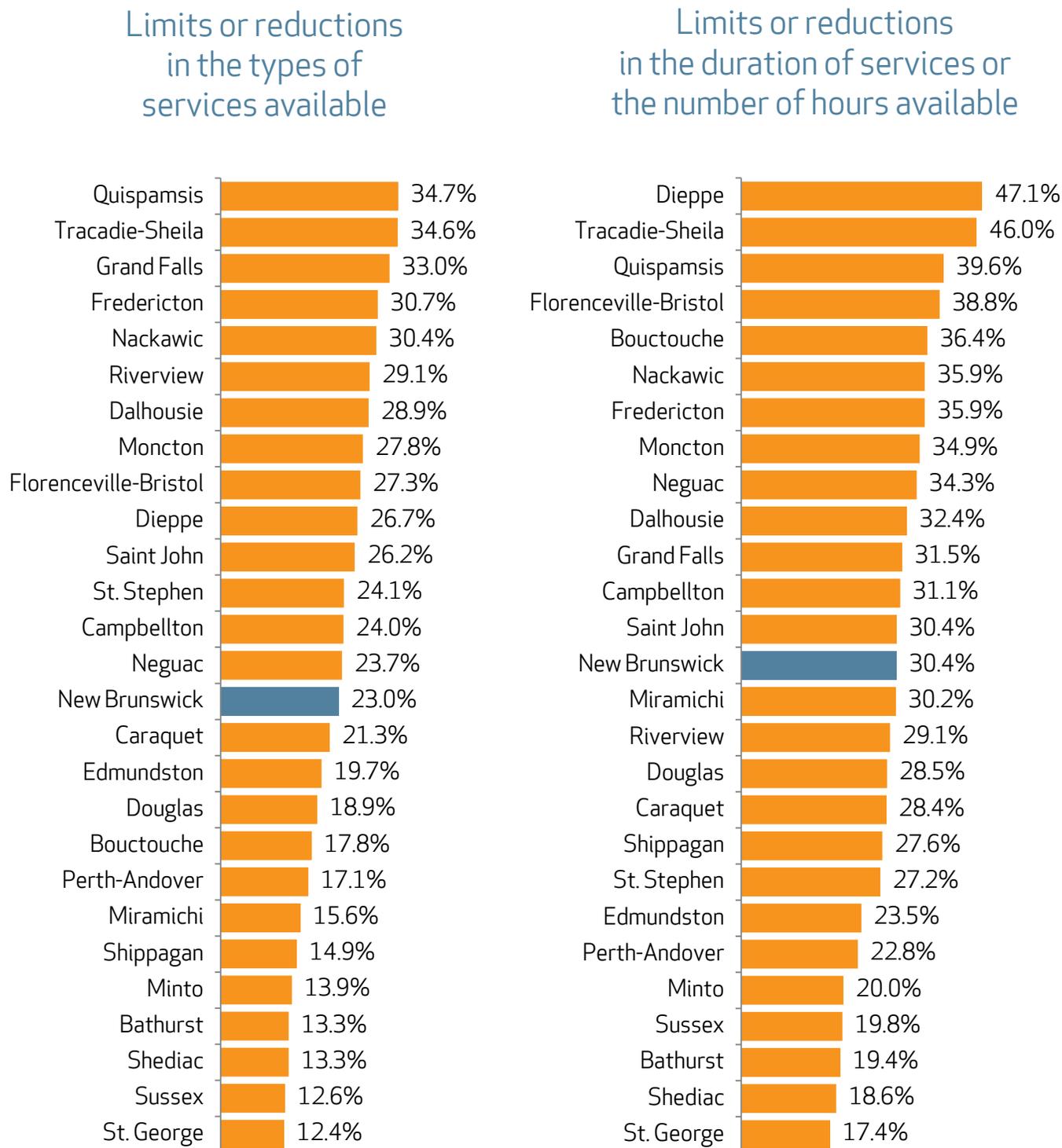
When possible, New Brunswickers want the ability to be cared for at home rather than in a hospital, special care home or nursing home. Home care services can help people stay in their own home and function as independently as possible in the context of their daily lives.

In understanding unmet needs, a good place to start is looking at the difficulties in receiving home support services, with respect to the types of services or the number of hours available. Overall, 23.0% of citizens receiving home support services have reported limits or reductions in the types of services received, and 30.4% have reported limits or reductions in the number of hours available.

When looking at the limits or reductions in the types of services or number of hours available, survey results vary greatly within the province from one community to another (see Figure 6 on page 36). A focus on this variability can improve the quality and experience of home support services, by recognizing the communities that perform poorly, and learning from the communities that perform better.

In the context of putting a greater emphasis on home care, focusing on the types of home support services available and the number of hours available can move New Brunswick forward in meeting the needs of citizens who wish to stay in their own home and function as independently as possible.

Figure 6. Percentage of clients receiving home support services who reported limits or reductions, by community



Note: The following communities were not included in the figure due to small sample sizes: Grand Bay-Westfield, Hillsborough, Kedgwick, New Maryland, Oromocto, Sackville and Salisbury.

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