Common Challenges, Shared Priorities

Measuring Access to Home and Community Care and to Mental Health and Substance Use Services in Canada

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About this report

Canadians continue to face ongoing challenges accessing health services. As the population ages, more Canadians need home care or services in the community to help them manage their health conditions and to live safely at home. For Canadians of all ages, timely access to mental health and substance use services is an area of growing concern.

In August 2017, the federal, provincial and territorial (FPT) governments endorsed A Common Statement of Principles on Shared Health Priorities, accompanied by an $11 billion federal investment over 10 years. Their common purpose was to improve Canadians' access to home and community care, and to mental health and addictions services.[1] While these objectives predate the COVID-19 pandemic and the unprecedented public health crisis it has presented, they continue to reflect areas of high need for Canadians.

To measure progress on these Shared Health Priorities, the Canadian Institute for Health Information (CIHI) is working with all provinces and territories, Health Canada and Statistics Canada to develop and report on a focused set of 12 pan-Canadian indicators.[i] Over time, these indicators will begin to tell a clearer story about access to care across the country, to identify where there are gaps in services, and to help make meaningful changes in order to improve the experiences of Canadian patients and their families.

This is CIHI's third annual companion report on this measurement work. It describes the progress made to date on indicator development and reporting, how to interpret new indicator results and why these results matter to Canadians. 3 new indicators will be available in 2021:

- Wait Times for Community Mental Health Counselling;
- Wait Times for Home Care Services; and
- Home Care Services Helped the Recipient Stay at Home.

i. Recognizing the Government of Quebec's desire to exercise its jurisdiction in the areas of health care and social services and thus to assume full control over the planning, organization and management of services in these areas within its territory, in particular for the areas of mental health, addictions and home health care, the Government of Canada and the Government of Quebec entered on March 10, 2017, into an asymmetrical agreement distinct from the present statement of principles and based on the asymmetrical agreement of September 2004. Specifically, the Government of Quebec will continue to report to Quebec residents on the use of funds designated for health care, and will continue to collaborate with other governments around information sharing and best practices.

Results for the 2 Wait Time indicators, based on 2019–2020 data, are being reported at the pan-Canadian level. However, since the data comes from different provincial and territorial reporting systems, results should be interpreted with caution until reporting becomes more consistent over time.

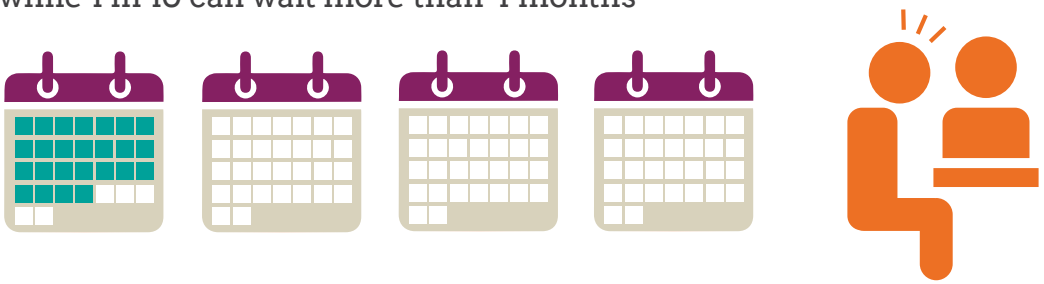
Statistics Canada is developing the Home Care Services Helped the Recipient Stay at Home indicator using data from the Canadian Community Health Survey; results are anticipated in summer 2021.

This report is intended to help Canadians understand what the new indicators are measuring, their strengths and limitations, and the factors that can potentially influence the results. Provincial and territorial results for the new Wait Time indicators and the 6 previously released Shared Health Priorities indicators can be found in CIHI's Your Health System web tool (see Table 1 for the public release schedule of all 12 Shared Health Priorities indicators).

Reporting on each of the mental health and substance use indicators and home and community care indicators will not lead to immediate change. It will take time for investments to improve care at the front lines, and to better meet the needs of patients and their families. The impact of COVID-19 on the indicators will take time to be fully reflected in the data. Therefore, the numbers included in this report represent a baseline from which changes can be measured over time. By 2022, all new indicators will be released, and existing indicators will be updated and refined as more and better data becomes available.

Wait Times for Community Mental Health Counselling

Half of Canadians wait up to a month for ongoing counselling services in the community,
while 1 in 10 can wait more than 4 months



(Source: CIHI, 2019–2020)

Wait Times for Home Care Services

Half of Canadians
wait a few days
for home care services,
while 1 in 10 wait
more than a month

(Source: CIHI, 2019–2020)

Background

Indicator selection

From October 2017 to July 2018, CIHI led a rigorous process to select the Shared Health Priorities indicators. We held extensive consultations with governments, sector stakeholders, measurement experts and people with lived experience through interviews, online surveys and focus groups. The consultations identified clear priorities around filling important information gaps in the areas of mental health and addictions, and home and community care. Members of the public who participated in the consultations described dimensions of access to care that were most important to them: shorter wait times, the availability of appropriate services, improved patient experience, support in navigating the health system, and prevention. The guiding principles used to choose the final 12 indicators were relevance, balance and impact on patients.

In June 2018, the final list of 12 indicators proposed by the CIHI-FPT working groups was officially endorsed by FPT health ministers.

In September 2018, the Shared Health Priorities Advisory Council was established to guide the development of the indicators.[2] Council members include representatives from provinces and territories, Health Canada and Statistics Canada; observers include representatives from the Canadian Home Care Association, the Mental Health Commission of Canada and the Canadian Centre on Substance Use and Addiction. CIHI is also facilitating discussions and gathering input for indicator development from provincial and territorial stakeholders, subject matter experts and people with lived and/or living experiences.

Indicator reporting

Development work for three-quarters of the indicators is complete, and results for 9 of the 12 Shared Health Priorities indicators have been publicly released.[ii] Table 1 provides the full list of indicators and their scheduled release dates.

ii. Statistics Canada is developing the Home Care Services Helped the Recipient Stay at Home indicator using data from the Canadian Community Health Survey; results are anticipated in summer 2021.

Table 1 Indicator rollout and reporting

Year	Indicators			Indicator reporting
2019 (Year 1)	Hospital Stays for Harm Caused by Substance Use*	Frequent Emergency Room Visits for Help With Mental Health and/or Addictions*	Hospital Stay Extended Until Home Care Services or Supports Ready†	✓ Indicator results are available in Your Health System: In Brief
2020 (Year 2)	Self-Harm, Including Suicide*	Caregiver Distress†	New Long-Term Care Residents Who Potentially Could Have Been Cared for at Home†	✓ Indicator results (plus updated 2019 indicators) are available in Your Health System: In Brief
2021 (Year 3)	Wait Times for Community Mental Health Counselling*	Wait Times for Home Care Services†	Home Care Services Helped the Recipient Stay at Home†, ii	✓ Indicator results are available in this report and in Your Health System: In Brief (Plus updated 2019 and 2020 indicators are available in Your Health System: In Brief)
2022 (Year 4)	Navigation of Mental Health and/or Substance Use Services*	Early Intervention for Mental Health and/or Substance Use Among Children and Youth*	Death at Home/Not in Hospital†	— Plus updated 2019, 2020 and 2021 indicators

* Mental health and substance use † Home and community care

More information on these measures can be found in Your Health System: In Brief and in CIHI's earlier companion reports.[3, 4] For the first time, trends over time are available for selected 2019 indicators (those that now have 3 years of data).

New indicators and results

This section of the report presents indicator results and information to assist with interpreting the 3 new indicators released in 2021.

A health indicator is a measure that summarizes information about a given priority topic on population health or health system performance.[5, 6] Health indicators aim to

- Provide comparable and actionable information across different geographic or organizational boundaries to track progress over time;
- Help identify opportunities for improvement, provide evidence to support health programs and policies, and monitor the success of interventions;
- Raise questions and bring attention to issues — they do not provide answers about causes or explain variations on their own; and
- Provide part of the picture. Further drill-down, contextual information and other relevant indicators are required for a complete picture.

It is important to note that this is the first time information for Wait Times for Community Mental Health Counselling and Wait Times for Home Care Services has been collected at a pan-Canadian level using different systems across the country. Results should therefore be interpreted with caution until reporting becomes more consistent over time.

Wait Times for Community Mental Health Counselling

Definition

This indicator measures the number of days a person waited for ongoing community mental health counselling services, from the initial referral to the first scheduled counselling session.

The first scheduled session means the first appointment offered to and accepted by the client, regardless of whether they attended the appointment.

For the purpose of this indicator, counselling is defined as communication-based therapy provided by a trained mental health professional to promote positive growth, well-being and mental health. Counselling is provided in 1 or more scheduled sessions and may be individual-, group- or family-based. See Appendix A for more information.

Rationale

This measure indicates whether Canadians are getting timely access to mental health counselling services in the community.

- Timely care in the community can improve mental health outcomes and may reduce unnecessary visits to emergency departments or hospitalizations.[7, 8]
- Counselling services delivered by qualified professionals are an important component of community mental health care, as they can provide lasting benefits to those in need and work well in tandem with pharmacological treatments.[9]

Calculation

Median length of time, in days, waiting for a first scheduled appointment for mental health counselling

- The median is the middle point where half of individual wait times are higher and half are lower. It represents the typical wait time for mental health counselling services.

Table 2 Data availability for Wait Times for Community Mental Health Counselling

Data sources	Year	Coverage
Provincial and territorial data collection systems*	2019–2020	Complete coverage: Newfoundland and Labrador, Prince Edward Island, Nova Scotia, New Brunswick Partial coverage: Saskatchewan, Alberta,† British Columbia, Yukon, Northwest Territories†

Notes

* Data may come from various sources depending on the province or territory.

† Data from Alberta and the Northwest Territories is included in the Canada value but is insufficient for reporting at the provincial and territorial level.

Data limitations and caveats

- This indicator includes only publicly funded, ongoing counselling services that are scheduled or booked in advance for an individual, group or family. These include services that are primarily provided, coordinated or overseen by the government. This may include cases where a copayment is required.[9, 10] Counselling services that are entirely funded out of pocket or through private insurance are not included.
- The Wait Time indicator is not intended to reflect appropriateness of care (i.e., whether the counselling service is appropriate to meet the person's need).
- In some jurisdictions, drop-in or walk-in services are provided to address immediate mental health needs, and the availability of these services might affect the indicator. These services are excluded from the indicator because they are not ongoing counselling services and do not have associated wait times. See Appendix B for more information.
- Stand-alone addictions services are excluded. In some jurisdictions, addictions and mental health services are integrated. See Appendix B for jurisdictions where these integrated services are included in the indicator.
- People with a range of conditions or problems are included in the wait time. Some will have a more urgent need for ongoing counselling services than others. The indicator is not broken down by urgency level, so it is not possible to determine whether the length of time waited is appropriate. However, crisis and emergency services are not included in the indicator, as people who require these services generally have their immediate concerns addressed quickly and do not experience a wait time.
- Wait times include delays due to the availability or preference of the person receiving the services. For example, an appointment may have been offered to the person in 3 days, but they were unable to attend for 7 days; the wait time would be recorded as 7 days.
- Caution should be used interpreting this data. The data comes from independent provincial and territorial systems, with known variation in definitions. There is a commitment among jurisdictions to work toward harmonizing definitions and improving comparability of results. See Appendix B for more information.

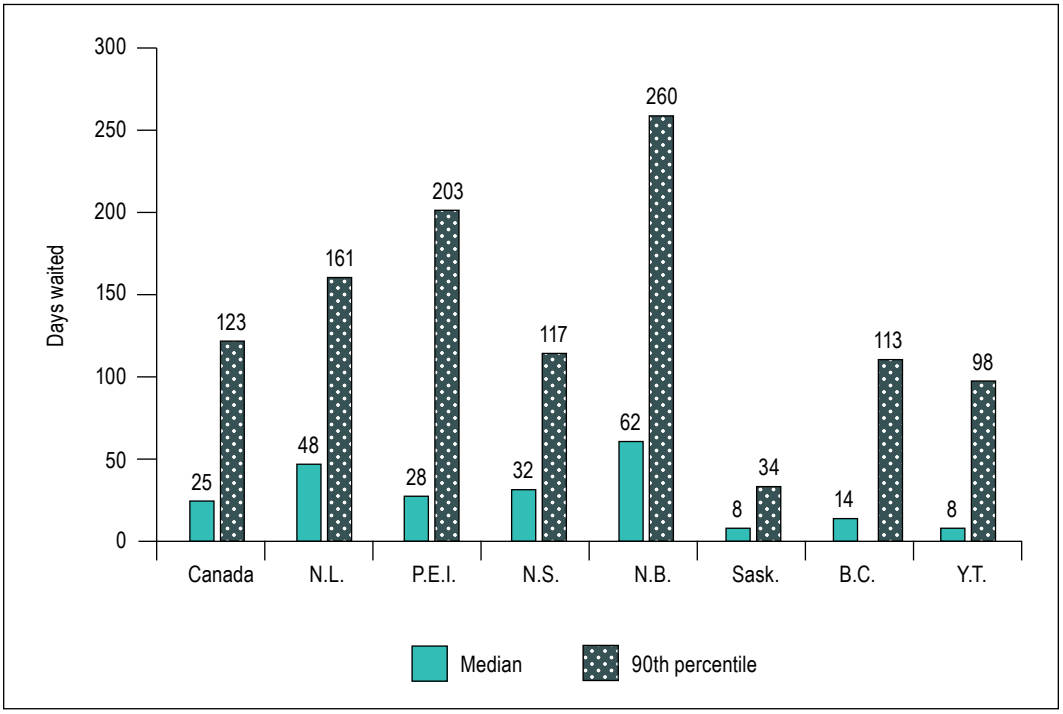
Key results

Half of Canadians wait up to a month for ongoing counselling services in the community, while 1 in 10 can wait more than 4 months

Results of the 2018 Canadian Community Health Survey showed that more than 5 million people in Canada needed some help for their mental health in the previous year, and almost half felt that their needs were either fully unmet or only partially met. Respondents most often cited mental health counselling as a need that was fully unmet.[11]

In 2019–2020, the median (or typical) wait time in Canada for the first mental health counselling service was almost 1 month. 1 in 10 people waited about 4 months or longer.

Figure 1 Median and 90th percentile wait times for community mental health counselling, by jurisdiction, 2019–2020



Jurisdiction	N.L.	P.E.I.	N.S.	N.B.	Sask.	B.C.	Y.T.
Number of referrals for mental health counselling	5,542	1,816	15,055	7,760	9,109	34,934	490

Note
Results include 3 months from 1 urban health zone in Alberta and a sample from 4 centres in the Northwest Territories. As a result, information from these jurisdictions is not displayed separately but is included in the Canada total.
More information by jurisdiction can be found in Appendix B.

Sources
Provincial and territorial data collection systems, 2019–2020.

Comparisons among provinces and territories must be made with caution because of the differences in service delivery, data collection and reporting systems (see Appendix B).[12] For example, provincial and territorial data collection systems may not capture the exact start or stop time for the indicator. There is a commitment among jurisdictions to work toward harmonizing definitions.

Many factors can potentially influence how long a person waits for mental health counselling, including

- The availability of mental health services and supports in jurisdictions, how these services are arranged and how individuals qualify;
- How easy it is to navigate the system and how well services are coordinated with each other, particularly the strength of connections between community services and primary health care providers;
- Differences in population health that influence the need for mental health care, such as the prevalence of mental health conditions;
- Social determinants of health — such as income, education, gender, social networks, housing, and personal and/or intergenerational trauma — that influence the level of mental health support needs and access to services;
- Stigmatization, real or perceived, and its effect on patient decision-making and help-seeking behaviour;
- Differences in the urgency of need for services and the scheduling preferences of those receiving services; and
- Data quality differences in how wait times are recorded.

Many people do not attend their first appointment for counselling

In jurisdictions where data is available, more than one-quarter of people did not attend their first agreed-upon counselling appointment. There are a number of reasons for not attending. For example, people may not have felt well enough to attend, may have found it difficult to arrange childcare and transportation, may have felt uncomfortable with or disrespected by the health care system, or may have felt they no longer required the appointment when it came time to attend. Research shows that people who miss their appointments are more likely to be young, to be from low-income neighbourhoods and to live farther away from the health care provider.[13, 14]

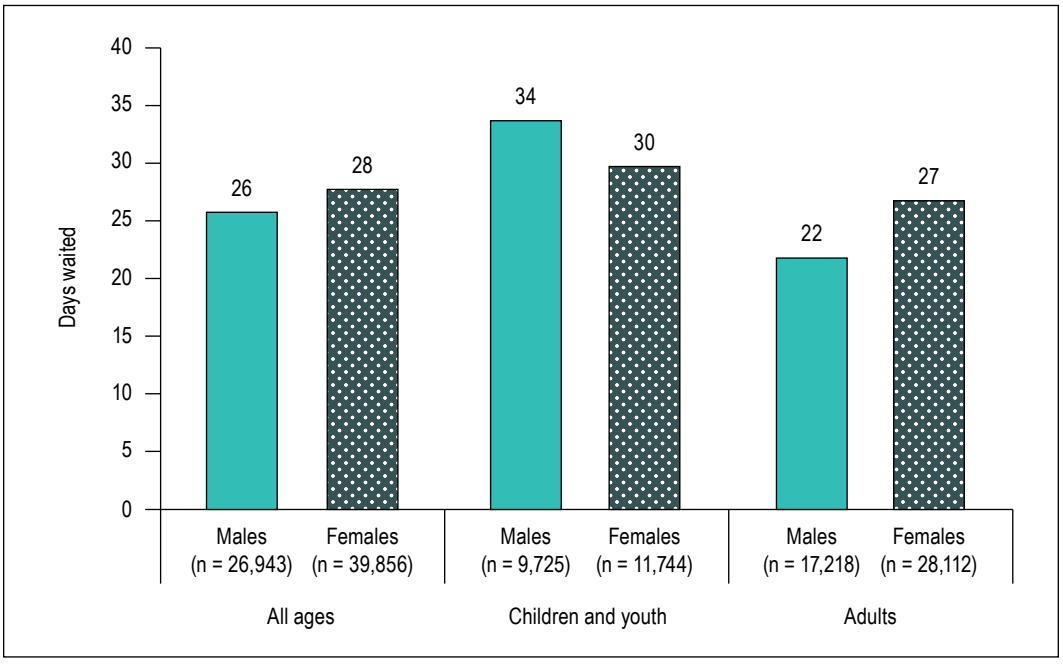
Long wait times can also contribute to people not attending their first appointment.[15] In the limited number of jurisdictions where data is available (Nova Scotia, Alberta and the Northwest Territories), the proportion of people who did not attend their first scheduled appointment in 2019–2020 ranged from 26% to 42%.

Children and youth wait longer for counselling services than adults

Children and youth make up about one-third of the total volume of referrals, but their estimated rate of referral is higher than that of adults (about 12 per 1,000 compared with about 6 per 1,000). Wait times for mental health counselling services are longer overall for children and youth than for adults age 18 and older (median wait times of 28 versus 23 days), though this trend does not hold true in all jurisdictions. Some jurisdictions have focused on reducing wait times for children and youth specifically, given that many mental health conditions begin in adolescence and early treatment can help to prevent severe illness in the future.[16, 17]

Among adults, women wait longer than men for counselling services (27 days versus 22 days). It is possible that, by the time men seek counselling services, their conditions are more severe and in need of immediate care. It is also possible that men and women with similar symptoms are diagnosed differently due to gender bias.[18] However, since wait times are not adjusted by urgency level, it is difficult to confirm a reason for the differences observed. Among children and youth, males wait longer than females, with a typical wait of 34 days versus 30 days. This finding is consistent across most jurisdictions.

Figure 2 Median wait times for community mental health counselling, by age and gender, 2019–2020

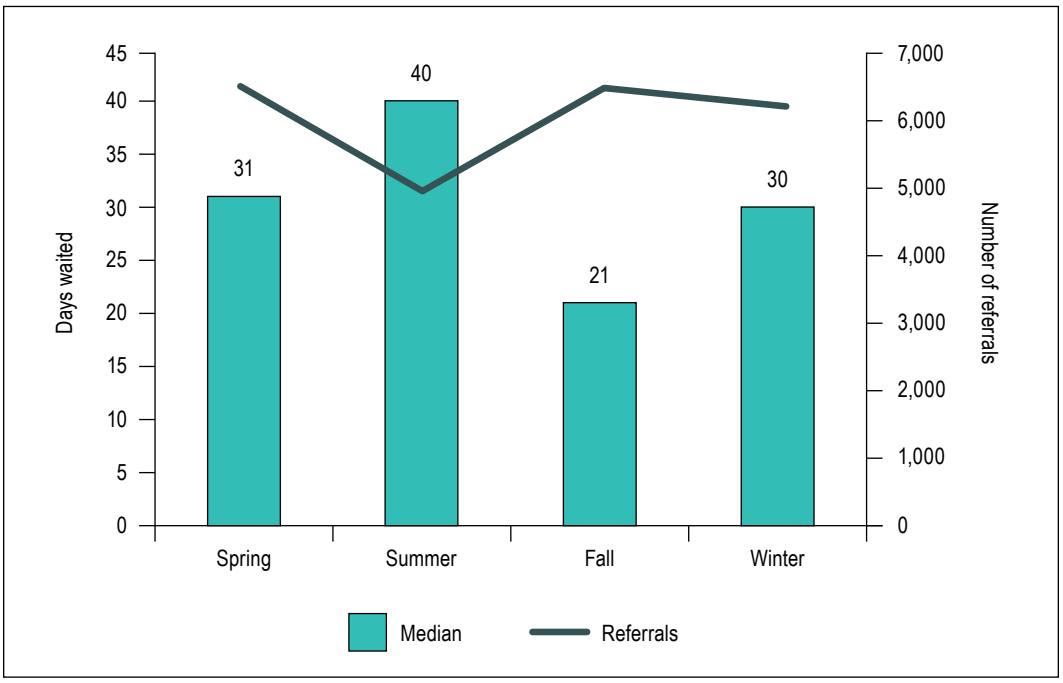


Notes
For age, data was collected partway through the year from 1 of 4 regions in Newfoundland and Labrador.
For gender, data is missing from 1 of 4 regions in Newfoundland and Labrador, while Saskatchewan and Yukon did not provide data.
Some jurisdictions provided data by sex rather than gender. All data was combined for these results.
Sources
Provincial and territorial data collection systems, 2019–2020.

Children and youth wait longer for counselling services in the summer

Wait times for counselling services for children and youth differed by season, with the longest waits observed in the summer months (July to September). This may be explained by the role schools play in helping to identify mental health conditions and in providing services: when schools are closed in the summer months, waits are longer and fewer children and youth receive services. It may also reflect summer vacations, which impact the availability of services and of those seeking counselling. This seasonal difference was not as noticeable for adults.

Figure 3 Median wait times for community mental health counselling for children and youth, by season, 2019–2020



Notes
Age was collected partway through the year in 1 of 4 regions in Newfoundland and Labrador.
Seasonal data from Alberta and Yukon was not available.
Sources
Provincial and territorial data collection systems, 2019–2020.

Links to other CIHI resources

- Wait Times for Community Mental Health Counselling indicator
  - Your Health System: In Brief — Indicator results, infographics and downloadable tables
  - Indicator Library — Definitions and methodology information
  - Shared Health Priorities — Additional information about indicators
- Data holdings and resources
  - Mental health and addictions information
  - Wait time metadata
- CIHI's existing work
  - Mental Health and Addictions Hospitalizations in Canada
  - *Health System Resources for Mental Health and Addictions Care in Canada*
  - Mental health of children and youth in Canada
  - Wait times for priority procedures in Canada

Wait Times for Home Care Services

Definition

This indicator measures the number of days people waited for home care services, from the initial referral to the day when the first home care service was received.

> For the purpose of this indicator, home care services refer to a publicly funded program that includes both home health care services, such as visits from nurses or other health professionals, and home support services, such as help with meal preparation, cleaning and bathing. See Appendix C for more information.

Rationale

This measure indicates whether Canadians are getting timely access to home care services. Measuring wait times for both home health and home support services is important, as they both have an impact on the quality of life and health outcomes of people who are living at home or in the community.

- These services help to maintain or improve health, functional abilities and quality of life, at any time in a person's life with any medical condition.
- Timely access to effective home care services can help people to recover more quickly at home after a hospital stay, can allow seniors with health conditions to live safely at home or, in the case of end-of-life home care, can allow people to die comfortably at home with their families.[19–21]

Calculation

Median length of time, in days, waiting for a first home care service
(either home health or home support)

- The median is the middle point where half of individual wait times are higher and half are lower. It represents the typical wait time for home care services.

Table 3 Data availability for Wait Times for Home Care Services

Data sources	Year	Coverage
Provincial and territorial data collection systems*	2019–2020	Complete coverage: Quebec, Ontario, Saskatchewan, British Columbia Partial coverage: Prince Edward Island, New Brunswick,† Manitoba, Alberta, Northwest Territories

Notes

* Data may come from various sources depending on the province or territory.

† New Brunswick was able to provide wait times for long-term home support services only and is not included in the Canada value.

Data limitations and caveats

- This indicator includes services that are primarily provided, coordinated and/or funded by the government. This may include cases where a copayment is required.[22] Home care services that are privately funded are not included in the measure.
- There are jurisdictional differences in the range of services provided by home care programs. Jurisdictions organize and deliver services in different ways, which can influence wait times.[23, 24]
- The indicator includes all ages, client types and urgency levels. It does not consider whether the wait time was appropriate for the type of service needed, or whether the home care received was sufficient to meet the need of the client.

- Home care may be provided for people with diverse needs in a variety of settings, including private homes, assisted-living facilities and private retirement homes.[23, 25] Services provided in any setting and by all types of health care professionals are included.
- For home support services, the indicator includes only in-person visits. For home health services, virtual visits (i.e., videoconference with a nurse) may be included if they are face to face and provide the same level of care that would be provided in person.
- Some delays for home care services may be planned and, therefore, appropriate (e.g., to change the bandage of a surgical wound). These delays are counted toward an individual's wait time. Delays may also be due to the preference or availability of the person receiving the home care services, and are included in the wait time.
- Caution should be used interpreting this data. The data comes from independent provincial and territorial systems, with known variation in definitions. There is a commitment among jurisdictions to work toward harmonizing definitions and improving comparability of results. See Appendix D for more information.

Key results

Half of Canadians wait a few days for home care services, while 1 in 10 wait more than a month

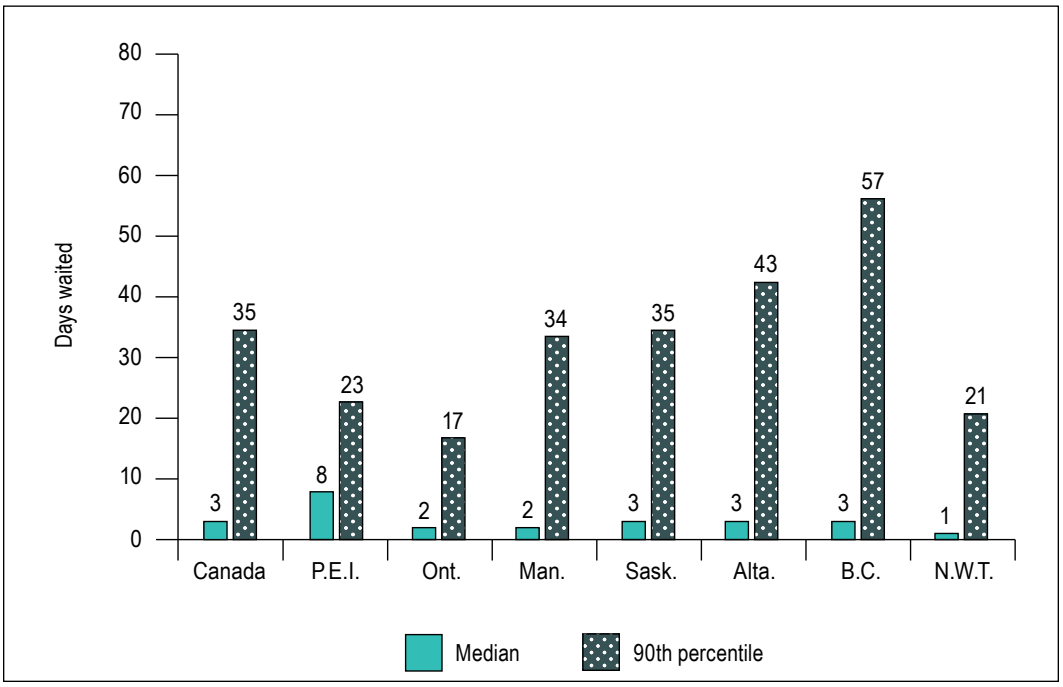
Home care includes a wide range of services for people with different health care needs and can be delivered by many types of health care providers. Delivering these services can keep people in the comfort of their own homes and avoid admissions to hospitals or long-term care facilities. Based on information from the 2015–2016 Canadian Community Health Survey, approximately 919,000 Canadians age 18 and older (more than 3% of the population) had received home care services in the previous year.[26]

It is a challenge for jurisdictions across the country to provide these services effectively and in a timely manner. Findings from a focus group show that some patients and their families find the journey to home care to be filled with anxiety and a lack of control (Environics Research, unpublished data). It was noted that measuring and reporting on wait times for home care services could help to demonstrate transparency and break down barriers to entry, thereby reducing stress and improving the experience for patients and caregivers.

This indicator measures home care services funded by the government. It does not include the roughly 30% of households that pay entirely out of pocket for home care services.[27]

In 2019–2020, Canadians waiting for publicly funded home care services had a typical (or median) wait time of 3 days for their first home care service. However, 1 in 10 Canadians waited 1 month or longer for their first service.

Figure 4 Median and 90th percentile wait times for home care services, by jurisdiction, 2019–2020



Jurisdiction	P.E.I.	Ont.	Man.	Sask.	Alta.	B.C.	N.W.T.
Number of referrals for home care services	1,021	345,880	11,976	18,633	36,195	81,213	621

Notes

For Prince Edward Island, Manitoba, Alberta and the Northwest Territories, results are based on partial data coverage. New Brunswick was able to provide wait times for long-term home support services only and is not included in the Canada value. More information by jurisdiction can be found in Appendix D.

The Government of Canada and the Government of Quebec agreed on March 10, 2017, to an asymmetrical agreement distinct from the present statement of principles, based on the asymmetrical agreement of September 2004. Therefore, Quebec provincial results are not included in this report.

Sources

Provincial and territorial data collection systems, 2019–2020.

Wait times for home care services varied among provinces and territories. Many factors can influence how long a client waits, including

- The availability of home care services and supports in jurisdictions, the availability of home care providers, how these services are arranged and how individuals qualify;
- How easy it is to navigate the system and how well services are coordinated with each other;
- Differences in population health that influence the need for home care, such as rates of chronic disease (e.g., diabetes) — patients with multiple chronic diseases may require multiple providers and programs;[28]

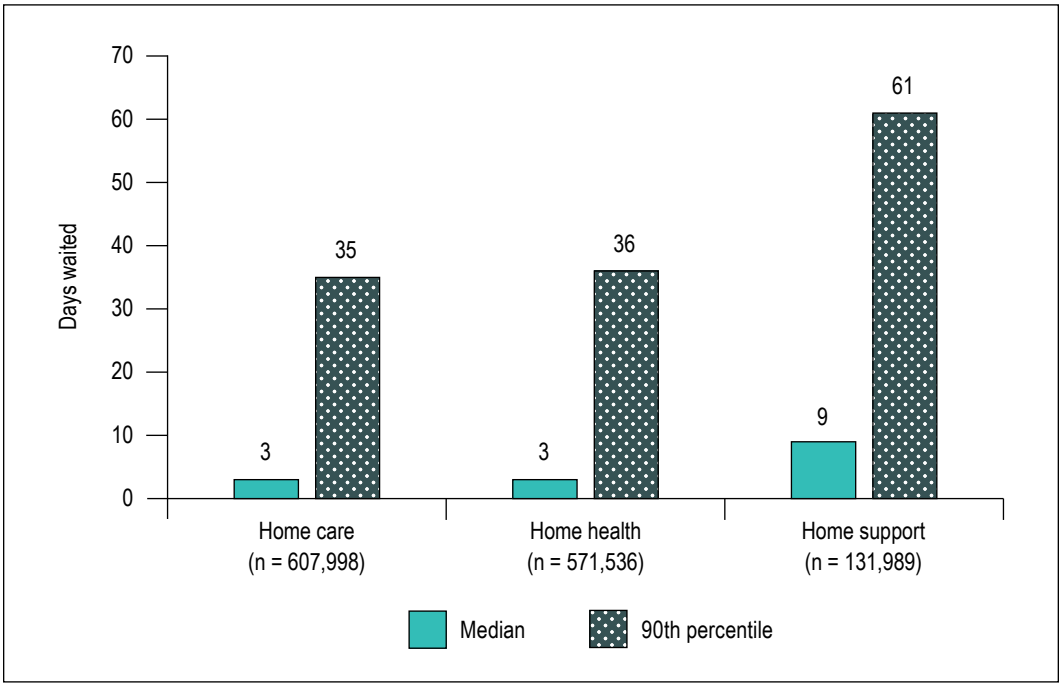
- Social determinants of health — such as income, employment, education, gender, housing, food security, and social support networks — that influence the level of home care needs and access to services;
- Differences in the urgency of need for services or in the scheduling preferences of those receiving services; and
- Data quality differences in how wait times are recorded.

Home care clients wait longer for home support services than for home health services

Health care professionals such as nurses, physiotherapists, occupational therapists and clinical nutritionists provide home health services. Almost 95% of clients required some type of home health services for their care. In 2019–2020, they waited a median of 3 days until their first home health service.

Home support involves providing assistance to clients to enable them to live at home. This includes services such as homemaking and personal care. About 1 in 5 (22%) clients referred for home care required home support services, and the median wait time (9 days) was 3 times as long as that for home health services.

Figure 5 Median and 90th percentile wait times for home care services, by type of service, 2019–2020



Notes
New Brunswick data is not included.
Some clients are referred for both home health and home support services. Therefore, referrals for each type of service will not sum to the overall number of home care referrals.
Sources
Provincial and territorial data collection systems, 2019–2020.

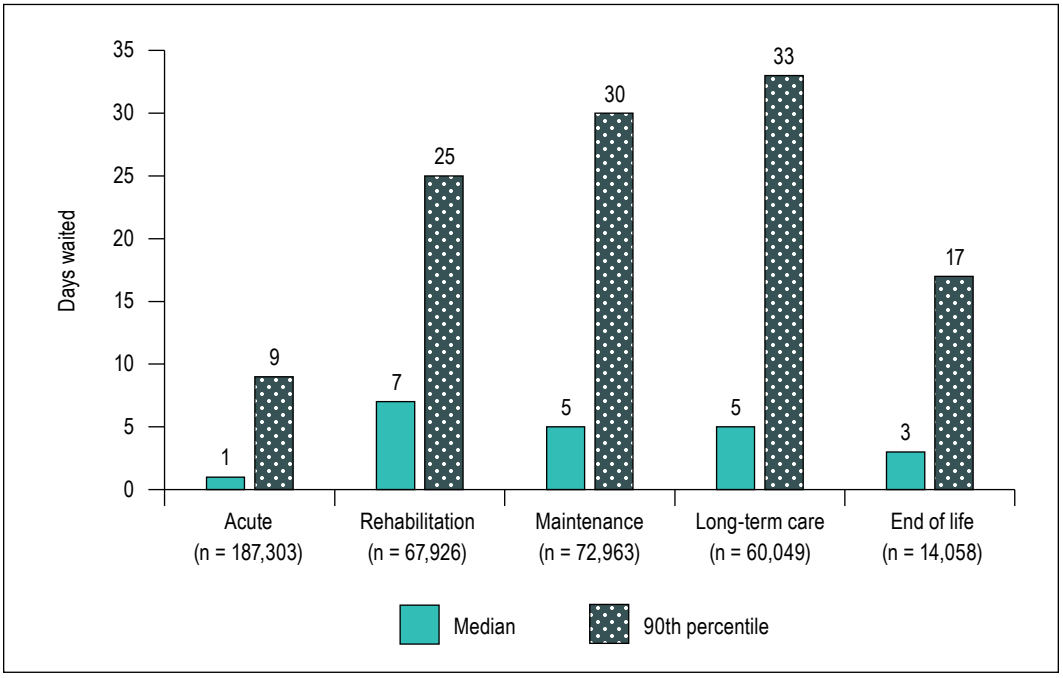
Clients with short-term home care needs have the shortest wait times

Home care clients have a variety of needs, ranging from short-term care to help those discharged from hospital recover from surgery or an acute illness, to longer-term care for chronic conditions, disabilities or terminal illnesses.[29]

Home care clients who need short-term (acute) care to improve or stabilize their condition are expected to recover or manage their care on their own in 3 months or less.[30, 31] These clients represented the largest group of new referrals in 2019–2020, and their wait times were shorter than for other client types.

Wait times varied for other types of home health services. Half of all rehabilitation home care clients, whose health conditions are expected to improve with a time-limited focus on improving function, waited 1 week or longer for their first service, the longest of any client type. Maintenance clients have stable health and living conditions, in contrast to long-term home care clients, who are at significant risk of being admitted to a residential care home due to unstable conditions; for both of these client types, half waited 5 days or longer. Finally, half of end-of-life clients, who have end-stage disease and are expected to live less than 6 months, waited 3 days or longer.[32]

Figure 6 Median and 90th percentile wait times for home care services, by client type, 2019–2020



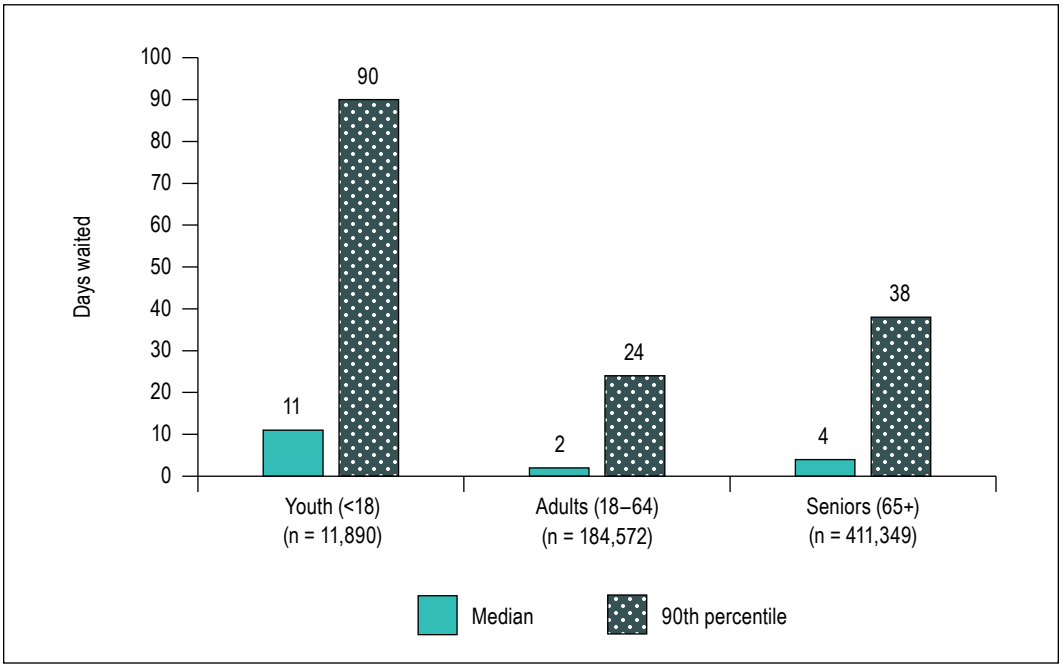
Notes
New Brunswick and Quebec data is not included.
Northwest Territories data is included in acute, long-term care and end-of-life client types only.
Data is not available for Manitoba and British Columbia.
Sources
Provincial and territorial data collection systems, 2019–2020.

Among adults, those age 65 and older wait the longest

Wait times for home care services for youth were longer than for adults and seniors. However, youth made up the smallest age group of referrals by volume, and there was large variation among jurisdictions in their wait times. Among adults, those age 65 and older waited the longest. This may reflect complex needs that make it difficult to coordinate the appropriate services. Many older Canadians are also waiting for long-term or maintenance home care, which typically have longer wait times.[24]

Females were more likely to be referred for home care services than males. They also waited a day longer, with half of females waiting 4 days or longer, compared with 3 days or longer for males.

Figure 7 Median and 90th percentile wait times for home care services, by age, 2019–2020



Note
Data for New Brunswick and for youth in Prince Edward Island is not included.
Sources
Provincial and territorial data collection systems, 2019–2020.

Links to other CIHI resources

- Wait Times for Home Care Services indicator
  - Your Health System: In Brief — Indicator results, infographics and downloadable tables
  - Indicator Library — Definitions and methodology information
  - Shared Health Priorities — Additional information about indicators
- Data holdings and resources
  - Home care information
  - Wait time metadata
- CIHI's existing work
  - *Home Care Quality Indicators*
  - *Seniors in Transition: Exploring Pathways Across the Care Continuum*
  - Wait times for priority procedures in Canada

Home Care Services Helped the Recipient Stay at Home

Definition

This indicator measures the percentage of households receiving home care in the past 12 months where respondents reported that it helped the recipient stay at home. Both privately and publicly funded home care are included.

Rationale

- This measure captures the effectiveness of home care services at helping the recipient stay at home for as long as possible. Home care can be supplemented by other services that aim to support unpaid caregivers, who are often family members and other loved ones.
- It can help indicate where more effective home care services and community supports could potentially delay or prevent admission to long-term care.

Calculation

$$\frac{\text{Total number of households receiving home care services where respondents reported that it was somewhat or very helpful in allowing recipients to stay at home}}{\text{Total number of households receiving home care services, excluding households where the reason for home care was not related to staying in the home}} \times 100$$

Table 4 Data availability for Home Care Services Helped the Recipient Stay at Home

Data source	Year	Coverage
Canadian Community Health Survey, Statistics Canada	2020 (calendar year)	All provinces (annually) and territories (every 2 years)

Data limitations and caveats

- This indicator is based on a respondent's perceptions of the effectiveness of home care in allowing a recipient to stay at home. Home care means different things to different people and could reflect different types of services, including nursing care, palliative care, end-of-life care, other health care services (e.g., physiotherapy, occupational therapy, speech therapy, nutrition counselling), medical equipment or supplies (e.g., wheelchair, pads for incontinence, help with using a ventilator or oxygen equipment), personal support (e.g., bathing, housekeeping, meal preparation) and other services such as transportation or Meals on Wheels. Responses do not address the burden of informal caregiving.
- There is no guarantee that the respondent to a general household survey is the actual care recipient or the individual most familiar with the home care arrangements. The selected survey respondent may therefore not be the person most knowledgeable about the impact of home care services on the home care recipient.
- This measure includes home care recipients who still lived in the home when the survey was administered and reflects care and services received in the 12 months previous to the survey. Home care recipients who have moved to a facility, who have passed away or who are otherwise no longer a resident in the household at the time of the interview are not included, which could result in more favourable responses.
- This measure excludes households on reserves or other Indigenous settlements in the provinces, institutionalized populations, households reporting that the reason for home care was unrelated to staying at home (e.g., wound care), households where the respondent was unsure whether or not the home care services were helpful, and households where the respondent refused to respond.
- Territorial-level data requires 2 years of collection to be representative.
- The survey is weighted by the population structure of the jurisdiction. Person-level characteristics are not available due to how survey weights were calculated, and because home care recipients in the household are not necessarily the respondent.

Key results

It is anticipated that results will be made available on Statistics Canada's website in summer 2021.

Due to the COVID-19 pandemic, data collection for the Canadian Community Health Survey was halted in mid-March 2020. It resumed in September 2020 with a strategy to collect the remaining sample in the subsequent months. This might impact the indicator as follows:

- There may be a reduction in the number of households receiving home care due to decreases in the availability of these services during the pandemic.
- There may be a reduction in the number of households needing home care if individuals potentially in need of these services were no longer present in the household (e.g., moved to a facility). While this would affect the population of interest (the denominator), it may not affect the results related to the helpfulness of the home care in allowing the recipient to stay at home (numerator).
- This indicator covers home care received in the past 12 months. Responses could include the period prior to the pandemic, and thus it is possible the household could report favourable results while being in need of home care at the time of the response.

To alleviate some of these concerns, more contextual information is required. Results prior to the shutdowns related to the pandemic could be compared with the results during and after, to determine how the pandemic affected home care availability and effectiveness.

Links to other resources

- Home Care Services Helped the Recipient Stay at Home indicator
  - Statistics Canada: Canadian Community Health Survey — Annual Component (CCHS)
  - Shared Health Priorities — Additional information about indicators
- CIHI's and Statistics Canada's existing work
  - CIHI: Home care information
  - CIHI: *Seniors in Transition: Exploring Pathways Across the Care Continuum*
  - Statistics Canada: Canadian Community Health Survey — Annual Component (CCHS)
  - Statistics Canada: General Social Survey — Caregiving and Care Receiving (GSS)
  - Statistics Canada: Survey on Home Health Care and Related Services (SHHCRS)

Progress report

In 2021, results for 9 Shared Health Priorities indicators will be released, with plans to report on all 12 indicators of access to home and community care and to mental health and addictions services by 2022. Updated results for the indicators released in 2019 and 2020 can be found in CIHI's Your Health System web tool, with additional technical information in CIHI's Indicator Library.[6, 33] Contextual information can be found in the 2019 companion report and the 2020 companion report.[3, 4]

Work is continuing on the final 3 indicators, which we plan to release in 2022: Navigation of Mental Health and/or Substance Use Services, Early Intervention for Mental Health and/or Substance Use Among Children and Youth, and Death at Home/Not in Hospital. Specific progress includes

- Engaging expert advisory groups and persons with lived/living experience;
- Performing literature and scoping reviews;
- Determining indicator definitions and data sources; and
- Developing and refining proposed survey questions.

The goal of these efforts is to measure access to services that matter to Canadians, ultimately leading to improved care. Table 5 shows where comparable data is available to report on the 12 indicators at the time this report was published.

From a data perspective, this work would not be possible without the considerable efforts made by the provinces and territories to expand coverage in existing data holdings, develop common information standards to improve data quality and explore new data sources for public reporting. These combined efforts are notable, particularly in the midst of a global pandemic, and help to provide a more comprehensive picture for Canadians on access to mental health and addictions services and to home and community care.

More information on CIHI's data holdings and their coverage by province and territory is updated regularly on CIHI's website.

Table 5 Indicator development progress

Indicator	Year and stream	Status of standard definition	Data sources	Coverage by jurisdiction
Hospital Stays for Harm Caused by Substance Use	Year 1 (2019) Mental health and substance use	Complete	Hospital Morbidity Database, Discharge Abstract Database (In Ontario, hospital data for this indicator is also captured through the Ontario Mental Health Reporting System and the National Ambulatory Care Reporting System)	All provinces and territories
Frequent Emergency Room Visits for Help With Mental Health and/or Addictions	Year 1 (2019) Mental health and substance use	Complete	National Ambulatory Care Reporting System	Complete coverage: Quebec, Ontario, Alberta, Yukon Partial coverage: Prince Edward Island, Nova Scotia, Manitoba, Saskatchewan, British Columbia Plans to participate/ expand coverage: Newfoundland and Labrador, Prince Edward Island, Nova Scotia, New Brunswick, Manitoba, Saskatchewan, British Columbia, Northwest Territories, Nunavut
Hospital Stay Extended Until Home Care Services or Supports Ready	Year 1 (2019) Home and community care	Complete	Discharge Abstract Database	All provinces and territories except Quebec

Indicator	Year and stream	Status of standard definition	Data sources	Coverage by jurisdiction
Self-Harm, Including Suicide	Year 2 (2020) Mental health and substance use	Complete	Hospital Morbidity Database, Discharge Abstract Database Vital Statistics (Statistics Canada) (In Ontario, hospital data for this indicator is also captured through the Ontario Mental Health Reporting System and the National Ambulatory Care Reporting System)	All provinces and territories
Caregiver Distress	Year 2 (2020) Home and community care	Complete	Home Care Reporting System, Resident Assessment Instrument–Home Care, interRAI Home Care	Complete coverage: Newfoundland and Labrador, Nova Scotia, Ontario, Alberta, Saskatchewan, Yukon Partial coverage: British Columbia (all regions except Northern Health) Plans to participate/ expand coverage: Prince Edward Island, New Brunswick, Manitoba, Northwest Territories, Nunavut
New Long-Term Care Residents Who Potentially Could Have Been Cared for at Home	Year 2 (2020) Home and community care	Complete	Continuing Care Reporting System, Resident Assessment Instrument–Minimum Data Set 2.0, interRAI Long-Term Care Facilities	Complete coverage: Newfoundland and Labrador, Ontario, Alberta, British Columbia, Yukon Partial coverage: Nova Scotia, New Brunswick, Manitoba, Saskatchewan Plans to participate/ expand coverage: Prince Edward Island, Northwest Territories, Nunavut

Indicator	Year and stream	Status of standard definition	Data sources	Coverage by jurisdiction
Wait Times for Community Mental Health Counselling	Year 3 (2021) Mental health and substance use	Complete	New provincial/territorial data collection	Complete coverage: Newfoundland and Labrador, Prince Edward Island, Nova Scotia, New Brunswick Partial coverage: Saskatchewan, Alberta, British Columbia, Yukon, Northwest Territories
Wait Times for Home Care Services	Year 3 (2021) Home and community care	Complete	New provincial/territorial data collection	Complete coverage: Quebec, Ontario, Saskatchewan, British Columbia Partial coverage: Prince Edward Island, New Brunswick, Manitoba, Alberta, Northwest Territories
Home Care Services Helped the Recipient Stay at Home	Year 3 (2021) Home and community care	Complete	Canadian Community Health Survey (Statistics Canada)	All provinces (annually) and territories (every 2 years)
Navigation of Mental Health and/or Substance Use Services	Year 4 (2022) Mental health and substance use	New definition required	To be determined	Under development
Early Intervention for Mental Health and/or Substance Use Among Children and Youth	Year 4 (2022) Mental health and substance use	New definition required	To be determined	Under development
Death at Home/ Not in Hospital	Year 4 (2022) Home and community care	New definition required	Hospital Morbidity Database, Discharge Abstract Database Vital Statistics (Statistics Canada)	Under development

Note
All data sources are from CIHI except where noted.

Conclusion

With 9 out of 12 Shared Health Priorities indicators publicly reported in 2021, Canadians and health planners are starting to have a clearer baseline picture of access to home and community care and to mental health and substance use services across the country.

This year represents an important milestone for indicator development. For the first time, we are able to report on wait times for community mental health counselling and for home care services at a pan-Canadian level. In addition, early trend information is available in the Your Health System web tool, using 3 years of data for 2 indicators first released in 2019 (Hospital Stays for Harm Caused by Substance Use and Frequent Emergency Room Visits for Help With Mental Health and/or Addictions).

Annual reporting of results for these Shared Health Priorities indicators will tell us more about how access to care is evolving over time. Improving access to these services will not be easy. It may require new ways of coordinating care and of navigating the system for patients and their families.

It will also be important to monitor the impact of COVID-19 and whether the pandemic is having unintended consequences on the health of Canadians and their access to care. The pandemic has strained health system resources, but it has also led to a shift in the way services are provided, with virtual delivery increasing, particularly in rural and remote areas.[34]

The indicators will spark many questions about what is driving the numbers and how best to improve results. CIHI will continue to facilitate conversations, and to support researchers and health partners who want to further investigate the results. Over the longer term, indicator reporting will allow health system planners and providers to understand what is working well and where improvements are still needed, to learn from best practices and each other’s successes, and to design and manage more effective programs to meet the needs of Canadians.

Appendices

Appendix A: Mental health counselling services

For the purpose of this indicator, counselling is defined as therapy grounded in a psychological theory or evidence-based practice that uses a set of recognized communication skills, and which is planned to be provided over 1 or more scheduled sessions by trained mental health professionals to promote positive growth, well-being and mental health. Counselling may be individual-, group- or family-based.

Examples of types of counselling included in the Wait Times for Community Mental Health Counselling indicator are

- Dialectical behavioural therapy (DBT);
- Cognitive behavioural therapy (CBT);
- Brief low-intensity counselling;
- Interpersonal therapy;
- Solution-focused therapy;
- Narrative therapy;
- Psychoeducational counselling;
- Psychodynamic therapy; and
- Mindfulness-based interventions.

Examples of types of counselling excluded from the Wait Times for Community Mental Health Counselling indicator are

- Crisis;
- Drop-in;
- Self-help;
- Peer-led;
- Clubhouses;
- Residential care;
- Day hospital/day programs;
- Educational counselling;
- Information sharing;
- Specialized consultations; and
- General support.

Appendix B: Comparability challenges for Wait Times for Community Mental Health Counselling

Table B1 Variations in community mental health counselling services, by jurisdiction

Jurisdiction	Start time	Stop time	Integrated addictions	Walk-in services	Gender/sex	Coverage	Median wait time (days)	90th percentile wait time (days)	Other notes
Newfoundland and Labrador	Date of intake in some regions	Date of first appointment attended	Yes	Yes, all regions	Sex*	100%	48	161	Age was collected partway through the year in 1 of 4 regions†
Prince Edward Island	Per indicator definition	Date of first appointment attended	No	Yes, all regions	Gender	100%	28	203	Not applicable
Nova Scotia	Per indicator definition	Per indicator definition	Yes	Yes, all regions	Sex	100%	32	117	Not applicable
New Brunswick	Per indicator definition‡	Date the case opened (assigned to a service provider)	Yes (for children and youth)	No	Sex	100%	62	260	Not applicable
Saskatchewan	Date of intake in 1 region	Per indicator definition	No	Yes, some regions	Not available	65%	8	34	Excludes subsequent new referrals for the same person in some regions Some walk-in sessions may be included, but this is estimated to be small
Alberta§	Per indicator definition	Per indicator definition	Yes	Yes, all regions	Sex	<35%	28	56	Data reported is from the fourth quarter of 2019–2020 and includes only 1 urban health region

Jurisdiction	Start time	Stop time	Integrated addictions	Walk-in services	Gender/sex	Coverage	Median wait time (days)	90th percentile wait time (days)	Other notes
British Columbia	Per indicator definition	Date of first recorded clinical note (children and youth); date of first clinical interaction (adults)	Yes	Yes, all regions	Gender (children and youth); sex (adults)	88%	14	113	Unable to differentiate whether the first service is for counselling or other types of interventions for adults Includes crisis services for children and youth
Yukon	Date person agrees to receive services	Per indicator definition	No	No	Not available	~50%	8	98	There were some data quality challenges in the first 3 quarters of the fiscal year, as referrals were missing key dates
Northwest Territories§	Per indicator definition	Per indicator definition	Yes	Yes, some regions	Gender	<50%	19	185	Data provided is a sample from 4 centres

Notes

* Data is missing from 1 of 4 regions.

† Does not impact the overall wait time.

‡ Date initial referral received is used for referrals from hospital.

§ Alberta and the Northwest Territories are not included in the indicator results in CIHI's Your Health System: In Brief web tool.

Appendix C: Home care services

Home care refers to a program that provides home health and home support services to clients in their home, in hospital or in a community setting.

Home health is defined as services provided by home health care professionals (e.g., nurses, physiotherapists, occupational therapists, clinical nutritionists). Wait times for all home health services are included in the Wait Times for Home Care Services indicator.

Home support is defined as assistance provided to clients to enable them to live at home. Although all support services are important components of home care, the intent of the indicator is to measure wait times for services that are provided across all provinces and territories.

Examples of home support included in the Wait Times for Home Care Services indicator are

- Homemaking; and
- Personal support.

Examples of home support excluded from the Wait Times for Home Care Services indicator are

- Home maintenance/adaptation; and
- Respite care.

Appendix D: Comparability challenges for Wait Times for Home Care Services

Table D1 Variations in home care services, by jurisdiction

Jurisdiction	Start time	Stop time	Gender/sex	Coverage	Median wait time (days)	90th percentile wait time (days)	Other notes
Prince Edward Island	Per indicator definition	Per indicator definition	No data	~50%	8	23	Home health includes only nursing services; the nurse may not be the first health professional to visit the client Does not include home care provided in hospital
New Brunswick*	Per indicator definition	Date that first service is planned to occur	Sex	Unknown	54	145	Includes long-term home support only
Ontario	Per indicator definition‡	Per indicator definition	Gender	100%	2	17	School services are excluded
Manitoba	Per indicator definition	Per indicator definition	Gender	50%	2	34	Includes cases when the first service was attempted to be delivered but the client was not at home Includes data from Winnipeg Regional Health Authority only
Saskatchewan	Per indicator definition‡	Per indicator definition	Sex	100%	3	35	Not applicable
Alberta	Per indicator definition	Per indicator definition	Sex	~70%	3	43	Not applicable

Jurisdiction	Start time	Stop time	Gender/sex	Coverage	Median wait time (days)	90th percentile wait time (days)	Other notes
British Columbia	Per indicator definition	Per indicator definition	Sex	100%	3	57	Not applicable
Northwest Territories	Per indicator definition	Per indicator definition	Sex	~93%	1	21	Home care client type classifications used by service providers in the Northwest Territories do not align exactly with the 5 types used by CIHI§

Notes

* New Brunswick is not included in the indicator results in CIHI's Your Health System: In Brief web tool.

† For referrals from hospital, the initial referral date is used.

‡ For referrals from hospital where the discharge date is unknown, the initial referral date is used.

§ Does not impact the overall wait time.

The Government of Canada and the Government of Quebec agreed on March 10, 2017, to an asymmetrical agreement distinct from the present statement of principles, based on the asymmetrical agreement of September 2004. Therefore, Quebec provincial results are not included in this report.

Appendix E: Text alternatives for figures

Text alternative for Figure 1

Table: Median and 90th percentile wait times for community mental health counselling, by jurisdiction, 2019–2020

Jurisdiction	Median days waited	90th percentile days waited
Canada	25	123
N.L.	48	161
P.E.I.	28	203
N.S.	32	117
N.B.	62	260
Sask.	8	34
B.C.	14	113
Y.T.	8	98

Note
Results include 3 months from 1 urban health zone in Alberta and a sample from 4 centres in the Northwest Territories. As a result, information from these jurisdictions is not displayed separately but is included in the Canada total. More information by jurisdiction can be found in Appendix B.
Sources
Provincial and territorial data collection systems, 2019–2020.

Text alternative for Figure 2

Table: Median wait times for community mental health counselling, by age and gender, 2019–2020

Age and gender	Median days waited	Volume
All ages, male	26	26,943
All ages, female	28	39,856
Children and youth, male	34	9,725
Children and youth, female	30	11,744
Adults, male	22	17,218
Adults, female	27	28,112

Notes
For age, data was collected partway through the year from 1 of 4 regions in Newfoundland and Labrador.
For gender, data is missing from 1 of 4 regions in Newfoundland and Labrador, while Saskatchewan and Yukon did not provide data.
Some jurisdictions provided data by sex rather than gender. All data was combined for these results.
Sources
Provincial and territorial data collection systems, 2019–2020.

Text alternative for Figure 3

Table: Median wait times for community mental health counselling for children and youth, by season, 2019–2020

Season	Median days waited	Number of referrals
Spring	31	6,433
Summer	40	4,895
Fall	21	6,409
Winter	30	6,137

Notes
Age was collected partway through the year in 1 of 4 regions in Newfoundland and Labrador.
Seasonal data from Alberta and Yukon was not available.
Sources
Provincial and territorial data collection systems, 2019–2020.

Text alternative for Figure 4

Table: Median and 90th percentile wait times for home care services, by jurisdiction, 2019–2020

Jurisdiction	Median days waited	90th percentile days waited
Canada	3	35
P.E.I.	8	23
Ont.	2	17
Man.	2	34
Sask.	3	35
Alta.	3	43
B.C.	3	57
N.W.T.	1	21

Notes
For Prince Edward Island, Manitoba, Alberta and the Northwest Territories, results are based on partial data coverage. New Brunswick was able to provide wait times for long-term home support services only and is not included in the Canada value. More information by jurisdiction can be found in Appendix D.
The Government of Canada and the Government of Quebec agreed on March 10, 2017, to an asymmetrical agreement distinct from the present statement of principles, based on the asymmetrical agreement of September 2004. Therefore, Quebec provincial results are not included in this report.
Sources
Provincial and territorial data collection systems, 2019–2020.

Text alternative for Figure 5

Table: Median and 90th percentile wait times for home care services, by type of service, 2019–2020

Type of service	Median days waited	90th percentile days waited	Volume
Home care	3	35	607,998
Home health	3	36	571,536
Home support	9	61	131,989

Notes
New Brunswick data is not included.
Some clients are referred for both home health and home support services. Therefore, referrals for each type of service will not sum to the overall number of home care referrals.
Sources
Provincial and territorial data collection systems, 2019–2020.

Text alternative for Figure 6

Table: Median and 90th percentile wait times for home care services, by client type, 2019–2020

Client type	Median days waited	90th percentile days waited	Volume
Acute	1	9	187,303
Rehabilitation	7	25	67,926
Maintenance	5	30	72,963
Long-term care	5	33	60,049
End of life	3	17	14,058

Notes
New Brunswick and Quebec data is not included.
Northwest Territories data is included in acute, long-term care and end-of-life client types only.
Data is not available for Manitoba and British Columbia.
Sources
Provincial and territorial data collection systems, 2019–2020.

Text alternative for Figure 7

Table: Median and 90th percentile wait times for home care services, by age, 2019–2020

Age group	Median days waited	90th percentile days waited	Volume
Youth (<18)	11	90	11,890
Adults (18–64)	2	24	184,572
Seniors (65+)	4	38	411,349

Note
Data for New Brunswick and for youth in Prince Edward Island is not included.
Sources
Provincial and territorial data collection systems, 2019–2020.

References

1. Government of Canada. Shared Health Priorities. Accessed December 17, 2020.
2. Canadian Institute for Health Information. Shared Health Priorities. Accessed December 17, 2020.
3. Canadian Institute for Health Information. *Common Challenges, Shared Priorities: Measuring Access to Home and Community Care and to Mental Health and Addictions Services in Canada, November 2019*. 2019.
4. Canadian Institute for Health Information. *Common Challenges, Shared Priorities: Measuring Access to Home and Community Care and to Mental Health and Addictions Services in Canada — Volume 2, August 2020*. 2020.
5. Canadian Institute for Health Information. Health indicators. Accessed December 17, 2020.
6. Canadian Institute for Health Information. Indicator Library [web tool]. Accessed December 17, 2020.
7. Organisation for Economic Co-operation and Development. *Waiting Times for Health Services: Next in Line*. 2020.
8. Children's Mental Health Ontario. *Kids Can't Wait: 2020 Report on Wait Lists and Wait Times for Child and Youth Mental Health Care in Ontario*. 2020.
9. Mental Health Commission of Canada. *Options for Improving Access to Counselling, Psychotherapy and Psychological Services for Mental Health Problems and Illnesses*. 2017.
10. Canadian Mental Health Association. *Mental Health in the Balance: Ending the Health Care Disparity in Canada*. 2018.
11. Statistics Canada. Mental health care needs, 2018. Accessed December 17, 2020.
12. Mental Health Commission of Canada. *Changing Directions, Changing Lives: The Mental Health Strategy for Canada*. 2012.
13. Glauser W. How can doctors reduce no-show appointments?. *CMAJ News*. January 24, 2020.
14. Dantas LF, Fleck JL, Cyrino Oliveira FL, Hamacher S. No-shows in appointment scheduling — A systematic literature review. *Health Policy*. 2018.
15. Gallucci G, Swartz W, Hackerman F. Impact of the wait for an initial appointment on the rate of kept appointments at a mental health center. *Psychiatric Services*. 2005.
16. Government of Nova Scotia. *Blueprint for Mental Health and Addictions: Building on Success for Improved Access, Integration, and Continuum of Care, 2019 to 2021*. 2019.

17. Government of Ontario. Ontario expanding mental health services for children and youth [media release]. October 21, 2020.

18. World Health Organization. *Gender and Mental Health*. 2002.

19. Lewis A, Harding K, Snowdon D, Taylor N. Reducing wait time from referral to first visit for community outpatient services may contribute to better health outcomes: A systematic review. *BMC Health Services Research*. 2018.

20. Maetens A, Beernaert K, De Schreye R, et al. Impact of palliative home care support on the quality and costs of care at the end of life: A population-level matched cohort study. *BMJ Open*. 2019.

21. Health Quality Ontario. In-home care for optimizing chronic disease management in the community: An evidence-based analysis. *Ontario Health Technology Assessment Series*. 2013.

22. Canadian Health Coalition. *Ensuring Quality Care for All Seniors*. 2018.

23. Johnson S, Bacsu J, McIntosh T, Jeffery B, Novik N. *Home Care in Canada: An Environmental Scan*. 2017.

24. Canadian Home Care Association. *Access to Quality Health Care: The Home Care Contribution*. 2011.

25. Government of Ontario. Home and community care. Accessed December 17, 2020.

26. Gilmour H. Unmet home care needs in Canada. *Health Reports*. 2018.

27. Gilmour H. Formal home care use in Canada. *Health Reports*. 2018.

28. Hamm NC, Pelletier L, Ellison J, et al. Trends in chronic disease incidence rates from the Canadian Chronic Disease Surveillance System. *Health Promotion and Chronic Disease Prevention in Canada: Research, Policy and Practice*. 2019.

29. Canadian Institute for Health Information. *Home Care Reporting System (HCRS) Data Submission Specifications Manual*. 2021.

30. Government of Saskatchewan. *Home Care Policy Manual*. 2020.

31. Canadian Institute for Health Information. *Standards for Management Information Systems in Canadian Health Service Organizations*. 2019.

32. Hui D, Nooruddin Z, Didwaniya N, et al. Concepts and definitions for “actively dying,” “end of life,” “terminally ill,” “terminal care,” and “transition of care”: A systematic review. *Journal of Pain and Symptom Management*. 2014.

33. Canadian Institute for Health Information. Your Health System: In Brief [web tool]. Accessed December 17, 2020.

34. Canadian Institute for Health Information. COVID-19’s impact on home care. November 19, 2020.

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