

Nursing Health Services Research Unit

Nursing Health Services Research Unit McMaster University & University of Toronto Home Health Nurses in Ontario, 1999–2009

a collaborative project of the University of Toronto Faculty of Nursing and McMaster University School of Nursing

Our mission is to develop, conduct and disseminate research that focuses on:

- design
- management
- utilization
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- provision ...of nursing.

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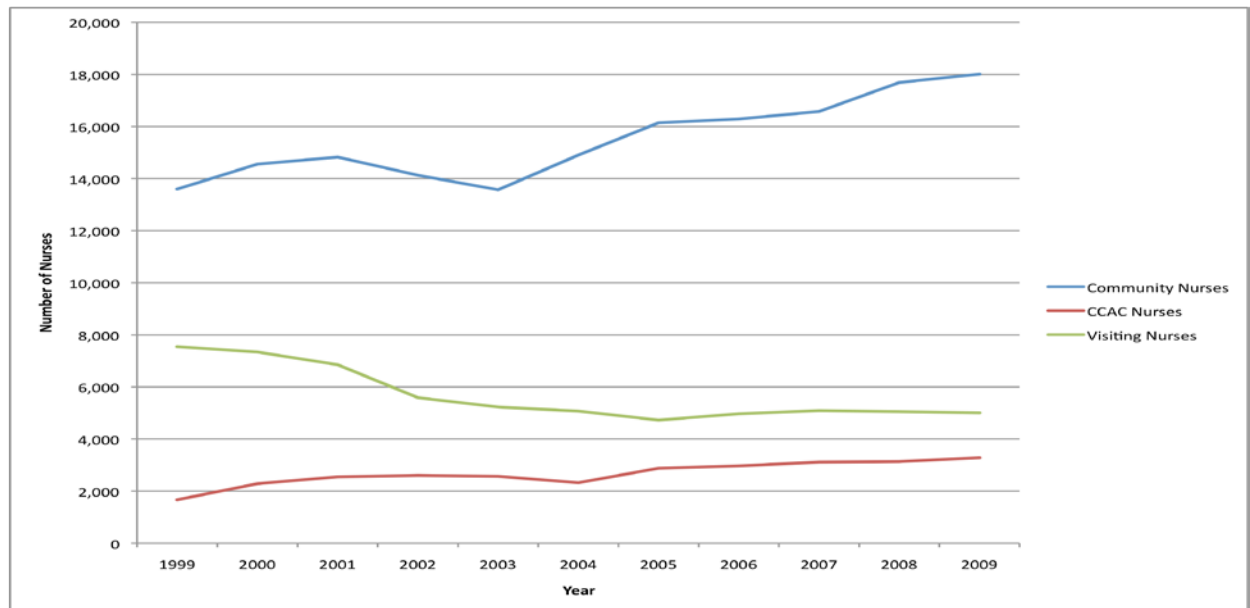
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Introduction

The demand for home care services has been increasing as care has shifted from hospitals to home and community. However, fewer nurses are classified as visiting home care nurses who provide direct in-home patient care. The consequences of fewer visiting nurses on quality of care and wait times for home care services warrants further investigation. Analysis of the College of Nurses of Ontario Membership Statistics Report¹ reveals that the number of nurses classified as working in the community sector has grown. Two main drivers are an increase in the number of nurses working as case managers for the Community Care Access Centres (CCACs) and a reclassification of nurses providing mental health services from psychiatric hospitals (classified as hospital) to community mental health programs (classified as community).² At the same time, the number of visiting nurses in the community sector workforce has steadily declined (see Figure 1).

Figure 1. Total Number of Visiting Nurses and CCAC Nurses in Ontario, 1999–2009



Source: College of Nurses of Ontario (2009). *Membership Statistics Report*¹

Tables 1 and 2 provide key characteristics of CCAC and visiting nurses between 1999 and 2009. On average, 96.5% of CCAC nurses were RNs and 69.8% were working full-time (FT). In contrast, on average, 41.1% of visiting nurses were working FT. Note that the proportion of CCAC nurses and visiting nurses working FT gradually increased in conjunction with a decrease in the proportion working casual. On average, 71.5% of visiting nurses were RNs and 28.5% were RPNs, with the proportion of RPNs increasing over time.

Government policies directed at reducing alternate level of care for patients in hospitals and policies capping what home care services will be provided have affected how home care services are delivered.³ One government policy has had a minor impact on the proportion of FT visiting nurses. In 2004, the Ministry of Health and Long Term Care (MOHLTC) announced the *Full Employment of Nurses' Initiative*, a nurse retention strategy. It was designed to create and maintain FT nurse positions and reach a market level nurse composition of 70% FT.⁴ The initiative resulted in an increase in the proportion of FT vs. casual visiting nurses, although the proportion working PT remained relatively unchanged. It had less of an impact on the number of CCAC nurses, which was already near the 70% target.

As is the case for the nursing workforce overall, both the CCAC and visiting nurse workforces are aging. The proportion of CCAC nurses 55 years or older increased from 16.3% in 1999 to 32.7% in 2009.

Table 1. Characteristics of CCAC Nurses, 1999–2009

	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Total	1,668	2,285	2,549	2,603	2,569	2,321	2,878	2,969	3,114	3,133	3,281
Employment Status											
% Full-Time	68.6%	71.6%	70.9%	67.7%	63.1%	63.4%	71.4%	72.2%	72.4%	73.4%	73.6%
% Part-Time	16.9%	16.3%	18.6%	19.9%	17.7%	16.1%	20.4%	19.9%	20.0%	17.7%	17.3%
% Casual	14.0%	11.8%	9.9%	9.0%	7.9%	6.6%	8.1%	7.9%	7.6%	8.9%	9.1%
% Not Specified	0.5%	0.3%	0.5%	3.4%	11.3%	13.9%	0.0%	0.0%	0.0%	0.0%	0.0%
Age											
% 18-34	17.7%	17.1%	18.0%	15.6%	13.5%	11.7%	11.6%	11.2%	11.1%	11.5%	10.7%
% 35-44	23.9%	23.3%	22.5%	22.9%	23.3%	25.0%	25.5%	25.8%	27.1%	26.1%	27.3%
% 45-54	42.0%	41.7%	39.4%	39.2%	38.9%	37.9%	36.3%	34.8%	31.9%	31.2%	29.3%
% 55-64	16.3%	17.9%	20.0%	22.4%	24.3%	25.4%	26.5%	28.2%	29.8%	31.1%	32.7%
Registration Category											
% RN	97.9%	97.6%	97.2%	96.5%	97.0%	97.3%	95.0%	95.9%	95.6%	95.8%	95.1%
% RPN	2.1%	2.4%	2.8%	3.5%	3.0%	2.7%	5.0%	4.1%	4.4%	4.2%	4.9%

Source: College of Nurses of Ontario (2009). *Membership Statistics Report*¹

Table 2. Characteristics of Visiting Nurses, 1999–2009

	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Total	7,546	7,340	6,853	5,588	5,228	5,073	4,726	4,969	5,093	5,053	5,007
Employment Status											
% Full-Time	36.2%	39.7%	41.9%	39.5%	37.4%	37.6%	39.7%	42.2%	43.6%	45.9%	48.7%
% Part-Time	32.8%	34.4%	34.4%	36.2%	34.4%	31.9%	33.3%	34.3%	35.4%	34.2%	32.1%
% Casual	30.7%	25.5%	22.7%	19.9%	15.4%	19.5%	27.0%	23.6%	21.0%	19.9%	19.3%
% Not Specified	0.3%	0.4%	1.1%	4.3%	12.8%	11.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Age											
% 18-34	25.9%	24.1%	22.6%	20.5%	18.5%	18.4%	17.9%	15.9%	15.0%	14.1%	13.8%
% 35-44	28.1%	26.6%	26.0%	27.2%	25.6%	25.6%	26.5%	27.1%	25.8%	25.4%	24.8%
% 45-54	33.9%	35.3%	35.4%	34.4%	34.8%	32.8%	31.7%	31.4%	31.0%	29.5%	29.7%
% 55-64	12.2%	14.0%	15.9%	17.9%	21.1%	23.2%	23.9%	25.6%	28.2%	31.0%	31.8%
Registration Category											
% RN	75.5%	74.2%	72.1%	71.7%	70.8%	71.2%	74.3%	72.0%	70.4%	68.1%	65.8%
% RPN	24.5%	25.8%	27.9%	28.3%	29.2%	28.8%	25.7%	28.0%	29.6%	31.9%	34.2%

Source: College of Nurses of Ontario (2009). *Membership Statistics Report*¹

Background

The MOHLTC funds a range of home care services, primarily for those with acute care needs, through a series of geographically based CCACs that are governed by the Local Health Integration Networks. Other home care services may be paid by private insurance, workers compensation, or out-of-pocket. To receive public financing, home care agencies must vie for contracts through a managed competition process administered by the CCACs.⁵ Recent reviews have noted that this process has resulted in reduced wages and decreased benefits for the employees of these agencies.^{6,7}

Home Health Nurses Defined

Home health nursing is “a specialized area of nursing practice in which the nurse provides care in the client’s home, school or workplace.”⁸ Various reports demonstrate that home health care in Ontario and throughout Canada has the potential to improve the efficiency of acute and chronic care.^{6,9,10,11} There is no requirement that provinces insure home nursing services, although many choose to do so, at least on a limited basis.

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