

Introduction difference in resource requirements among the three



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Introduction

Home care is a phenomenon that is fast gaining popularity in the health care sector. The main focus is usually to provide health care services to the aging population of clients who do not want to be hospitalized and prefer to recuperate from the comfort of their homes with a limited number of visits to the hospital.

Literature Review

Various people had written on the topic of health care addressing different issues. This section looks at what has been said by others about health care system in Canada.

Soroka (2007) did a research to establish how the Canadian people felt about their health care system after the recommendations that were made by Romanow's Commission. In the end, it turned out that Canadians had varying thoughts about their health care system. Although the system is acceptable by a good percentage of the Canadian people, the research points out that some Canadians are totally unhappy with the health care system and would like to see changes (Soroka, 2007). Botz, Bestard, Demaray and Molloy (1993), did a study to evaluate Resource Utilization Group (RUG) as a uniform way of categorizing different types of patients; "residential, chronic care and rehabilitation patients at St. Joseph's Health Center" in Ontario and other places (Botz et.

al, 1993). They also needed to make a comparison of the funding requirements for RUGs against other two classifications; " Alberta Long Term Care Classification System and the Medicus Long Term Care System" (Botz <https://assignbuster.com/introduction-difference-in-resource-requirements-among-the-three/>

et. al, 1993). Their study revealed a considerable difference in resource requirements among the three categories of clients with each of one having a bias towards a particular group of patients. Unlike the other two classifications, RUGs turned out to be inclined more towards the moderately severe type of medical conditions. Masotti, McColl and Green (2010) did a study to help provide a better understanding of the adverse events associated with home care services.

They managed to come up with eight different categories of adverse events that home care patients are subjected to. Their study also revealed that very few interventions existed to address home care patients problems and hence saw a need to create awareness through education. They suggested that assessments improve and an aspect of monitoring and recording should be incorporated while considering home care services. They discovered a lack of understanding of what adverse events in home care are and recommended that clear definitions should be provided. Another suggestion was to come up with interventions that will help reduce the difficulties faced by patients being attended to under home care programs (Masotti, McColl & Green, 2010). Although so much has been recorded and is known on the subject of patient safety in hospitals, very little has been documented regarding similar situations faced by patients receiving health care at home. This was identified by Doran, Hirdes, Poss, Jantzi, Blais, Baker & Pickard (2009) in their research.

A key focus of their study was to establish the safety requirements of home care patients in Canada and to discover how age and patient safety

contribute to variations in adverse outcomes with a focus on emergency
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room visits (Doran et. al, 2009). Their study brought to the fore a need to change the health system policy as well as behaviour change among both health care givers and patients. A suggestion is made to develop policies that reinforce the need for best practices to mitigate client risk (Doran et. al, 2009).

Romanow's Commission: Report Summary

The Romanow Commission was formed to evaluate Canada's health care system and come up with suggestions to make the system more sustainable. On completion of its work, the commission made 47 recommendations touching on various health care issues. In a study done by the Canadian Union of Public Employees, CUPE (2002), Romanow's report is considered very critical to the advancement of Canada's health care system.

Romanow and his team made it clear that a publicly funded health care system should be sustained. This is a view shared by many other Canadians. The commission also noted that the health care system can be split into two broad categories; direct health care and secondary support services. Their recommendation was that direct patient care should be provided by public health care givers while auxiliary services can be sub-contracted (CUPE, 2002). To ensure that private clinics offered services according to set standards, the team recommended that all diagnostic services should be made part of Canada's Health Act (CHA). However, when it comes to long term and chronic care, the commission makes no recommendations at all. According to experts, this is a serious oversight in the commission's report

(CUPE, 2002). Another recommendation by the commission is to include the diagnosis and subsequent treatment of workers in the CHA.

Previously, this group of people had to seek treatment in private clinics. Some questions, however, arise regarding funding and what happens to employers who fail to comply with requirements as stated. Other recommendations as indicated by CUPE (2002) include; coming up with a new way of holding the CHA accountable, expanding CHA coverage to include home care and integrating Canada Health Transfer as part of CHA. Another key recommendation of the report is to establish Health Council of Canada to be charged with the responsibility of gathering critical data and among other things, evaluate the performance of the health care system in Canada. This is seen by many as one of the most important foundations for effective restructuring of Canada's health care system. As far as home care is concerned, the Commission's proposal is to incorporate home care into Canada's Health Act (CUPE, 2002). There are, however, certain aspects of the home care program that have been left out. Other recommendations have also been made in the area of drugs prescription so as to regulate prices and ensure that health care providers do not take advantage of patients.

To ensure a smooth flow of information, the commission suggests that an electronic health records system be set up. The Commission's report also identified a number of health issues faced by the Aborigines. One of the recommendations was to consolidate health funding for Aborigines into one single pool while the other one was to create Aboriginal Health Partnerships to work on improving health care services for the Aboriginal Canadians.

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According to CUPE (2002), more funding should be set aside for the Aborigines' health care requirements. Romanow's commission further recommended that employment insurance programs be given the onus to manage caregiver's needs to take leave. A general feeling though, is that the report did not make recommendations that favor women.

Outcome of the Accord on Health Care Renewal: Summary

Following the meeting by the First Ministers, several directives were issued to be implemented by Health Ministers.

Specifically, the health ministers were required to address issues of patient safety, human resources in the health sector, use of technology, health of Canadians, innovation and research. The First Ministers also came to a realization that problems faced by the Aboriginal Canadians demanded greater efforts and the government had to collaborate with other stakeholders to provide the necessary support. Regarding home care services, health ministers were given a task to establish the requisite minimum health care services (Health Canada, 2003).

First Ministers' Meeting on the Future of Health in Canada

Considering the fact that hospitals are understaffed, and that there are fewer beds at hospitals than are required, home care services are certainly a welcome solution. Proper implementation of home care will lead to huge reductions in medical expenses. During this particular meeting, the First Ministers resolved to support some home care services as identified based on a needs analysis. These include; " short-term acute home care, short-

term acute community health home care and end-of-life care” (Health Canada, 2004).

The Accords and Romanow’s Recommendations

The two accords have given a critical look at most recommendations made by Romanow’s commission.

There is, however, an indication that Romanow’s recommendations were surpassed to some degree. The 2003 accord for example gives performance indicators to gauge the work done by health care providers (Health Canada, 2003). In line with Romanow’s recommendations, both accords have looked at and given importance to the integration of home care into Canada’s Health Act (Health Canada, 2003). They both made resolutions to expand funding to cater for certain home care demands but based on a needs analysis done (Health Canada, 2004). Health care requirements of the Aboriginal Canadians was also considered in the 2003 accord and just as seen in Romanow’s recommendations, more funding was to be allocated to this area (Health Canada, 2003).

The 2004 accord also took time to reinforce the aspect of accountability as pointed out by Romanow’s Commission (Health Canada, 2004). Unlike in Romanow’s case where recommendations are made to extend the cover of employees to be incorporated into CHA, the plight of employees has been overlooked and is not addressed in any of the accords.

Ontario after Romanow's Commission Report

A number of things have happened in Ontario as a result of the work done by Romanow's Commission.

Canadians have had different views on their health system following the recommendation of the commission and the accords. In his work, Soroka (2007) provides an analysis of opinions that have been aired by several people. The study indicates that Canadian people are very much concerned about their health care system. In general, the health care system has received a good rating.

However, the study also points out the fact that a good percentage of the population is yet to be convinced about the sustainability of Canada's health care system. Many are unsatisfied and certainly would like to see a change. The research also shows that support for home care services has gone up and many people now want to see more funding in that direction.

Romanow's Commission: Success or Failure

Soroka (2007) established that the health care system is not appealing to all Canadians. There is an unhappy lot who want to see nothing but change. At the same time, there are those who are happy with what the government is doing to transform the health care system and hail their efforts. A study by Health Canada (2004) shows that the federal government is highly committed to investing in the health care industry so as to ensure sustainability of the health care system. Growth in support for the home care services has also been realized as a result of the recommendations made by Romanow's team (Soroka, 2007).

To a great extent therefore, the recommendations by Romanow's Commission have inspired improvements to Canada's health care system.

Conclusion

Based on the above discussion, so much good has been seen coming from the work of Romanow's Commission. There is, however, a need to perform even better. Provision of home care services is now a priority for the government unlike in the past. With renewed energy, the federal government is now more positive about working towards ensuring that a reliable health care system is in place to meet the needs of its people.

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