



# Perspectives

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## Sharing our Thoughts

At Stay At Home Nursing, we understand the deep connection to our home and its crucial role in better health outcomes.

We're not only building a team and company to deliver on this promise but are passionate about being part of the bigger change...about making a difference in individuals' lives, but also helping drive change at scale, to make comprehensive health at home a reality.

[www.stayathomenursing.com](http://www.stayathomenursing.com)

# **The Window For Healthcare Change Is Closing**

## **How 2025 Sets the Stage for 2031**



As we welcome 2025, I find myself reflecting on the profound challenges and opportunities that lie ahead for the healthcare sector. At Stay at Home Nursing and CHAH Technology, we believe the next decade represents a critical period—one that will shape the future of healthcare in Canada and beyond. Two years stand out as pivotal markers in this journey: 2025 and 2031. These years are not merely points in time; they are inflection points that demand foresight, innovation, and unwavering commitment to our core values.

## 2025: The Year of Action

2025 is more than just the start of a new chapter. It is a year of opportunity and responsibility—a critical moment for laying the groundwork to address one of humanity's most pressing challenges: the aging population. The next six years provide the narrow window we have to plan, test, and deploy solutions that will mitigate the impact of a rapidly aging demographic.

By 2031, every member of the baby boomer generation will be over 65, creating an unprecedented demand for healthcare services. Without decisive action in 2025, we risk overwhelming our healthcare systems and undermining the principles of universal care that Canadians hold dear.

To meet this challenge, we must focus on solutions that are both scalable and equitable. At CHAH Technology, our efforts center around leveraging predictive AI, remote patient monitoring, and homecare innovations to shift the focus from reactive to preventative care. Equally important is the need to invest in our healthcare workforce, empowering caregivers with tools that enhance their effectiveness and efficiency.

## 2031: The Aging Bulge

Fast-forward to 2031, and we will see the culmination of these efforts—for better or worse. By this year, the baby boomer generation will represent not only the largest elderly population in history but also the greatest concentration of wealth within a single demographic. This duality presents both opportunity and risk. While increased healthcare spending could spur innovation and better outcomes, there's also the danger of a two-tiered system emerging, where wealth dictates access to care.

Canada's healthcare system is founded on equity and universality, values we must protect as we navigate these pressures. The decisions we make in 2025 will determine whether we rise to this challenge or allow the system to fracture under the weight of inequity and demand.

## The Broader Context: Three Risks to Humanity

As we consider the significance of 2025 and 2031, it is essential to recognize that healthcare is just one of three existential challenges humanity faces, alongside geopolitical instability and climate change. Each of these crises is interconnected. Geopolitical instability can disrupt healthcare supply chains, while climate change exacerbates health risks such as heat-related illnesses, respiratory conditions, and the spread of vector-borne diseases.

What sets the healthcare crisis apart is its predictability. Unlike geopolitical or environmental uncertainties, the demographic aging of our population is a defined and measurable trend. This gives us a unique opportunity to act proactively. By addressing healthcare challenges now, we can build resilience not just within the healthcare system but also in our ability to respond to broader global crises.

## Bridging the Gap: Staying on Track

The years between 2025 and 2031 will be a time of continuous learning and adaptation. To stay on track, we need to:

### 1. Establish Feedback Loops

Regularly assess and adjust our healthcare strategies based on real-world outcomes.

### 2. Foster Public Engagement

Build trust and buy-in through transparent communication and community involvement.

### 3. Sustain Collaboration

Leverage partnerships across the public and private sectors to drive innovation and ensure equitable access.

### 4. Secure Funding

Advocate for sustained investment in healthcare infrastructure, workforce development, and cutting-edge technologies.

### 5. Drive Structural Change

Many existing models can't be duct-taped and modified. We need bold thinking and a redefining of both healthcare categories, and their operating models.

This period demands vigilance, collaboration, and the courage to innovate within the framework of our values. It's not enough to innovate for innovation's sake—we must ensure that every advancement serves the greater good and upholds the accessibility and quality of care.

## A Call to Action

As we embark on this journey, 2025 reminds us that the future is not something we passively inherit; it is something we actively create. By seizing this moment, we can build a healthcare system that not only meets the demands of an aging population but also sets a global standard for equity and innovation. Let's make 2025 the year we chose action and 2031 the year we see the fruits of our collective efforts.



# Ontario Health Integrations





## Time to Break the Silos: Transforming Ontario's Healthcare Future

At the Home Care Ontario Symposium in late November, Matthew Anderson, CEO of Ontario Health, articulated a profound challenge facing our healthcare system. “We know that funding for preventative care in places such as home care intuitively makes sense,” he said, “but we have little real data to justify that. If we put \$1 million into a hospital and they perform this surgery and that procedure, we see where the money went and what the impact was. With home care and preventative care, it is harder to ‘prove a negative’ when an adverse event was avoided.”

This statement highlights one of the core issues underlying Canada's well-known “1/31 problem”—we are the world's top spender on publicly funded healthcare as a percentage of GDP yet rank 31st out of 38 economically advanced countries in health outcomes. It's a paradox born from systemic inefficiencies that demand urgent attention.

The reasons for this disparity are many, including workforce shortages, geographic access challenges, and an institution-centric system that prioritizes acute care in hospitals and long-term care (LTC) settings. However, Anderson identified two particularly impactful issues: siloed care delivery and the needs of primary and preventative care.

### The High Cost of a Reactive System

A stark example of this dysfunction lies in the management of urinary tract infections (UTIs) among seniors. Data from 2013 shows that over a five-year period across Canada, more than 325,000 seniors were hospitalized due to UTIs that became so severe they required IV antibiotics and rehydration. Each hospitalization cost the system approximately \$12,000, totaling over \$4 billion. Tragically, 8.1% of those hospitalized did not survive.

Fast forward to 2024, and these figures have likely doubled, with costs and senior populations both rising. Without systemic changes, they will likely double again by 2031. Yet, these outcomes are largely preventable—most UTIs can be resolved with a simple, \$20 course of antibiotics if caught early enough.

Another example where this approach could benefit would be lower limb amputations, as a result of complications with peripheral arterial disease. Ontario has one of the highest rates in the world of lower limb amputations (with an amputation about every 7 hours), and this key measure is often used as a performance indicator of a system. It is estimated that 80% of these could be avoided with early detection.

Together, these examples highlight how reactive care not only increases costs but also results in tragic, preventable outcomes—underscoring the critical need for a shift toward proactive, preventative care.

This is where the current funding model fails us. Hospitals operate within rigid, narrowly defined budgets that prevent them from investing in preventative home care or innovative solutions for LTC facilities. These measures, while effective at reducing hospitalizations and improving patient outcomes, fall outside their mandates and funding envelopes. At the same time, LTC providers face their own financial constraints. Budgets are tightly regulated, leaving no flexibility for investing in innovations that could reduce hospital stays or mortality rates.



Make no mistake – healthcare professionals across the system are eager to make these changes. Yet, government-imposed funding rules create systemic barriers that make it impossible. Even government ministries and agencies, which recognize the need for reform, lack the visibility and tools to address these challenges across the fragmented system.

## A System in Silos

Even when solutions exist, implementation is hindered by siloed funding and operational challenges. For example, CHAH AI Care, an innovation from our own team, uses AI to predict risks such as falls or Urinary Tract Infections (UTIs), allowing proactive interventions. A risk alert for a UTI could prompt a nurse to conduct an in-home urine test, confirm the infection, and coordinate with a pharmacist to deliver antibiotics. This approach prevents costly hospital stays, reduces risks for seniors, and improves outcomes.

Despite its clear benefits, integrating such solutions into LTC facilities is often obstructed by bureaucratic red tape, and restrictive funding envelopes. Adding to this challenge, LTC providers operate under government created financial models that disincentivize investments in prevention. For example, the costs of treating a UTI are borne by the hospital's budget, not the LTC facility. With over 50,000 people waiting for LTC beds in Ontario, any vacancy is quickly filled within 24 hours, leaving little motivation (or approved budget) for facilities to prioritize prevention. This is not a challenge the LTC sector can resolve on its own—it is a systemic, structural issue requiring broader intervention.

## A New Path Forward

Ontario's healthcare system needs a fundamentally new approach—one that bridges the silos and aligns incentives with outcomes. A proposed solution is the creation of Ontario Health Integrations, a dedicated agency tasked with cutting across the fragmented healthcare system to address systemic inefficiencies. This agency would:

- **Focus on Key Drivers:** Target the top reasons for hospitalizations and develop evidence-based strategies to address them.
- **Invest in Prevention:** Fund initiatives that demonstrate measurable cost savings and improved health outcomes, even if they span multiple silos.
- **Enable Collaboration:** Act as a unifying body to coordinate efforts between hospitals, LTC providers, home care, and community health services.
- **Put the patient at the centre** and modify the system to meet their needs and not the other way around. Use a Unified Care Plan, specific to every individual as a key driver and unifier of coordinated, integrated care.

This integrated model would shift the paradigm from reactive care to proactive prevention, leveraging innovations like CHAH AI Care to tackle issues such as UTIs and lower limb amputations before they escalate. By aligning funding with holistic outcomes, we could dramatically reduce hospital costs and improve the quality of life for all Ontarians.

## A Call to Action

Healthcare leaders recognize the need for change, but systemic barriers keep them siloed. Ontario Health Integrations represents a bold yet necessary step to break these silos and create a healthcare system that works as one. By investing in proactive, preventative care and fostering cross-system collaboration, we can achieve better outcomes and a more sustainable future for Canadian healthcare.



# Motivations

## Making Comprehensive Healthcare at Home a Reality



My journey toward making a meaningful change in Canadian healthcare begins in a very different world—technology. For 18 years, I lived in Singapore, helping to run the Asia-Pacific operations of American software companies. It was a fast-paced and exciting career that allowed me to work at the forefront of innovation and connect with diverse cultures. But in late 2016, my family and I joyfully returned to Canada—home—after so many years away. It was a moment of renewal, both personally and professionally, as I sought a new path, one that would allow me to make a meaningful difference.



In March 2017, I founded Stay at Home Nursing, a home care company. It was a completely different venture from my previous career, but it felt right. Home care—providing support for people to live with dignity and comfort in their own homes—was a cause that resonated deeply with me. I wanted to build something meaningful, something that could improve lives and make a difference in Canadian healthcare.

Building this company was far from easy. The market was fragmented, with many barriers to reaching private clients and significant challenges in securing public contracts. But we persevered, and by late 2019, Stay at Home Nursing was beginning to grow.

Then, life threw us a curveball. In December 2019, my partner Olga was diagnosed with a multifocal liposarcoma. The prognosis was bleak, and she was given just six months to live. Our lives were upended, but we were determined to fight.



The team at Princess Margaret Cancer Centre, led by the incredible Dr. Gupta, fought alongside us, helping us to gain approval for an experimental CDK inhibitor drug. Their tireless dedication, coupled with innovative treatment approaches, gave us three and a half precious years together.



Those years were a rollercoaster of hope and hardship. In 2022, we found ourselves in and out of emergency departments almost every few weeks. The longest wait we endured was 72 hours. Through it all, I witnessed the extraordinary commitment of healthcare professionals who worked tirelessly within an overburdened system. But I also saw firsthand the cracks in that system—the silos, the inefficiencies, and the barriers to integrated care—all magnified by the pressures of COVID-19.

2023 was particularly difficult. Olga was admitted to the hospital in early March, and I stayed by her side day and night, first at Toronto General and then at Mount Sinai. The stress of this period took a toll on me, and in April, I was admitted to Toronto General for emergency abdominal surgery.

During this time, I was blessed to have the support of my team at Stay at Home Nursing—led and guided in particular by Kinzi Lehigh and Jenny Clack. Their support during this time in keeping the company running smoothly—and growing—is something I will never forget and never be able to truly repay.

As soon as I could, I returned to Olga’s side. She passed away on July 23, 2023, just a few weeks after her 50th birthday. I miss her deeply every day.



In August, I returned to work with a deep sense of purpose. Our healthcare system needed to change in a radical way. Our team began crafting the vision of Comprehensive Healthcare at Home, imagining a redefinition of healthcare to address the challenges of today and those to come. Over the past year, this vision has evolved into the launch of CHAH AI Care and a revolutionary plan to redefine healthcare for clients and for the PSWs and nurses providing this care.

My story is just one among many. Everyone has their own challenges, their own motivations for change. These stories are powerful, and they deserve to be heard. We are at a pivotal moment, a time when real change can happen. But it takes all of us. Together, our voices can build the momentum needed to make home care the foundation of healthcare.

I’m asking you to share your story. Why is home care important to you? What has your experience been? Send your stories to [CHAH\\_Stories@Stayathomenursing.com](mailto:CHAH_Stories@Stayathomenursing.com). With your permission, we will assemble these stories into a book called “Motivations,” which will be made available free of charge to anyone who cares about making home care the foundation of healthcare.

This is our moment. Let’s come together, share our stories, and inspire the change we all know is possible. Together, we can make comprehensive healthcare at home a reality.



In loving Memory of Olga Kristman – 1973-2023





# **Quis Curat Dantium Curam? Who Cares for the Carers?**





## Fixing Healthcare Starts with Legitimizing the Caregiver Profession

We stand at a massive inflection point for our healthcare system. For decades decision makers have fretted at the baby boomer demographic bulge that would impact in the 2020's, and how our overburdened healthcare system would cope – but very little was done to address this problem of tomorrow.

And then we were hit with the 2020 pandemic that showed just a few hundred extra ICU patients put our entire healthcare system at risk of collapse.

Tomorrow is today, and we are facing the coming silver tsunami with a fractured system designed in the 1950's that has been patched with duct tape for the past 70 years. There is only one solution to this problem – *We must build and integrate Comprehensive Healthcare at Home into our healthcare supply-chain.*

Ageing, managing chronic conditions and medical recovery at home takes pressure off hospitals and primary care. It frees up beds. It lowers cost across the healthcare ecosystem. And there is empirical data that shows homecare significantly improves health management, medical recovery and health outcomes.

But there is a “problem within the problem”.

At the heart of homecare and through the entire healthcare supply chain are the frontline Personal Support Workers (PSW's). They are underpaid, under recognized, and under supported. Consider that today, a hairdresser or barber as a profession has more structure and licensing than PSW professionals providing critical support for people at their most vulnerable time of need.

The challenges in this job lead to high turnover, with more than one third of Ontario's more than 100,000 PSWs having less than 1 year of experience. This leads to undertrained individuals providing inconsistent care – which leads to a poor experience and satisfaction for patients.

We need to change this role from a transient gig with inconsistent hours, low wages, and high physical and mental stress into a respected profession. It needs to encourage consistency, quality, education, and continuity of homecare professionals. And in turn compensation, work environment and recognition must continually advance. This is a big step in truly delivering “comprehensive” healthcare at home and improving other healthcare touchpoints.

Over the past few decades multiple failed attempts have been made to provide some sort of registry or oversight to this profession. Registries in 2011 were scrapped in 2016, and a new proposal in 2017 never got off the ground. Currently the Health and Supportive Care Providers Oversight Authority Act of 2021 is in place but lacks teeth and support from the industry to fulfil its mission. Amendments proposed in December 2023 may help this but have not been passed as yet.

A properly implemented PSW registry would help in all respects – the frontline workers would have a chance to show their work history and professionalism, making it easier to get jobs and find career advancements. And those workers that are not as motivated to professionalism will be forced to improve or be weeded out of this critical role. Unfortunately, today PSW's fired for misconduct from one employer are getting a job at another agency, hospital or long-term care home the very next day.

In our own respect at Stay At Home Nursing we are trying to be an agent of change. We have instituted a training and “certification” curriculum for all our PSW's. This voluntary (yet highly encouraged) skills-growth offers training both through our agency and other third parties to develop crucial skills. PSW's who participate in it have tiered and permanent pay increases as they learn more skills.

But we also recognize that we can only influence so much from our side and want to reach out across our network and ecosystem. This is our rally cry to drive training and skills programs to create a movement for PSW's and their recognition. Please join us!

There has never been a more critical time for this given the recent pandemic and demographic bulge already impacting our healthcare system. The only realistic, expedient solution is to dramatically increase our ability to deliver comprehensive healthcare at home. Doing this requires not only consistency and quality of the caregivers, but also leveraging mature technologies such as remote monitoring, AI vision and alerts, and virtual care.

Homecare services overall must also step up and deliver greater support and guidance to patients and their families around navigating the complex healthcare system and set of players. This is also a natural evolution and growth for certain PSW's who want to grow their careers into a “Healthcare Navigator”.

This frees up hospital beds, lowers the strain on the healthcare system, and drives greater efficiency. But it is bigger than that. It also delivers a better experience and healthcare outcomes for clients.

And let's never forget that at the heart of this is our frontline caregivers. We must take care of these heroes, and for many who may not stand up for themselves. We must care for our caregivers!







## Comprehensive Healthcare at Home

Redefining healthcare, *with homecare* as the foundation

Supported by our subsidiary companies



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Read our thoughts here



Share your caring story with us  
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