Community-Based Continuing Care in Nova Scotia

Presented to the Canadian Research Network for Care in the Community
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October 23, 2006
Overview of Presentation

• Continuing Care in Nova Scotia
• Home Support Models
• Strategic Planning in Nova Scotia
Continuing Care in Nova Scotia

- Provincially-driven, budget-based system
- Social and health services delivered by:
  - Department of Health
  - District Health Authorities
  - Department of Community Services
  - Community-based organizations
  - Caregivers
  - Veterans Affairs Canada
Continuing Care in Nova Scotia

• Strengths
  - Single Entry Access
  - Commitment to change
  - Collaboration/consultation
  - Effective relationships
  - Progress on HR issues
  - SEAscape
  - Exemplary programs
  - Care coordinators

• Areas of Concern
  - Preventive services
  - Therapies
  - Palliative care
  - Mental health
  - DoH analytical capacity
  - User fees
  - Addressing diversity
  - Understanding/access
Branch Structure

Executive Director
Continuing Care Branch

Service & Business Support
Focus is Tactical

9 District Offices
Business Centre

System Planning & Liaison
Focus is Strategic

Standards & Policy Development
Focus is Strategic & Tactical

Monitoring & Evaluation
Focus is Strategic & Tactical

What’s different?
– Operate as a team
– Think provincially
– Explore new approaches
– Customer service
Continuum of Services in Nova Scotia

- Continuing Care services are accessed and coordinated through single entry access (SEA) including:
  - 1-800-225-7225

  Home Care
  Long Term Care
  Protection for Vulnerable Adults

- Single Entry Access enables access to:
  - Appropriate services through a consistent assessment and case management process
  - Identification of care needs
  - Involvement of appropriate care providers
  - Ongoing case management
Home Care in Nova Scotia

• Services to clients with acute and chronic care needs:
  – Nursing
  – Home Support
    • Personal Care
    • Housekeeping
    • Meal services
    • Respite
  – Home oxygen

• Changed direction since 1995 to focus on:
  – All ages
  – Unmet needs
  – Maximizing Independence
  – Maintaining client in own home/community

 Implemented -
 Acute and Chronic Components

 Not Fully Implemented –
 Palliative, Pediatric, Rehabilitative,
 Restorative, Extraordinary Assistance
CCAs in Continuing Care

Major issue - recruitment of healthcare workers

• Demographic
  – Seniors fastest growing population
  – NS - oldest pop in Atlantic Canada
  – Seniors =1/4 pop by 2026
  – Life expectancy is increasing

• Social change
  – healthcare is changing in NS & globally
  – demands on acute care - need alternative
  – more demand for care in home and community
CCAs in Continuing Care - Supply and Demand

CCAs critical to client-centred service delivery in Home Care and Long-term Care

Current Pressures
- ALC Clients
- Shortfall of CCAs to meet demands
- Limits client services
- Supply is unevenly distributed across Nova Scotia
- Current number of CCAs entering workforce is inadequate

Future Pressures
- Increasing resident/client acuity and complexity of care
- Expect the demand for CCA to increase
- Expanding Home care or Long-term care will increase demand for CCAs

CCAs critical to client-centred service delivery in Home Care and Long-term Care
CCAs in Continuing Care
- Supply and Demand

Additional Pressures
- Negative image of CC sector and ageism
- Limited public awareness of CCA role
- Competitive pressures from acute care & others workforces
- Quality of work-life issues that impact recruitment & retention
CCAs in Continuing Care- Recruitment and Retention Strategies

- Core/customized Program at Nova Scotia Community College
- Developed a CCA Bursary Program
- Integrated CCA Career pathway
- Recognition of previous experience towards CCA designation (PLAR)
- Developed a Marketing and Recruitment Strategy
- Integrate CCA HR Strategy into provincial HHR Strategy
- Level field among CCAs- Equitable wages, benefits
- Ensure effective use of CCAs- supervisor to staff ratio
## Focus on Community-based Care

<table>
<thead>
<tr>
<th>Long-term Care Costs</th>
<th>Similar Home Care Services</th>
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<tbody>
<tr>
<td>1,121 clients</td>
<td>1,121 clients</td>
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<tr>
<td>$220 per day (Daily Care and Operational Costs)</td>
<td>$ 51,500,000 (Daily Care)</td>
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<tr>
<td>= $ 90,016,300 Annually</td>
<td>$8,500,000 (additional services to keep client at home)</td>
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<td>= $ 60,000,000 Annually</td>
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**Savings:** 30,016,300 Annually

Clear message to government
Direct involvement by Treasury and Policy Board
Goal: A shared vision for the future of continuing care services in Nova Scotia

Why?

• Clients/families have needs that are not being met
• The healthcare system is strained
• Continuing Care has evolved but not in a planned way
• Government faces challenging decisions about where/what to do/not do
Project Structure

February 2005: Project Kick-Off

Key Milestones:

October 2005
- Public Consultation Report

November 2005
- DLC/PPC Reports
- Sector Focus Group Report
- Stakeholder presentations

December 2005
- Trends Analysis Working Group Report
Recommendations

November 2005 - February 2006
Developed 90 + recommendations

- Are based on many different sources of information
- Address the root cause of issues
- Address the determinants of health and apply a mix of interventions
- Address needs across the lifespan
- Apply to the Continuing Care Branch and the broader system
The Continuing Care Strategy

March 2006 – Recommendations delivered to Minister

Key Messages:
• Invest in programs and services that are appropriate, effective and sustainable
• Focus on community-based strategies that support independence

Underlying Philosophy:
• Support Nova Scotians to remain in their own homes and to make care choices in a way that maintains choice
• When assistance is needed, provide the right care, in the right place, at the right time, in the right way.
• Offer care and support in the environment they live

Investment by government will signal a willingness to change the system
The Continuing Care Strategy

**Vision**
Nova Scotians living well in a place they can call home

**Guiding Principles**
- Support Nova Scotians through change
  - Put clients and families first
  - Enable autonomy and self-reliance
- Make clients and families partners in care
  - Make care affordable and accessible
  - Embrace a broad definition of health

How we do our work

- Support Individuals and Families
- Support Community Solutions
- Strengthen Continuing Care Services
- Invest in Providers
- Invest in Infrastructure

Health

NOVA SCOTIA
Home and Community Commitments

Primary Care in Long Term Care
Palliative Care
Home Care in Schools (Pilot)
Improved Respite
Restorative Care Program
Expansion of Home Oxygen
Challenging Behaviour Program
Home Care Nursing on Reserves
Home Adaptation/Repairs
ALC ER backlog
Nursing/Home Care in DCS Facilities
Peritoneal Dialysis
Self-Managed Care Evaluation
Increased Home Support Entitlements

Develop a Caregiver Strategy
Develop a Public Awareness Strategy
Develop a Transportation Strategy
Expand Housing Options
Implement Human Resources Strategy
Expanded Self Managed Care
Expand Single Entry Access
Incorporate Acquired brain Injury
Expand Equipment Loan Program
Expand Ambulatory Care Services
Promote Oral, Vision and Hearing Health
Roll-out Home Care in Schools

Total: $31, 202, 670
Total: $35, 000, 000

Total: $66, 202, 670
“Realize that you are very fortunate to have a geographically small province, so communication with and observation of other is very easy.

USE that proximity: Get out there! Watch! Ask questions! Consult! Listen! Learn by wandering around!”

Nancy Gnaedinger, 2005
Expert Interview Participant
Questions