

## EASE Program is Rebranding

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The Health Association Nova Scotia LTD Trustees and Group Benefits Solutions Service are delighted to announce the launch of a new brand identity for the EASE Program (Early Assistance and Support for Employees). Effective today, November 1, 2017, the name of this unique, support program was changed to Personalized Assistance to Health (**path**).



“We are excited to introduce the new name and logo design for the EASE program,” says Susan Belmore-Vermes, Director of Group Benefits Solutions. “The new name more accurately reflects the purpose and essence of the program. It’s personalized, flexible and designed to ensure eligible employees receive the support and assistance they need along their journey to getting well. The new name and logo are also better aligned with the Health Association’s brand identity.”

EASE is an initiative of the Health Association Nova Scotia Long Term Disability Trustees and is fully funded through LTD contributions paid by both employers and employees. It is available to employees covered by the Plan and who have been absent from work for more than 21 calendar days due to any illness or injury that is not related to worker’s compensation (WCB). A consultant from Advantage works with participants to determine their individual needs. Some examples of program support include funding for physiotherapy, massage therapy, counselling, functional assessments, job site analysis, nutrition consults, gym memberships, etc.

Since its inception, the program has proven successful in transitioning employees back to good health and gainful employment; helping employees to transition to LTD if needed; or helping to reduce the LTD duration period through early involvement. However, early referral and participation is critical.

Feedback from former program participants, Benefit Administrators, and Occupational Health & Safety staff in member facilities informed the development of the new brand identity for EASE. Focus groups were held over the spring and summer months to discuss communication challenges surrounding the program and to ask for their opinion on prospective names and logos.

“The input received through the focus groups was invaluable,” says Jackie Smith, **path** Program Manager. “We learned that there are some commonly held misperceptions around the purpose of this early support program and that it was often confused with WCB’s EASE Back program. It’s also not well understood that **path** (formerly known as EASE) is a benefit program sponsored by the

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## EASE Program is Rebranding Continued

Health Association. We believe the new name and logo will help promote a better understanding and awareness of the program and, ultimately, increase the number of plan members who are accessing the services and supports they need to help speed their recovery.”

If you would like to learn more about the **path** program, please do not hesitate to contact Jackie Smith, Program Manager, at [jackie.smith@healthassociation.ns.ca](mailto:jackie.smith@healthassociation.ns.ca) or by phone at 902-832-8527 (Toll Free: 1-888-824-3273).

## Collective Impact Framework/Fall Assembly

The Continuing Care Council’s Fall Assembly took place on Monday, October 16, 2017 in Halifax. Council members along with other sector related working groups (Home Care Network, Association of Adult Residential/Regional Rehabilitation Centres, Long-Term Care Strategic Financial Planning Working Group, & Long-Term Care Data Quality Coalition), provided informative updates of their work over the past year. The **Workplace Safety Action Plan for Health and Community Service Sectors** was also presented during the Assembly.

The LTC Strategic Financial Planning Working Group launched the **Purchasing & Shared Service Opportunities resource document**; a guide to possible cost saving opportunities that were identified by the sector. The resource came from several months of conversation and information collection, and serves to present high potential areas for savings in your organizations. While it was created with long-term care in mind, we suspect its contents are applicable to other sectors as well.

Liz Weaver from the Tamarack Institute led participants through initial steps of the Collective Impact Framework and how it can be used to develop priorities related to holistic approaches to positive attendance. Liz focused on Council’s objectives, including a mapping of assets and gaps, and identifying actionable items and next steps. Feedback from participants was very positive.

To access the **Purchasing & Shared Service Opportunities resource document**, as well as all of the Assembly material, you can visit the Health Association Nova Scotia website by following this link: <http://www.healthassociation.ns.ca/sites/base/pages/member%20forums%20section/cccassembly2017>



Liz Weaver, Tamarack Institute, with Annette Fougere, Continuing Care Council Chair



Assembly participants



Health Association Nova Scotia has Twitter  
Tweet us or follow us @HealthAssnNS



# Continuing Care Council Highlights

The Continuing Care Council is here to represent sector needs and issues that have an impact on member organizations. If you have any questions or concerns please contact a Council representative or Health Association Member & Partner Engagement staff.

## Council Members:

- Annette Fougere, Chair  
St. Anne Community & Nursing Care Centre  
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- Sharon Crane, Cape Breton County  
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- Caroline Campbell, Shannex Healthcare Inc.  
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- Millie Colbourne, Breton Ability Centre (ARC/  
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- Janet Watt, VON  
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- Roberta Duchesne, Harbourview Lodge  
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- Helen Marsh, New Waterford Homecare  
Service Society, [hmarsh@ns.aliantzinc.ca](mailto:hmarsh@ns.aliantzinc.ca)
- Josie Ryan, Northwoodcare  
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- Carson Samson, Richmond Villa  
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- Joyce d'Entremont, Mountain Lea Lodge/The  
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- Angela Berrette, Saint Vincent's Nursing  
Home, [aberrette@svnh.ca](mailto:aberrette@svnh.ca)
- Greg McKim, CBI/We Care Health  
[greg\\_mckim@wecare.ca](mailto:greg_mckim@wecare.ca)
- Christa Quinn, Closing the Gap  
[christa.quinn@closingthegap.ca](mailto:christa.quinn@closingthegap.ca)

**ATLANTIC IMMIGRATION PILOT PROJECT** – Andrew VanSlyke, Canadian Immigration Consultant, delivered a presentation to Council on the Atlantic Immigration Pilot Project and shared further information to help employers hire foreign workers. If you would like a copy of this presentation, please contact [carol.salkin@healthassociation.ns.ca](mailto:carol.salkin@healthassociation.ns.ca)

**CARE BY DESIGN** – Central Zone Council members provided an update on changes that the NSHA is implementing with respect to the leadership of the Care by Design long-term care primary care program. Doctors Nova Scotia has been in contact with Council, via policy staff, respecting mutual concerns around this issue and communication is ongoing. The NSHA extended invitations to various administrators to have follow up discussions regarding primary care in long-term care.

**REGISTERED NURSE PROFESSIONAL DEVELOPMENT CENTRE (RNPDC)** - Mary Ellen Gurnham, Senior Director and Ruth Whelan, Director, Interprofessional Practice & Learning, NSHA, joined Council to discuss the RNPDC program and explore opportunities to connect with the continuing care sector. A session is booked for November 15th to discuss RN learning development needs in the continuing care sector. Please contact Carol Salkin (email below) to attend.

**MAID** - a second webinar on Medical Assistance in Dying was held in September, with presenters from the NSHA, Northwood, Shannex, and the VON. If you are interested in receiving a copy of the presentation please contact Carol Salkin (email below). NSHA is putting together a resource guide and once finalized will be available to everyone. We are also working with the NSHA to video record the MAiD session, which would be made available for viewing on your own time.

If there is a policy issue you wish the Council to discuss, please contact us:

- Carol Salkin, Administrative Assistant  
[carol.salkin@healthassociation.ns.ca](mailto:carol.salkin@healthassociation.ns.ca)
- Sara Limpert Woods, Policy Analyst  
[sara.limpertwoods@healthassociation.ns.ca](mailto:sara.limpertwoods@healthassociation.ns.ca)

## Upcoming Council Meetings:

- November 9, 2017
- December 14, 2017



## 2017-2018 Influenza Vaccination Program

Nova Scotia continues to publicly fund injectable Quadrivalent Inactivated Vaccine (QIV) which contains two Influenza A strains and two Influenza B strains. For the 2017-18 season, influenza vaccine is recommended and publicly funded for all Nova Scotians ages 6 months or older.

While all Nova Scotians are encouraged to be immunized, the National Advisory Committee on Immunization (NACI) emphasizes that high risk individuals or those people capable of transmitting influenza to those at high risk remain the top priority for influenza immunization. Influenza vaccination is available to all residents of Nova Scotia ages 6 months or older, but we know that it is particularly important for the elderly, pregnant women, children, and people living with chronic diseases, and those around them to be adequately protected.

As leaders in health care facilities and Health Authorities, there are many opportunities for health care providers to promote and support annual influenza immunization, such as:

- ensuring that individuals (especially those at high risk) are advised about and offered influenza vaccine at every clinical encounter during the fall and winter
- encouraging and supporting initiatives to provide influenza vaccine within health care facilities, such as at outpatient specialty clinics (e.g. diabetic daycare), as part of discharge planning for admitted patients and in emergency departments
- being a positive role model for other health care workers (HCW) by being immunized yourselves, encouraging co-workers to be immunized, providing factual information on influenza vaccine and ensuring HCW and patients are offered vaccine
- promoting and supporting the allocation of resources to implement comprehensive influenza immunization programs for both the public and HCW
- working with other partners to increase opportunities for the public to access influenza immunization

The Department of Health has created a Q&A document which can be found at: <http://novascotia.ca/dhw/CDPC/info-for-professionals.asp>

## Take with Questions Our mission. Your life-saving reminder.

The Health Association is proud to take part in Canadian Patient Safety Week (CPSW) 2017, taking place from October 30th to November 3rd. Along with the Canadian Patient Safety Institute (CPSI), we're spreading the mission of ASK.LISTEN.TALK. Together with CPSI, we are celebrating the patients, families and providers who make healthcare safer in Canada.

Miscommunication about medication can hurt you or your loved one. That's why CPSI's Canadian Patient Safety Week 2017 is focused on the Take With Questions campaign. Use the 5 life-saving questions to give and take medication without harmful consequences.

To keep you engaged about this year's Canadian Patient Safety Week, CPSI is offering fun and exciting activities for everyone. These include the new Question Your Meds catchy phrase contest where you could

win a prize, a new Medication Safety quiz for both patients and healthcare providers to test your knowledge, new patient and provider videos added to the CPSI expansive 32-video library, and their brand-new PATIENT podcast for listeners to tune in and find out how people are trying to change the healthcare system from the inside out.





## Continued Investment Will Reduce Orthopedic Surgery Wait Times

Freeing up more operating room hours, hiring more surgeons and creating a central booking system will help hundreds more Nova Scotians get the orthopedic surgeries they need.

Government is investing \$6.4 million this year in its commitment to reduce wait times for hip and knee replacements.

“Since taking office, 2,200 more orthopedic surgeries have been completed because of increased funding,” said Health and Wellness Minister Randy Delorey. “By increasing funding and changing how we do things, more than 500 additional people will get the surgeries they need this year.”

“Over the next four years, we will continue to fund more surgeries as we work to meet the national standard.”

The Nova Scotia Health Authority will adopt a patient-centred approach to orthopedic surgeries. The change will allow for better use of operating rooms and improve the booking process.

These changes will give patients the freedom to choose where they can have orthopedic surgeries so they can easily access the operating rooms with the shortest possible wait times.

The health authority will also hire four surgeons and four anesthetists, and continue to enhance pre-habilitation services to get patients ready for surgery. Funding will also be used for new equipment, minor space renovations and to hire staff to support growing teams.

Physicians have been instrumental in planning how to effectively reduce wait times.

“This funding will help us greatly improve access to joint replacement, reducing both the number of people waiting for surgery and the length of time they must wait,” said Dr. Eric Howatt, senior medical director of perioperative services, Nova Scotia Health Authority and co-chair of the Provincial Orthopedic Working Group. “From surgery preparation, to the operating room, to the return home for recovery, patients will see their surgeries co-ordinated from start to finish.”

“The province has increased funding for orthopedic surgeries each year over the last four years, and we’re seeing improvement,” said Mr. Delorey. “These changes will get even more patients into surgery faster.”

Orthopedic surgeries are done at Dartmouth General Hospital, Cape Breton Regional Hospital, Halifax Infirmary Hospital, Aberdeen Hospital and Valley Regional Hospital. Pediatric surgeries are done at the IWK.

(Source: DHW news release, October 13, 2017)

## Report on the State of Public Health in Canada 2017

The Public Health Agency of Canada released the Report on the State of Public Health in Canada, 2017: Designing Healthy Living in October. The report was developed through strong collaboration with a variety of partners, experts and stakeholders.

This report will raise awareness among Canadians about the unique aspects of their communities that they could take advantage of to improve their health. It will also encourage more dialogue across the many disciplines involved in community planning and health promotion so that neighbourhood design considers and promotes physical activity, healthy diets and mental wellness.

This year’s report can be accessed through this link:

[https://www.canada.ca/en/public-health/services/publications/chief-public-health-officer-reports-state-public-health-canada/2017-designing-healthy-living.html?utm\\_source=stakeholders-ngos&utm\\_medium=email-en&utm\\_campaign=cpho-report-17](https://www.canada.ca/en/public-health/services/publications/chief-public-health-officer-reports-state-public-health-canada/2017-designing-healthy-living.html?utm_source=stakeholders-ngos&utm_medium=email-en&utm_campaign=cpho-report-17)





## Online News You May Have Missed

### October 31, 2017 - New funds to bring total investment in public education, awareness and surveillance to \$46M

The Government of Canada introduced legislation to legalize, strictly regulate and restrict access to cannabis to keep it out of the hands of Canadian youth and the profits from criminals and organized crime. With this in mind, the Government intends to make significant investments in public education to inform Canadians, particularly youth and young adults, about the health and safety risks of cannabis.

Learn more...

<https://www.canada.ca/en/health-canada/news/2017/10/government-of-canadatoinvestincannabiseducationandawareness.html>

### October 30, 2017 – Better palliative care essential as Canada considers medically assisted death for youth, pediatricians say

The Canadian Paediatric Society is urging improved palliative care for children and youth as a key part of preparing for the possibility of legalizing medical assistance in dying for certain patients under age 18.

“Medical assistance in dying is something that has been legislated [for adults] and stated [as] needing to be accessible ... but there isn't the same ‘oomph’ for saying that all Canadians need good access to palliative care,” said Dr. Dawn Davies, chair of the society's bioethics committee and a pediatric palliative care physician in Edmonton, in an interview with CBC News.

Read more...

<http://www.cbc.ca/news/health/children-assisted-dying-1.4372627>

## Naloxone Now Available in Pharmacies

Life-saving naloxone kits are now available in community pharmacies across the province.

“Anyone who uses prescription opioids and any illegal drug in pill or powdered form is at risk for opioid overdose and should carry naloxone,” said Dr. Robert Strang, Nova Scotia's chief medical officer of health. “We also encourage loved ones and others who might respond to an overdose emergency to pick up a free kit at their local pharmacy. It's easy to use, and you could save someone's life.”

As of the last week of September, Nova Scotians can see a pharmacist in more than 240 locations to pick up a naloxone kit, anonymously, and free of charge. The pharmacist will walk you through the contents of the kit, and provide training on how to use naloxone to reverse an overdose.

“Pharmacists are very concerned about the impacts improper use of opioids can have on their patients, their loved ones, and their communities,” said Rose Dipchand, chair of the board of the Pharmacy Association of Nova Scotia. “We are pleased to be part of a province-wide program that removes barriers such as accessibility and cost for all Nova Scotians who should carry this life-saving drug.”

Anyone who suspects an overdose should call 911. First responders will walk them through administering naloxone and other steps to take while waiting for paramedics to arrive. The Good Samaritan Drug Overdose Act protects Canadians from simple possession charges for those who call 911 in the event of an overdose emergency.

The Take-Home Naloxone Program is a partnership between government, Nova Scotia Health Authority and the Pharmacy Association of Nova Scotia. It is a part of government's Opioid Use and Misuse Framework.

To learn more about the Take Home Naloxone Program, including a map of participating pharmacies, visit [www.nsnaloxone.com](http://www.nsnaloxone.com).

For more information on government's work to address opioid use and overdose, visit [novascotia.ca/opioid](http://novascotia.ca/opioid).

(Source: DHW news release, September 29, 2017)