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March 15, 2017

Via email

Dear Ms. Stevens and Ms. MacDonald,

Re: Continuing Care Strategy

As initial work related to an updated Continuing Care Strategy proceeds, on behalf of the Continuing Care Council I would like to submit the attached, outlining some of the most pressing issues we would like to see addressed in a new strategy.

We also request that our organizations have representation on the Steering Committee, and all subsequent related working groups. As the providers of continuing care services, we bring expertise and experience not currently represented at these decision-making tables.

We are excited for the opportunities a new strategy can bring and look forward to working with you in these efforts.

Respectfully,

Annette Fougere

Chair, Continuing Care Council

Renewed Continuing Care Strategy: Input from the Continuing Care Council

In anticipation of a renewed Continuing Care Strategy, the Continuing Care Council would like to submit the following, outlining some of the sector's most pressing concerns.

1. *Revise the model of care*: the model of care should be revised with a focus on providing **safe, effective care through appropriate, but flexible, human resourcing**. This is preferable to a more traditional prescriptive approach, which outlines specific numbers of specific categories of staff with regards to resident care hours. An example in long-term care might be increasing the compliment of recreation therapists to improve the quality of leisure activities, as opposed to having a certain number of nurses or continuing care assistants on site.
2. *Improve access to primary care* – Individuals under our care are not unlike the general public in that they suffer from a lack of access to primary care. New and different approaches to **building primary care into the support model** should be explored and tested, for example, increasing the use of nurse practitioners or expanding the successful Care By Design program. The extended-care paramedic program should also be considered for province-wide expansion.
3. *Move from a medicalized paradigm to a social philosophy of care*: traditional care models and philosophies are rigid, inflexible, and designed to foster dependence. A social model and philosophy **emphasizes client autonomy, flexibility, activity, engagement, choice, socialization, interaction and relationships**. This can be stressed as much as possible at the organizational level, and it ultimately needs to be supported through leadership, policy, and funding from government and the NSHA.
4. *Focus on mental health* – One of the biggest issues the sector is facing is client/resident mental health. Typically, these conversations focus on caring for individuals with responsive behaviors, but a discussion on supports and services for clients with concerns such as depression, anxiety, and other social and cognitive disorders must also be included. These individuals sadly continually fall through the cracks of our system. **Mental health supports for those in care need to be strategically targeted.**
5. *Engage with the adult residential / regional rehabilitation sector* – The ARC/RRC sector is undergoing significant transition. The government's strategy intends for services for persons with disability to be moved to the community. This may have effects on aspects of the health–funded side of care. Minimally, **there is an opportunity for a better partnership** between the two sectors. There is a deep expertise in the ARC/RRC system that can immediately be leveraged, particularly in terms of supporting those with mental health issues, responsive behaviors, and establishing a social model of care.
6. *Smooth care transitions* – The health care system is siloed. The disconnect and lack of knowledge about continuing care services affects client/resident flow and transition. There

is a need for **smoother**, **more comprehensive transition processes**, particularly in terms of **information sharing** between organizations.

7. *Invest in the sector* – in an era when other provinces are investing in their continuing care sectors, Nova Scotia is cutting back. Given our province's aging population, this defies logic. Active **capacity planning** based on accurate and comprehensive service projections is required.
8. *Revise funding models* - funding should be more **consistent across providers** to ensure the ability to provide similar levels of service across the province.
9. *Develop a capital asset strategy* – in residential care, there has been a severe deficit in capital planning. This has led to emergency repairs or replacements of necessary assets/equipment, the funding of which is often denied or delayed. This is incredibly unsafe. In home care, access to capital funds is also needed, especially in relation to point of care and patient record systems. A comprehensive **capital assets plan** is necessary.
10. *Build accountability on outcomes, not operations*: Similar to the approach taken in the Accountability Framework between the Government of Nova Scotia and the Nova Scotia Health Authority & IWK Health Centre, accountability with continuing care service providers should focus on **achieving quality-related outcomes**, as opposed to detailing administrative requirements. The government and NSHA should ensure that providers are delivering equitable, safe care by implementing key performance indicators related to access, patient and workforce safety, client experience, and resource stewardship. The details of how to meet these accountabilities should be left to the expertise of the providers. Minimally, we request that an evaluation of program standards and key performance indicators be conducted on a regular basis.
11. *Develop shared, comparable measures* – Relatedly, there are no means by which services can be compared or benchmarked from fiscal, human resource, or quality perspectives. We must have consensus on **comparable measures** within the sector. This would be significantly assisted by the implementation and ongoing support of the MDS **InterRAI** and other IT systems (clinical patient records, management information systems, etc.). The sector would like to work with you to develop common measures that speak to quality care and good business practices.