# Continuing Care Council Engagement Sessions: Summary

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## Introduction

> *"With good leaders and good staff, you can't get it wrong."*
>
> *- Participant*

Throughout August, 2016, Health Association Nova Scotia, on behalf of the Continuing Care Council, facilitated conversations with members and partners across the province, looking at the biggest issues facing the continuing care sector. These discussions were held to inform the new strategic plan of the Council.

We chose, however, not to categorize these discussions as "strategic", but rather, as "mobilizing". The word "mobilization" was emphasized to focus discussion on where organizations could *fully collaborate, with a focus on solutions, within their span of control*.

The conversations were open-ended, but were guided by the following key questions:

1. What does the continuing care sector bring to that table that is unique?
2. What are the biggest issues being faced, and what are their root causes?
3. What does "success" look like?
4. How can we collectively mobilize to get there?

The following is a summary of findings.

## What makes the sector unique?


### Client –centered approaches and philosophies

The biggest strength of the continuing care sector is its focus on the client/resident: providing a home-like environment, ensuring dignity, supporting independence, and building one-on-one relationships with those served.

### Diverse skills sets

Continuing care is creative. It is constantly filling system gaps, building networks, and providing an ever-changing array of services in order to meet client/resident needs.

### Quality service provision

The sector is driven by licencing and service agreement requirements, holding providers to a consistent level of quality. Many organizations go above and beyond these baseline requirements by implementing other quality assurance tools, like CQI, Accreditation Canada standards, Lean management techniques, and others.

### Dedicated staff

The work could not get done without the competent, dedicated individuals staffed in these organizations.

## What are the biggest issues?


### Staffing shortages

Staffing issues dominated our discussions. In rural areas in particular, recruitment and retention are a challenge. Absenteeism is increasing due to injury, stress, and incapacity to care for individuals with responsive behaviors. Absenteeism places increased stress on the employees who remain, and increases overtime costs. Staffing is a complex problem, with multiple causes.

#### *Injuries*

Injury could be considered a sub-theme to staffing shortages. Heavier clients/residents, individuals with responsive behaviors, and high-risk home environments are contributing to absenteeism and workers' compensation claims.

### Responsive behaviors

Second to staffing, caring for clients and residents with responsive behaviors was a prominent discussion theme. The increasing number of clients with dementia and other mental health issues, coupled with a lack of knowledge, practice, and/or infrastructure to appropriately provide service, is stressing organizations.

### Lack of mental health resources

Beyond responsive behaviors, access to broader mental health services is insufficient. Organizations are caring for individuals with depression, schizophrenia, and other conditions, and feel under-resourced to do so. All respondents generally agree there is a gap in external mental health resources.

### Lack of primary care resources

Another theme was the lack of primary care resources, resulting in inefficient service provision.

### Inappropriate placements and system disconnects

Whether it is individuals with responsive behaviors, clients with severe mental health issues, or younger clients in a predominantly senior home, appropriate placement and service is becoming an increasing concern. Added to this are issues regarding client/resident flow, transitions from one service to another, and a general disconnect between physicians, the acute care sector, and continuing care services. Silos are evident across the system.

### High expectations

In and amongst these concerns, and coupled with budgetary pressures, organizations are facing clients/residents and families with complex care needs, and high expectations for personalized service and more on-site resources.

## What does "success" look like?

In essence, participants felt that "success" would be displayed when clients and families were engaged, holistic needs were being met, staff were happy, and the organization was a well-resourced, active hub that met performance indicators.

> *"A good day is happy employees and cared for, happy clients."*
>
> *- Participant*

## How do we get there?


### Collective approaches

Collective approaches are necessary. Networks and relationships (both formal and informal) need to be formed, and resources need to be shared. Small pockets of this work is starting, but it should be scaled significantly so that organizations are truly working together to implement solutions. This requires a general understanding each other's areas of expertise, and better connections between continuing care, other health/social sectors, the community, and businesses in a strategic and meaningful way. Collaborative discussion tables need to be organized for the sharing of ideas, practices and tools, with a particular focus on eliminating duplicated of resources. Some specific examples offered were engaging the Adult Residential and Regional Rehabilitation sector for approaches to responding to behaviors, sharing payroll, IT, attendance management systems, and/or other common services, implementing standardized measures and data collection techniques (both qualitative and quantitative), developing resources for common policy development, and working together on better care transition tools.

### Models of care

New models of care need to be researched, evaluated, and implemented in order to ensure care needs are being met in the most efficient way. Conversation centred on ensuring staff practice to full scope, which some organizations are currently exploring. Lessons could be learned and tools developed from early adopters. Implementing a fourth level of care worker was discussed. Other conversations revolved around possible roles in continuing care for other professionals and organizations, and where there might be more interconnectivity, for example, with the Victorian Order of Nurses, Emergency Health Services, or with nurse practitioners filling some of the current service gaps. "Clustering" staffing, particularly in relation to registered nurse coverage, was suggested, as was the development of care networks or hubs that link continuing care, primary care, preventative care and social sectors. Such a hub could include, for example, adult day programs, learning resources, social programming, mental health services, and nursing care.

### Culture change

Developing the right sectoral and organizational culture was seen as imperative. This means fostering a culture of transparency and accountability, and a holistic and client-centred philosophy of care. Training, staff interaction, and language change is a start, but holding people accountable for their actions, at all levels, pertaining to philosophical values is needed to truly catalyze a cultural shift.

### Understanding the sector

A better understanding of what the sector does and how it operates by those outside of it is needed. This could possibly help manage the expectations of clients, families, and other sectors of the health and social system. It could also promote the sometimes overlooked resources and expertise in continuing care. Understanding could be built through marketing or education initiatives that target current and future users, and/or other health professionals.

### Increase resources

Additional resources were seen to be a possible solution to common issues. Resources discussed included assessment and stabilization units for responsive behaviors, common technology for learning and data/information capture, safety equipment such as lifts, resources for mental health, and access to primary care.

### Recruiting solutions

In terms of recruiting, most suggested solutions targeted students. Exploring ways to expose more professional students to the continuing care world was recommended, including advocating for mandatory practicum placements.

### Quality improvement tools

Those who are currently using quality improvement philosophies or tools, like the Eden Alternative, Accreditation, or other continuous quality improvement models saw value in their implementation, and in spreading their use across the sector.