

Continuing Care

# A Path to 2017

Review, Refocus, Renewal

July 2015



# Shaping the Path Forward

To move forward, it's often helpful to take a look back. That's exactly what's happening with Nova Scotia's Continuing Care Strategy. In 2006, a 10-year strategy was released, designed to support people at home and in long-term care. Since its introduction, annual spending on long-term care has grown by 71 per cent, to a projected high of \$566 million for this year (about 70 per cent of the Continuing Care budget). The overall budget for Continuing Care is \$808 million, making Nova Scotia one of the best funded systems in the country. Our ratio of long-term care beds to population is one of the highest in Canada. Out of the annual budget, \$241 million is invested in home care and related services including \$44 million added since 2013.

**With the strategy nearing the end of its 10-year mandate, Health and Wellness Minister Leo Glavine requested an evaluation to determine the value for money invested, the impact on those we serve, and what should be changed or adjusted as we plan for the future—and plan we must.**

Nova Scotia has one of the oldest populations in the country. In the next eight years, 22 per cent of our population will be over the age of 65. To ensure we provide the kind of services and supports that Nova Scotians will need as they age, we're taking stock of today's programs to better set the stage for the future. We are planning to release an 18-month plan this fall and a 5-year Continuing Care strategy in 2017.

Before we do so, we're seeking input on the directions we're proposing, to ensure resources are placed where they are most needed and can have the greatest impact. Our response to suggestions will be nimble and receptive as we continue to provide support for the province's clients and their caregivers.

The province wants the strongest possible Continuing Care system, one that provides the supports needed for individuals to live at home as long as possible. We want a system that provides long-term care for those who need it, in appropriate and safe buildings. And we want a system that recognizes the importance of caregivers, paid and unpaid. Our system must respect and support those on the front line of service delivery and must be focused on quality and sustainability.

In four key areas—Living Well at Home; Improving Access; Supporting Caregivers; and Improving Quality and Sustainability—we review what's been done since 2006. We examine how we should refocus our efforts based on evaluation results, and we seek your input as we prepare to release a refreshed plan in the fall.

We have a solid foundation on which to build. The province's first strategy was designed to enhance and expand the Continuing Care system. The first six years focused on building beds, while the last three years have focused on investing in home care.

We are mindful of the changes happening within the health system with the creation of the Nova Scotia Health Authority, and we want to ensure that we are in the best position to better plan and coordinate care across the province.

Based on evidence and experience, we will continue to refine and refresh our approach to Continuing Care, to ensure it is both relevant and responsive today and as we plan for tomorrow.

## Living Well At Home

We know that seniors want to remain at home for as long as possible, and with the right services and supports they should be able to do so. The desire to remain in the community for as long as possible hasn't changed since the first strategy was introduced in 2006. It is why we continue to focus on ways to maximize the use of home and community services; encourage and facilitate healthy aging through active living; and ensure the Home First philosophy is well understood and uniformly implemented.

### Review

#### Evaluation Results

Since 2006, investment in home care—which includes home support (respite, personal care, meal preparation, housekeeping services) and nursing—has grown by 72 per cent, bringing the annual budget for home care and other community-based services to almost \$241 million. The number of clients, visits, and service hours provided is increasing.

Despite the increase in funding and services, demand continues to grow and wait lists for home support have almost doubled in the past year. Home support clients wait an average of 56 days for service. About one third of clients are waiting for an assessment or reassessment. The percentage of home-care clients with higher-care needs has doubled to 20 per cent, while the number with dementia has also increased, further demonstrating that client health needs are becoming increasingly complex.

Nova Scotia has the fourth-highest home-care costs per capita in Canada, while wage levels are competitive. The availability of staff to provide home-support services is becoming an issue, with growing demand for continuing-care assistants.

The need for care at home is not limited to seniors. It is estimated that almost 60,000 Nova Scotians are living with the long-term impact of an acquired brain injury. Services and supports are fragmented, and there is a need for a coordinated and streamlined approach to care for this population.

Evidence continues to mount regarding the importance of active, healthy living to maintain health, quality of life, and independence. Integrating active living into care plans and ensuring that the importance of disease prevention is well understood at every stage of life continue to be important areas of focus.

## Refocus

### Proposed Directions

**Support implementation of the Dementia Strategy.** With the increase in the number of people with dementia, it's more important than ever to take a holistic, province-wide approach to dementia care, shifting priorities to prevention and coordinated care around the needs of the individual and the caregiver.

**Develop new models for service delivery.** We can use existing resources more efficiently by ensuring we have the right person doing the right job. We will explore the idea of introducing home aides to provide light housekeeping as part of the continuum of services. We will explore opportunities for clients to receive funding directly, to purchase services to meet their care needs. Providing greater access and more options for care in community clinics will also be explored, as will innovative and cost effective housing options for seniors in partnership with Housing Nova Scotia.

**Further integrate the Home First philosophy.** Enabling discharge from hospital to home and a return to independent living in the community can reduce reliance on long-term care, and reduce pressure on our hospitals. This will require client service plans for appropriate community supports, as well as education for those providing services and those receiving them.

**Complete a Health Human Resources Plan.** To ensure the right person is doing the right job at the right time and place, the department will develop a human resources plan in partnership with the home-care sector. A focus on recruitment and retention is needed to ensure the Continuing Care sector is appropriately resourced to meet the changing needs of clients today and into the future.

**Develop an Acquired Brain Injury Strategy.** We are committed to developing a strategy that is person-centred, that is culturally competent, and that promotes ability, independence, and safety. That work will begin this year, with a release proposed for 2016–17.

**Promote Active Living.** The benefits of exercise as a preventative method for a range of illnesses (including dementia) is well documented. The department will investigate home exercise programs and develop training tools and resources that help both caregivers and clients integrate regular physical activity into daily living. Additionally, many assets in communities can be integrated into a comprehensive system of services and supports to promote active living.

## Improving Access

In 2006, as now, the focus of the Continuing Care strategy is to improve access to services. Specifically, initiatives have been put in place to better coordinate care across settings, provide increased access to additional health services for clients, and decrease the amount of time spent in hospital waiting for a placement or a return home to the community.

## Review

### Evaluation Results

Nova Scotia relies heavily on long-term care, with more beds than the national average (115 per 1,000 population 75 years or older, compared with the national average of 86). Despite adding more than 1,000 beds and replacing another 898, the long-term care wait lists in Nova Scotia continue to average between 2,000 and 2,500 clients. As well, the number of Nova Scotians placed into long-term care has increased by 18 per cent over the strategy period. The average wait time for a client waiting in the community to accept an offer for placement was 169 days in 2006–07, which has grown to 333 days in 2014–15.

Average stays in nursing homes have also increased. A resident now stays an average of 2.9 years, up from 2.2 years in 2007–08. The amount of time spent in hospital awaiting placement or a return home has not changed significantly over the course of the strategy.

Survey results of those waiting for long-term care demonstrate that up to 50 per cent of clients are likely to decline a bed if offered, suggesting that long-term placement was being offered to some who were not in immediate need. Previously, clients on the long-term care wait list were allowed to defer placement for up to three months when they received a bed offer. As a result of the survey findings, the long-term care placement policy has changed. Clients who decline an offer are now removed from the wait list and must wait 12 weeks before reapplying. Since this change was introduced, initial results indicate a 14 per cent reduction in the number of people waiting for long-term care. Care coordinators indicate the change has simplified and streamlined the wait list process.

Information systems have proven to be a barrier to an integrated continuing care system. Care coordinators have indicated the system—called SEAscape—requires improvements to allow for greater functionality and to enable a more effective management of the placement process.

## Refocus

### Proposed Directions

**Further refine the placement policy.** Working with the Nova Scotia Health Authority, the department will adopt a placement approach that prioritizes clients with the highest needs and at the greatest risk and will examine options related to improving information management.

**Post long-term care wait times online.** The wait list for long-term care is getting shorter. To ensure greater transparency and to assist clients and families with planning as they make decisions related to residential care, the department will regularly post expected wait times by facility online.

**Reduce the wait for home support.** Some areas of the province experience chronic delays in home-support services. The department, working with providers and the Nova Scotia Health Authority, will implement a plan to reduce the wait for home-support services.

**Broaden available health services.** Taking advantage of the full range of health professionals in the community, including mental health, occupational therapy and primary health care can greatly benefit Continuing Care clients.

**Build in accountability.** Implementing performance-based contracts for long-term and home-care providers, with key performance indicators and targets to measure and monitor access, efficiency, and outcomes, will help to create a more accountable, sustainable system.

**Explore alternate options to Long Term Care beds.** Care options that can better meet the needs of individuals should be explored, including convalescent, restorative care, or palliative care beds.

## Supporting Caregivers

Caregivers have been, and will continue to be, integral to any strategy that promotes independence and community living. While the needs of the individual must play a central part of any care plan, so must the needs of the caregiver. Several programs have been developed and adapted over the years to recognize the importance of caregivers, including the Caregiver Benefit Program, Self-Managed Care, the Supportive Care Program, Adult Day programs, and respite care.

## Review

### Evaluation Results

About a quarter of caregivers are exhibiting signs of distress or burnout, a portion that has seen an increase by 6 per cent since 2006. When the Nova Scotia Centre for Aging at Mount Saint Vincent University conducted a survey asking unpaid caregivers what they needed, they pointed to enhanced respite services, to information about supports and services, and to the necessity of including the needs of caregivers in client assessments.

Clients with a high level of involvement in care planning like the flexibility offered by the Self-Managed Care program and report an improved quality of life. However, the initial information required to determine eligibility can be overwhelming for some. Cost analysis indicates that direct funding of clients is a more cost-effective model than indirect funding.

Adult day programs are designed to provide respite to caregivers while offering meals, social and recreational programs, and overall support to clients. Total attendance in adult day programs funded by the Department of Health and Wellness has remained constant over the last four years. Caregivers advise that the program offers much needed respite, as well as comfort that loved ones are well looked after by competent and caring staff. While reported levels of client satisfaction are high, the program is underused. The number of people participating in adult day programs who are also awaiting a long-term care placement has grown from 2 per cent in 2008–09 to 24 per cent in 2013–14.



When stipends of \$500 per month for the purchase home-support services through the Supportive Care Program were first introduced, eligibility was limited to individuals age 65 and over with cognitive impairment and a low income. The latter requirement was removed in 2013. Low participation in the first two years of the program may continue to have an impact on how it is perceived and on rates of referral to the program. There is a lack of knowledge among care coordinators regarding eligibility, and a belief that the manual processes associated with the program are difficult to manage.

## Refocus

### Proposed Directions

**Conduct client satisfaction surveys.** To better understand and respond to the needs of clients and their caregivers, the department will enhance and further explore opportunities to obtain feedback from clients regarding programs and services.

**Expand the Supportive Care Program.** The program will be amended to ensure individuals under the age of 65 with dementia, who meet all other eligibility requirements, will qualify. Information available to caregivers and care coordinators will be examined to ensure it is clear, accessible, and manageable.

**Assess caregiver needs.** The unique and very distinct needs of those caring for their loved ones should be assessed in order to provide the services and supports needed to sustain the caregiver role.

## Improving Quality and Ensuring Sustainability

With an aging population, the need for continuing care services will only grow. Changes are needed now to ensure that services are accessible, available, and affordable in the future. As well, standards of care delivered in facilities and in the home must be based on leading practices. A number of clinical programs designed to improve access to primary and specialist care have been implemented with positive results.

### Review

#### Evaluation Results

Nova Scotia does not have a standardized tool to assess residents' care needs after placement in long-term care, and the lack of data makes it difficult to evaluate health outcomes and adapt to changing health needs. As well, most service providers do not have a formal process for quality improvement. About 36 per cent of home-care support providers are accredited by Accreditation Canada or have implemented an organization-wide quality improvement program.

Approximately 2,200 emergency department transfers occur annually between hospital and long-term care, suggesting that one in every three residents will experience an event requiring a visit to the ER. An average of 4 per cent of acute-care inpatients discharged to long-term care facilities were readmitted to hospital within 28 days with the same, or a related, diagnosis. On average, 97 per cent of long-term care beds are occupied annually. The estimated number of days a bed stayed vacant decreased from 17.1 days in 2010–11 to 10.9 days in 2013. The types of funding relationships that exist between the department and long-term care providers are complex and varied. Almost three quarters of home-support clients pay no fee for service. The cost of home care is considerably less than that for long-term or hospital care.

## Refocus

### Proposed Directions

**Examine user fee structures.** To ensure that home-care services are sustainable, fees charged for services must be fair and appropriate.

**Implement a Quality Assurance process.** Working with the Nova Scotia Health Authority, the department should review the workloads of care coordinators to ensure that appropriate assessment decisions are made and that policies and procedures are followed and documented.

**Evaluate the Home First and Instrumental Activities of Daily Living programs.** Working with the Nova Scotia Health Authority, the department should conduct a formal evaluation of these programs to ascertain whether the funding provided reduced time spent in hospital.

**Examine the structure and delivery system for Home Care Services.** Home-support services must be sustainable now and into the future. Funding must align with services delivered, and current operational practices must be improved so that clients receive consistent, high-quality care in a timely and efficient manner.

**Develop a five-year Continuing Care Strategy.** It is critical to plan ahead, and to be flexible in order to adapt to changing circumstances. The department will release a refreshed plan in the fall of 2015, after reviewing the input we receive through this document and additional outreach. In recognition of the opportunities available to better coordinate and integrate services from a provincial perspective, planning will take place over the next 18 months. Our plan will continue to be informed by the input we receive from ongoing consultations, by conducting client and provider surveys, and by our experience in providing services and supports to Nova Scotians. Our five-year strategy will be released in 2017.

## Renewal

Share your views

**Are the proposed directions the most appropriate?**

**Do you agree that this is where resources should be targeted?**

**Are there other areas that need our focus?**

In our view, the proposed directions make sense given what we've learned from the evaluation, the demands we foresee in the future, and the fiscal reality faced by the province. Our objectives are to ensure more timely access and to provide supports that will allow people to stay at home longer and will provide care that is better coordinated across the spectrum, with less reliance on long-term care.

We intend to release an 18-month refreshed plan this fall, once we've had a chance to review the input we receive. This 18-month plan will be informed by the results of our evaluation and by ongoing discussions with clients and providers. These findings, together with the continued engagement of key stakeholders, will then inform the development of our five-year Continuing Care Strategy, set for release in 2017.

We welcome your input. Please take some time to visit our website and offer your views. You can find us at [www.novascotia.ca/dhw/continuingcarerefresh](http://www.novascotia.ca/dhw/continuingcarerefresh)

