A guide to contacts, policies and procedures to guide the business practices of long-term care administration in Nova Scotia.
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LTC Administration Handbook

Introduction

In order to understand the administration of long term care facilities it is important to understand the basics of operations. This handbook is designed to provide guidance for the day to day operations and support decision making.

Why this handbook was developed
This handbook was developed to support the complex business of administration in long term care facilities in Nova Scotia. It contains an overview of information about the process within the finance department, labour relations, capital/emergency request process, staffing, safety and other policies/procedures as well as general information around contacts at Department of Health & Wellness.

Who this handbook is for
This handbook is designed primarily for, but not limited to, those who may be new to an administrative role in long term care facilities. For those who already possess this knowledge this handbook may act as a review of the basics of LTC processes and procedures.

What this handbook will do
This handbook is a guide to contacts, policies and procedures to guide the business practices of long term care administration in Nova Scotia.

Information and tools in this handbook is intended to assist you in building common understanding and appropriate approaches which can be applied to your own circumstances.
What this handbook will not do

This handbook cannot and does not provide you with all that you need to know about administration in your long term care facility.

Neither will it answer all of your questions. It is simply one resource that is available to you. If you are interested in learning more about these subject areas you will need to undertake further exploration by seeking out other resources which may include but not limited to appropriate contacts at Department of Health & Wellness as well as other community partners and stakeholders who are active in the administration division of long term care facilities.
Continuing Care Overview

Continuing Care Services are provided to eligible people who need care outside of the hospital, in their home and community. Care can be provided on a long or short-term basis.

Governance

Continuing Care Services are administered and delivered by the Nova Scotia Health Authority and funded by the Department of Health and Wellness (DHW).

- **NSHA/IWK:**
  - Delivery of Services

- **Service Providers:**
  - **Home Care**
    - **Home Support:** 23 Agencies
    - **Nursing:** VON, with NSHA staff in parts of Central and Eastern Zones
  - **Community:** Red Cross H.E.L.P. & SEP, 4 Home Oxygen Vendors, 1 Wheelchair Vendor
  - **Long Term Care**
    - 75 Nursing Homes
    - 15 Nursing Homes/RCFs
    - 44 Residential Care Facilities
    - 1 Community Based Option

- **Continuing Care Branch:**
  - Delivery of Services
  - Funding

- **Service or Funding Agreements**
- **Accountability Framework/Agreement (pending)**

Service Agreements
What Guides Us

**Legislation and Regulations**
- **Long Term Care** – Homes for Special Care Act (1989), Social Assistance Act (1989)
- **Home Care** – Coordinated Home Care Act (1990), Homemaker’s Services Act (1989)
- **Community** – Self-Managed Support-Care Act (2005)

**Government Direction, Strategies and Frameworks**
- **Statement of Mandate**
- **Continuing Care Strategy (2006), Refresh (2015)**
- **Dementia Strategy (Spring 2015)**

**Policies and Standards**
- **Long Term Care Policies and Standards**
- **Home Care Policies and Standards**
- **Protection Policies**: Adult Protection, Protection for Persons in Care
- **Program Policies**: Home Oxygen, Caregiver Benefit, Self-Managed Care, Wheelchair and Bed Loan, Supportive Care, Personal Alert, Challenging Behaviours, Educational Requirements for Entry to Practice, Infection Prevention and Control, Continuing Care Scope of Practice, IADL Funding, Home First Funding
Programs and Services

Continuing Care Programs and Services include:

- Home Care (Nursing, Home Support, Respite and Palliative Care)
- Long-Term Care (Nursing Home or Residential Care Facility)
- Home Oxygen Services,
- Adult Protection Services
- Protection for Persons in Care
- Aboriginal Continuing Care
- Caregiver Benefit Program
- HELP-Bed Loan Program
- Personal Alert Assistance Program
- Self-Managed Care Program
- Supportive Care Program
- Specialized Equipment Program (Long Term Care) and
- Respite Care at home or in Long Term Care

In Nova Scotia, Continuing Care Services, are accessed through a single entry access system, by calling 1-800-225-7225. This toll-free number operates between 8:30 a.m. and 4:30 p.m., seven days a week. Call to learn more about what options are available to you.

For more information, please visit our website at [http://novascotia.ca/dhw/ccc](http://novascotia.ca/dhw/ccc)

The Risk Mitigation - Continuing Care Branch includes three areas: System Planning, Liaison & Service Support, and Monitoring & Evaluation. An overview of each section follows.
System Planning

The System Planning team supports Continuing Care by:

- Conducting policy research, complete analysis and provide policy advice
- Participating in the development of strategic policy and program development
- Developing, reviewing, and maintaining program legislation, policies and standards
- Supporting, facilitating, or leading the development of responses to system issues
- Coordinating the Challenging Behaviour Program
- Providing Project Management to branch and inter-branch initiatives
- Developing Briefing Notes, Business Cases, Submissions to Cabinet

The team consists of the following roles:

Director, System Planning
Manager, System Planning
Coordinator, Challenging Behaviour Program
Project Manager
Senior Policy Analysts (8)

All current policies, procedures, guidelines and standards guide provincial stakeholders, and are available on our website at http://novascotia.ca/dhw/ccs/policies-standards.asp.
Liaison and Service Support

The Liaison & Service Support team supports Continuing Care by:

- Responding to the daily inquiries of DHW funded service providers, including long-term care facilities, home support agencies, home nursing providers, and home oxygen vendors.
- Provides feedback to the branch regarding programs, services, and policies in response to interactions with service providers, the Provincial Health Authority, stakeholders and clients.
- Participates in the planning of new programs/services and leads the implementation of new programs and services.
- Investigates, assesses, intervenes, recommends, and refers to services for adults who are in need of protection.
- Responds to customer concerns/inquiries related to continuing care programs or services.
Monitoring and Evaluation

The Monitoring and Evaluation team supports Continuing Care by: grammar example

- Provides leadership in evaluation, monitoring, research, and statistical management
- Provides research and statistical support
- Maintains SEAscape
Finance

The Department of Health and Wellness funds Nursing Homes and Residential Care facilities across the province with a variety of different funding models; tradition, service agreement and hybrid.

DHW funds 100% of Health Care costs in licensed long term care facilities with the expectation that seniors will contribute to the room and board costs of their residing facility.

Funding is distributed to the facility through the following method:

- **Bi-weekly payments**
  - Approved budget less estimated resident collections, distributed over 26 payments
  - Special Needs – resident specific items approved by Care Coordinator, submitted to DHW on a monthly basis

**Traditional Facilities:**

- **Staffing and Benefits**
  - Funding is primarily allocated based on approved program requirements and Minister approved wage scales and benefits.
  - Health Care staffing is primarily standardized for Nursing and CCA.

- **Capital funding** is intended for assistance with:
  - Upgrades, new equipment and repairs required to maintain the facility and quality of care.
  - Approved principal and interest payments on facility mortgages.

- **Operations**
  - Funds allocated for non-salary administrative, resident and building expenditures purposes

**Service Agreement Facilities:**

These facilities are comprised of three types of models: RFP, Replacement and Hybrid. These beds are governed under a 25 year service agreement with DHW. Funding allocations is split into two funding envelopes: **Protected** and **unprotected**.

- **Unprotected** funding is intended to cover room and board costs of a facility.

  Funding Allocation:
  - Operations – utilities, taxes, supplies, leases, etc.
    - Replacement facilities have standardized funding on a per bed basis.
    - RFP beds operations funding is tied to the accepted bid price.
  - Staffing and Benefits – indirect and management staffing
    - Replacement facilities staffing model is standardized based on facility size.
• RFP beds staffing is representative of the accepted bid.
  o Capital – represents the project costs of the new construction.

• Protected funding is intended to cover costs associated with resident care. All beds governed by service agreements have funding allocations controlled by DHW.

Funding allocation: staffing and operations are all standardized based on bed size. The only exception is the staffing model – augmented traditional or full-scope.
  o Augmented Traditional staffing model expect CCA positions to only provide health care.
  o Full-scope staffing model allows CCA to function within their full range of practice. This includes light housekeeping and dietary assistance. Similar to CCA’s in home care environments.

Hybrid Facilities:
Older facilities with new beds added through the request for proposal (RFP) in 2007. These facilities have all the same funding allocations listed above for the older section of the home, but also have service agreements in place for the new construction.

Protected and Unprotected Staffing Policies
Policies for New and Replaced Long Term Care Beds under Service Agreements (see link to policies, below, for further explanation).

Protected staff policy
http://novascotia.ca/dhw/ccs/policies/Protected%20Envelope%20Funding%20Policy.pdf

Protected Staff policy covers:
  • Resident Care including: DOC, ADOC, In-service Coordinator, RN, LPN, CCA, Ward Clerk
  • Program Support including: OT, PT, Physio Aid, Social work, Dietitian, Recreation Director, Recreation Worker
Unprotected staff policy
http://novascotia.ca/dhw/ccs/policies/Unprotected%20Envelope%20Funding%20Policy.pdf

Unprotected Staff policy covers:

- **Administration including**: Administrator, Business Manager, Secretary Receptionist, Human Resource Manager, Hospitality Manager, Dietary Manager, Environmental Services (ES)/Maintenance Manager, ES Manager, Maintenance Manager
- **Dietary Including**: Cook, FSW
- **Environmental Including**: Housekeepers, Laundry
- **Maintenance Including**: Maintenance Worker

**Funding Restrictions**
All facilities, governed under a service agreement or not, will not receive assistance from DHW for incurred deficits.

- **Surpluses**:
  - Service Agreement: Protected Envelope funding not fully utilized will be forfeited and returned to DHW.
  - Non-Service Agreement: Surpluses are not recouped by DHW

The Protected Envelope Funding Policy and Unprotected Envelope Funding Policy can be found under the heading **Policies for New and Replaced Long Term Care Beds under Service Agreements**, on the Continuing Care Policies and Standards webpage: http://novascotia.ca/dhw/ccs/policies-standards.asp.
Staffing

Approaches to Care

Traditional Approach:

 Applies to:

Nursing Homes built prior to 2008, older facilities which tend to have larger resident care units with more hospital like setting.

Expectations:

- Resident centered team approach to care.
- Food is prepared in a main kitchen and delivered by food service workers, serving are done by CCAs and dietary.
- Housekeeping staff are responsible for all housekeeping tasks.
- Environmental staff is responsible for all laundry done in a main laundry site.
**Augmented Traditional Approach:**

*Applies to:*

Replacement and most Nursing home additions with service agreements.

**Expectations:**

- Residents living in households of 12-15 bedrooms with residential features such as private bedroom and bath, a living room with a central fireplace, an adjacent open kitchen and dining area. The emphasis is on organizing care and activities around the resident and not the facility schedule. Smaller numbers of individuals living together with consistent staffing supports relationship building among residents, families and staff members.

- Food is prepared in a main kitchen and delivered to the household by food service workers who support the meal service.

- Housekeeping and food service staff supports the household.

- Linens, towels, etc. are laundered in the main laundry.

- Resident clothing can be laundered in the household by staff or family and residents.
Full Scope Approach:

Applies to:

New standalone RFP nursing homes with service agreements and a few Nursing Home additions. This model also applies to Residential Care Facilities.

Expectations:

- Residents living in households of 12-15 bedrooms with residential features such as a private bedroom and bath, a living room with a central fireplace, an adjacent open kitchen and a dining area. The emphasis is on organizing care and activities around the resident and not the institutional schedule. Smaller numbers of individuals living together with consistent staffing supports relationship building among residents, families and staff members.

- Prepared food is delivered to household to be served by CCAs

- Daily light housekeeping in household performed by CCA

- Linens, towels, etc. laundered in main laundry.

- Resident laundry done in household by CCAs
Nursing Strategy

In 2015, Nova Scotia updated its Provincial Nursing Strategy. The purpose of the updated Nursing Strategy is to focus the province’s existing financial resources on a plan that will continue to retain nursing graduates, as well as experienced nurses, to ensure we have an adequate number, mix, and distribution of nurses in the places we need them in Nova Scotia.

The updated Nursing Strategy is grounded in evidence and shaped by the experience and expertise of Nova Scotia’s nurses. Data about the provincial nursing workforce shows that there are about 2000 more nurses in the province (RNs, LPNs and NPs) than there where when the first Nursing Strategy was implemented in 2001. While significant gains have been made in the recruitment and retention of nurses, the replenishment of the workforce has created new challenges. Large numbers of new graduates are entering the profession at a time when our most experienced nurses are preparing for retirement. This has created a demand for new ways to support nurses at all stages of their careers to teach and learn from each other. Additionally, there are ongoing challenges filling positions in some rural areas and clinical specialties, including long term care.

With the help of external health human resources planning experts at the Dalhousie University/World Health Organization Collaborating Centre on Health Workforce Planning, a review of recruitment and retention strategies used provincially, nationally, and internationally was conducted to help inform Nova Scotia’s approach. The consultants then used a needs-based simulation model to estimate the supply of nurses and the potential requirements for nursing staff based on the province’s demographics and projected health-care needs. Their analysis clearly identified the need for a multi-faceted approach to maintain a stable nursing workforce.

The analysis and findings were then brought to nurses themselves. Several sessions were held with LPNs, RNs, and NPs around the province, and online feedback was invited from all nurses. With the findings of the consultants as background, nurses were asked to provide their views on how the resources allocated for the Nursing Strategy should be shared across the province and the profession. It is their wisdom combined with the evidence that will allow us to put in place a strategy that offsets the anticipated retirements in the coming years.

Based on the evidence and the feedback from nurses, the new strategy will:

- Fund dedicated time for experienced nurses to mentor new nurses
- Increase the number of post-entry specialty programs, such as perioperative and critical care nursing programs
• Continue to provide funding to support professional development for nurses— but targeted for system priorities (injury prevention, quality workplaces, team development, and clinical leadership)

• Continue to fund the Co-operative Learning Experience Program, targeted to clinical specialties and geographic areas that are at greatest risk from anticipated retirements (e.g. long term care)

• Create a fund for nurses who have innovative ideas to improve their workplaces and patient care

• Create an Innovation Fund that supports employers and communities to recruit and retain nurses for hard-to-fill positions

• Continue to focus on removing barriers that prevent nurses from working to optimal scope

The Nursing Strategy is available at: [http://novascotia.ca/dhw/nurses/](http://novascotia.ca/dhw/nurses/)

For more information on these initiatives, please contact:

*Senior Nursing Policy Analyst, Nova Scotia Department of Health and Wellness*

*Phone: 902.424.3005*
Continuing Care Assistant

The Continuing Care Assistant (CCA) certification is the entry to practice education requirement for individuals providing direct care and support services in Nova Scotia Department of Health and Wellness (DHW) funded Nursing Homes/Homes for the Aged and Home Support Agencies. CCAs also work in a variety of other health care settings including hospitals.

More information about the CCA Program is available online at http://www.novascotiacc.ca/

For information about hiring CCAs, including the Educational Requirement for Entry to Practice and the Application for Exception – Entry to Practice, please see the Policies and Standards page of the Continuing Care branch website http://novascotia.ca/dhw/ccs/policies-standards.asp.
Eligibility Review Unit (ERU)

The Eligibility Review Unit (ERU) assesses individuals to determine their daily accommodation charge.

Rate assessments

**Daily Accommodation charge** (Widowed/Divorced/Single clients): All clients are assessed a daily accommodation charge based on their income. The ERU uses line 236 (net income) – line 435 (taxes payable) from a clients’ Notice of Assessment to assess the daily charge. This income is multiplied by 85% and divided by 365 days in the year to produce the rate. The unit reviews all other possible deductions that may reduce the daily accommodation charge. Every client is encouraged to call 902-424-4653 if they have questions on their rate. ERU will charge clients the maximum accommodation charge until they provide their notice of assessment or other financial information.

**Yearly assessment:** Each client’s rate is annually assessed from November 1 to the October 31 of the following year. Your facility will be emailed a package via SEND every year by October 1 to invoice your clients for the following year. Clients who do not provide their financial information will be assessed the standard accommodation charge ($100+) and your facility will be required to charge this rate or have the client provide their financial information so a rate can be assessed.

**Married clients:** Many married clients/spouses will be eligible for voluntary separation with Service Canada. They will be notified by ERU to fill out the form with Service Canada which will make eligible to receive more guaranteed income supplement.

Married clients (includes common law spouses) will have their joint income reduced by 60% so the spouse in the community has more income to deal with their expenses. If you have a client and their spouse in your facility, their rate will be set at 50/50 and each client will be charged an identical charge.

Facilities should notify ERU immediately if they are aware if a client’s spouse in the community has passed away. This will affect the client’s rate and failure to catch the martial status change may result in large retroactive charge when the rate is revised causing hardship for the client and facility.

**Guaranteed Income Supplement (GIS):** GIS benefits may increase for married couples that live apart for care reasons (known as Involuntary Separation) such as clients residing in a Long Term Care facility. Involuntary Separation allows the incomes to be considered separately, rather than combined as a couple. In the client’s rate letter, there will be an adjustment for income that they may not have currently but are eligible to receive. They must apply for this income (part of maximizing their income through the Resident Charge Policy). Please assist these clients by having them visit your local Service Canada office or call 1-800-277-9914 (press ‘0’) or use this link to fill out the form. [http://www.servicecanada.gc.ca/eforms/forms/sc-isp3040(2014-10-20)e.pdf](http://www.servicecanada.gc.ca/eforms/forms/sc-isp3040(2014-10-20)e.pdf)
**Adult protection (AP) clients:** Clients placed by AP will be automatically charged a zero rate until ERU has been provided the client’s financial info. This process may take a few months (longer than a typical placement) as financial documentation may be difficult to find, there may be no power of attorney or assignment to Public Trustee may be required. A rate and starting date will be set that the facility will then began charging the client and ERU will recover for the past months.

**Bad debts:** ERU is not responsible for client’s who do not pay their daily accommodation charge. The facility must exercise all business practices and legal means to recover this income. Practices may include legal fees, court costs and possible eviction.

**Respite:** All clients may apply for a reduced respite charge. However, in absence of reduced respite letter, the facility should charge the maximum respite charge.

**Under 65 Pharmacare:** In the rate letters, clients under 65 must be enrolled into under 65 Pharmacare. The facility is required to fax the ERU letter to Pharmacare to enroll him/her into this program.

**Minimum Retained income:** Clients with little or no income will be paid by a minimum retained income each month for the client to manage their costs not covered by the home such as drugs, haircuts, transportation, phone, television etc. Facilities will be required to bill Department of Health and Wellness for this monthly amount when specified on the ERU letter.

For any questions on a client rate, please call the ERU main phone line at 902-424-4653 or email ERU@novascotia.ca. Your questions/information will be transferred to the appropriate staff member who will follow up on your inquiry.
Adult Protection

Under the law, in accordance with Section 5 of the Adult Protection Act, suspected cases of abuse and/or neglect must be reported to the Department of Health and Wellness via the Continuing Care line at 1-800-225-7225.

The case is assigned to an Adult Protection Social Worker who will follow up on the information provided. If the Adult Protection worker determines there are reasonable and probable grounds to believe the person is an adult in need of protection, an assessment will be completed. Based on the assessment, a care plan to mitigate the risks to the individual, which may include a referral for services in the home or placement in a long-term care facility, will be established.

More information about the Adult Protection Act is available at http://novascotia.ca/dhw/ccs/FactSheets/Adult-Protection-Services.pdf

Protection for Persons in Care Act

Facility administrators and service providers are required under the legislation to report allegations of abuse, or instances where the likelihood of abuse will occur.

Types of abuse covered under the Protection for Persons in Care Act include: physical, emotional, medication, sexual, financial and neglect.

Facilities covered under PPCA (under DHW mandate) include facilities licensed under the Homes for Special Care Act, Community Based Options approved and funded by DHW, and hospital under the Hospitals Act.

Allegations of abuse are reported through the Continuing Care contact number: 1-800-225-7225

An inquiry is conducted on all allegations reported and if warranted, an investigation is completed.

Directives may be issued to the Administrator if considered necessary to protect the patients or residents.

Supporting documentation on the Protection for Persons in Care Act can be found at: http://novascotia.ca/dhw/ppcact/
Critical Incident Reporting

The Critical Incident Reporting Policy applies to DHW facilities licensed under the *Homes for Special Care Act*, Community Based Options approved and funded by DHW, Home Care Agencies and Home Oxygen Vendors.

Facility administrators are required under the Critical Incident Reporting policy to report critical incidents via fax to DHW.

**Critical incidents include:**

- Unanticipated death/serious health impairment to client/visitor/health care personnel directly associated with care/services
- Unanticipated disruption to health care services for greater than 24 hours
- Events involving multiple clients and/or require retroactive notification re event/exposure to risk
- Privacy breach which may impact public trust
- Conditions perceived as public health hazards/disaster management events
- Criminal activity
- Events with potential to undermine public confidence in health care system
- Other - serious event that the service provider believes DHW should be notified

Service Provider will provide DHW with a follow up within 30 days of reporting the critical incident.
LTC Administration Handbook

Licensing

*Homes for Special Care Act* is the guiding legislation for licensing. Newer facilities also fall under the *Long Term Care Program Requirements*.

Licensing inspections are unannounced and typically occur annually (more frequently if required). Inspections monitor compliance with applicable legislation, policies and standards.

Each facility is required to complete pre-licensing documentation.

An Investigation and Compliance Officer completes the onsite inspection which includes a walkthrough of the facility, conversations with residents, family members, managers and staff as well as a review of documentation and policies.

Requirements are issued for deficiencies / non-compliance.

Action plans to address deficiencies are required prior to recommending a license be issued.

Unannounced visits are conducted throughout the term of the license.

Supporting Documentation on Licensing can be found at: [http://gov.ns.ca/health/ccs/ltc.asp](http://gov.ns.ca/health/ccs/ltc.asp)
Infrastructure

The Infrastructure Management team is involved in all requests for improvement, modification and replacement of health care facility infrastructure components. These projects vary from new construction, to more simple maintenance items. IM does not report directly to Continuing Care branch. Ongoing support is provided as required.

From initial concept, through to completion, our team provides advice and guidance towards the successful implementation of a project. We create standards, manage requests, chair the capital request committee and control all records related to project requests.

Through regularly liaising with pertinent stakeholders, both internal and external, consistency is ensured. Our mission is to provide accurate, timely advice and recommendations in support of continuously improving all health care facilities.
Capital Request Process

The Long Term Care Project Request Form is used for any request related to any project that is necessary for the ongoing successful operations of the facility, including annual business plan and emergency funding requests. A copy of the form can be requested by e-mailing CapitalRequestLTC@novascotia.ca.

There are two types of funding requests:

- Annual business plan funding
- Emergency Funding
Annual Business Plan Funding

**Annual Business Plan Funding requests:** The purpose is to address future needs and maintain/upgrade infrastructure and equipment, which support both the DHW and facility’s objectives.

Emergency Funding

**Emergency Funding requests:** The purpose is to address a serious, unexpected, and often dangerous situation requiring immediate action.

Is it an emergency?

Safety – Does the situation have an adverse effect on the safety of the facility’s occupants?

Operational – Does the situation interfere with the normal operation of the facility? Was this an unexpected situation?

Loss of critical functionality – Has a system or a piece of equipment had a complete failure?

Code/Standard violation – Is the authority having jurisdiction requiring action?

<table>
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<th>Examples of...</th>
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<td>Emergencies</td>
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<td>NSOFM required upgrades</td>
<td>Air conditioning</td>
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<tr>
<td>Repair active leaks</td>
<td>Flooring</td>
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<tr>
<td>Failed boiler</td>
<td>Paint building</td>
</tr>
<tr>
<td>Failed elevator</td>
<td>Construct smoking room</td>
</tr>
<tr>
<td>Failed dishwasher</td>
<td>Boiler upgrades</td>
</tr>
</tbody>
</table>
Process for Funding Requests
Standardized e-mail communication from DHW (emergency/capital): same day

Providers contact Service Support Consultant for discussion around funding (operational challenges and approvals): day of emergency or next business day

DHW acknowledgement email, including DHW assigned request number: 3 business days

Additional information required: as needed

Status update approved/not approved: 30 calendar days

Types of funding:
Per Diem: Certain dollar amount/resident/day over a variable time.

Lump Sum: One time lump sum to cover costs

Clear communication about project status is expected. Timely notice of project close out helps in overall funding allocation.
Labour Relations

The Health Sector Labour Relations Office resides within the Department of Health and Wellness Health System Workforce Branch and actively monitors emerging workforce issues in the sector. The LR team manages a variety of employee relations issues for both union and nonunion staff and is often a liaison between employers and other Department branches on issues within its scope.

The LR team is the point of contact between the Department and funded employers on a variety of employee relations issues, such as:

- Staff funding components in DHW’s Finance budget process
- Employee compensation (union and non-union)

**Provincial approach to bargaining**
In cases where staff is unionized, the Labour Relations team works with employers and their representatives to maintain a provincially coordinated approach to bargaining activities in the sector.

**Implementation of new collective agreements**
Following the signing of a new collective agreement, employers (or their designated labour relations representative) must send a signed copy of the full agreement to the LR team for review and processing. Upon completion of that work, the LR team provides direction to the Finance branch to process the funding changes.

**Union grievances with provincial implications**
While the Department is not involved in the management of staff of funded employers, it is requested that the LR team be advised of any union grievances with a sector-wide implication.

**Management and non-union compensation change requests**
All management and non-union compensation change requests are to be forwarded to Liaison & Service Support, Continuing Care Branch and copied to the Labour Relation Office. Decision making authority resides within the Continuing Care Branch.
Infection Prevention and Control

Healthcare-associated infections occur in all health care settings, including long-term care facilities (LTCF). Implementing effective infection prevention and control measures, such as the consistent application of routine practices and additional precautions, decreases the occurrence and spread of healthcare-associated infections and outbreaks in LTCF.

LTCFs in Nova Scotia have access to infection prevention and control expertise from a range of sectors including Infection Prevention and Control Nova Scotia (IPCNS) within the DHW, Infection Prevention and Control Nova Scotia (IPAC NS), and infection control practitioners both in acute and long-term care facilities. Expertise related to communicable disease outbreaks and/or food safety issues can be found through local public health services, the Medical Officer of Health or Food Safety Specialists within the Department of Agriculture. LTCFs are encouraged to contact these parties for information and assistance in infection prevention and control matters.

IPCNS at the DHW provides guidance and consultation to LTCFs on a variety of infection prevention and control issues. This includes correspondence (phone or email) on managing individual facility issues, development of best practice documents and through monitoring, measuring, and evaluating infection prevention and control processes. Standards and best practices guidelines to assist LTCF in supporting infection prevention and control practices and IPCNS contact information can be found on the IPCNS website at http://ipc.gov.ns.ca/

**Reporting Outbreaks**

LTC and RCF facilities are required to report outbreaks or suspected outbreaks to their local Public Health Offices.

As well, facilities are to notify the NSHA Placement Office and the Investigation and Compliance (Licensing) office, Continuing Care, DHW of any bed, wing, or facility closures and resumption of service.

The licensing office should be contacted by email at the following address MonandEval@gov.ns.ca.
Privacy and Personal Health Information

The Personal Health Information Act came into force on June 1, 2013. The Personal Health Information Act (PHIA) governs the collection, use, disclosure, retention, disposal and destruction of personal health information. The Act recognizes both the right of individuals to protect their personal health information and the need to collect, use and disclose personal health information to provide, support and manage health care.

More information about managing health information, including a toolkit designed to help custodians understand and meet their requirements under PHIA, is available on the PHIA website: http://novascotia.ca/dhw/phia/custodians.asp

Emergency Preparedness

As noted in Section 27 of the Homes for Special Care Regulations, which are available online at http://www.novascotia.ca/just/regulations/regs/hsc7393.htm, all long-term care facilities are required to have emergency preparedness plans in place.

The administrator is responsible for:

- training staff and residents on emergency plan procedures and conducting emergency drills with staff and residents; and
- requesting the Fire Marshal to inspect the home on a regular basis in accordance with the requirements of the Office of the Fire Marshal.

Duty Officer

The Department of Health and Wellness (DHW) maintains a 24/7 Duty Officer system. Participation in the DHW rotation includes senior staff from across the department.

While the DHW Duty Officer is available 24/7, the expectation is that during normal working hours facilities would use their normal procedures for contacting the Continuing Care branch.
The DHW Duty Officer may be contacted as follows: 1-877 408 4394 option 1

The objectives of the DHW Duty Officer are as follows:

1. A means of notifying the DHW Minister / Deputy Minister, Health Authority / Izaak Walton Killam Health Centre, Continuing Care sector, Emergency Health Services (EHS), or 811 of any critical incident that could impact the health-care system.

2. A means of activating the required resources to effectively respond to an emergency that could affect the provincial health system.

Reasons for contacting the DHW Duty Officer include:

1. For any major event that could impact the health system and its ability to provide service

2. For any event that could result in loss of public confidence in the health system

3. To provide information to the Minister regarding an emergency event

When contacting the DHW Duty Officer the following information should be provided:

1. Confirm if the notification to the DHW Duty officer is for information only, or if you are requesting action or assistance from the DHW Duty Officer.

2. Provide your name, organization, position, phone number, and e-mail

3. Provide details related to:
   - Nature of the event / emergency
   - Scope of the event / emergency
   - Time event / emergency occurred
   - Key people and organizations involved
   - Number of people affected
   - Number of people injured
   - Expected duration of response
   - Media interest
   - Action taken
   - Time of next update, or next steps for planning
Special Care Emergency Preparedness Association

SCEPA is a provincial not-for-profit association focusing on Emergency Preparedness and Management for the Continuing Care sector in Nova Scotia.

More information about SCEPA is available on their website: www.scepa.net
Occupational Health & Safety Leadership

The sustainability of the healthcare system depends on organizations that provide effective leadership to quality and safety. Healthy and safe work environments experience higher retention and recruitment rates and lower costs related to injury rates, absenteeism and turnover and deliver better care to clients. http://novascotia.ca/lae/documents/WorkplaceSafetyStrategy.pdf

Administrators have a legal requirement to be compliant under Nova Scotia’s Occupational Health & Safety Act and Regulations to establish a health & safety program that includes practices and procedures to identify, assess and control hazards for the protection the health and safety of staff and everyone at the workplace. http://novascotia.ca/lae/healthandsafety/pubs.asp#apr

Long Term Care Administrators must ensure that policies and programs to protect the health and safety of both staff and residents are created, communicated and put into action. A ‘safety for all’ priority approach actively leading health and safety related activities and measuring performance will foster a culture of safety and accountability for best practices in health and safety.

Why is this important

Accidents are preventable, yet injuries are occurring every day. Nova Scotia’s Long Term Care facilities paid the Workers’ Compensation Board of Nova Scotia more than $21 Million in 2014. This suggests that more around $100 Million was spent to cover the true costs of work related injuries; funds that could have been used to help improve the lives of staff, and the residents through programs and services. These costs represent people who are injured at work, often while they are delivering care to residents. Injured staff are often required to take time away from work and this, in turn, results in staffing shortages and vacancies that are difficult and costly to fill.

In 2014 the equivalent of 138 staff were absent from work for the full year due to work related injuries.

SAFETY Leadership for Long Term Care Administrators

Safety leadership – at all organizational levels in every workplace – is key. The Provincial government’s role is as the policy-maker, regulator and enforcer, but it must also lead by employer example across the provincial public sector. It recognizes its responsibility as a leader, to model safety in action, policy and example
Safety for All is an investment in providing safe quality care to residents, and offering a quality and safe workplace for staff. Leadership is associated with improved attitudes, perceived safety climate, safety knowledge, safety behavior, safety events and injuries.

Dr. Kevin Kelloway, offers S.A.F.E.R Leadership as a Model that can be integrated in your workplace:

S.A.F.E.R Leadership is Model

S: Speak about Safety / Ask about safety
Talk the talk. Take time everyday to talk about safety with your managers, supervisors and staff. Ask about safety related challenges and how they can be addressed.

A: Act to Demonstrate your Commitment
Walk the walk. Be visible and demonstrate that safety is important. Take action to ensure that safety concerns are addressed. Participate in the day-to-day management of safety in the facility including unit and facility inspections, safety related training and information sessions, and incident investigations.

F: Focus on Safety - unrelenting concern for safety in care and service
Safety is not a program, rather incorporate health and safety into all aspects of the facility’s operational and residential care plans. Build accountability for safety into Managers and staff roles defined in job descriptions and establish, monitor and report on health and safety related performance measures. Hold managers and staff accountable for personal and organizational health and safety performance.

E: Engage others to advance health and safety
Get others involved. Health and safety / injury prevention programs are effective when staff are actively engaged. Listen to staff, especially to new people, and frontline junior people. Nobody knows the job as well as the person who does it. Engage external partners.

R: Recognize Health and Safety Related Contributions
Give Kudo’s! Recognize effort, value and performance. This will not only build safety culture, reducing accidents and injuries, it will retain staff.
Stay-at-Work / Return-to-Work

A well-designed and properly managed Stay-at-Work/Return-to-Work program is an important way to help reduce costs and staff shortages in your facility. You should ensure that you have a formal program that includes defined responsibilities for injured staff members, supervisors and managers, an expectation that injured staff will participate in the process, a requirement for injured staff to be provided with and accept work / job tasks that match their current capabilities, etc. An example of a good Stay-at-Work / Return-to-Work program for a long term care facility can be obtained from the Health & Social Services Team at the WCB.

Nova Scotia Workplace Violence Prevention Regulations


Employers, in consultation with joint health and safety committees or representatives should carry out violence risk assessments, which are practical, commonsense reviews of workplaces and their administrative and work practices, in order to identify existing or potential areas that can lead to workplace violence. Education and training at all staff levels is essential. AWARE-NS has developed a 6-Step Resource Guide, “Steps for Safety- Preventing Workplace Violence” containing training, tools and materials that will help Administrators achieve compliance with provincial regulations and open conversations with staff about this important issue in healthcare. [www.awarens.ca](http://www.awarens.ca)

Occupational Health & Safety Related Resources

**AWARE-NS**

The role of AWARE-NS is to add clear value to the occupational health and safety agenda and support health and community services stakeholders to champion safety excellence through fostering a culture of safety and well-being.

AWARE-NS works with stakeholders and partners to promote and improve safety in Health and Community Services workplaces through program and services. An array of OHS tools and resources are available, and free online learning e-campus to support mandatory education that offers customized reports for staff education and certificates of achievement.

For more information, please visit the AWARE-NS website at: [http://awarens.ca](http://awarens.ca)
Workers’ Compensation Board of Nova Scotia

The Workers’ Compensation Board of Nova Scotia (WCB) has a mandate to help injuries in Nova Scotia’s workplaces. They also are the sole provider of workers’ compensation insurance in Nova Scotia, and have the legal responsibility and authority to compensate workers for work-related injuries and illnesses.

The WCB has provides employers and workers in Nova Scotia with a number of different services:

- Claims management: the WCB will help to facilitate the claim management and return to work process. However, the main responsibility for ensuring that the claims of injured staff are properly managed rests with the Administrator at the facility. If you do not have a good process in place and if you are not ensuring that your staff and managers are actively involved in the process then the costs and time loss associated with work related injuries will increase.

- The WCB can provide assistance when it comes with helping you to review your Occupational Health and Safety Program, policies and procedures. They can also provide advice on how to create or improve your Stay-at-Work/Return-to-Work process.

- As noted above, the WCB will provide compensation to injured workers for lost wages and medical / treatment related expenses. The goal of the WCB is to have all injured workers return to their pre-injury job at their pre-injury wage. When this can’t happen the WCB will continue to provide assistance to this worker until suitable alternative work can be found, and if required, until they reach retirement age.

For more information, please visit the WCB website at: http://www.wcb.ns.ca/
Nova Scotia Health Authority

On April 1, 2015, Nova Scotia consolidated nine district health authorities into one provincial health authority.

The new structure includes four zones: Western Nova Scotia, Eastern Nova Scotia, Northern Nova Scotia and Central Nova Scotia. Information about NSHA programs and services can be found online (http://www.nshealth.ca/programs-and-services)

Under this new structure, nine vice presidents report to the president/CEO, with one position shared with the IWK. In addition, there are two executive directors in each zone, one for medical leadership and one for operational leadership. More information about the Nova Scotia Health Authority Zone Executive and Leadership, including summaries of the roles, can be found here: http://www.nshealth.ca/about-us/executive-team

For additional information about the Nova Scotia Health Authority, please consult the NSHA website: http://www.nshealth.ca/
Long Term Care Contacts

Please contact the **Nova Scotia Health Authority** with any questions related to: service delivery issues, placement, waitlist, respite questions, issues with home care/LTC services.

Please contact the **Department of Health and Wellness (Continuing Care Service Support Consultants)** with any questions related to: policy and standards, accommodation rates, licensing and auditing questions; funding issues.

A list of all provincially licensed Nursing Homes and Residential Care Facilities in Nova Scotia is maintained by the Continuing Care branch and can be found online at [http://novascotia.ca/dhw/ccs/documents/Nursing-Homes-and-Residential-Care-Directories.pdf](http://novascotia.ca/dhw/ccs/documents/Nursing-Homes-and-Residential-Care-Directories.pdf)

The Directory is updated quarterly. Please notify DHW Continuing Care if there are any changes to the information in the Directory.
Contributors

The LTC Administration Handbook was developed in consultation with the following:

- Department of Health and Wellness - Finance
- Department of Health and Wellness – Health System Workforce
- Department of Health and Wellness – Infrastructure Management
- Department of Health and Wellness – Health System Quality
- Department of Health and Wellness – Health Services Emergency Management
- Workers’ Compensation Board of Nova Scotia
- AWARE-NS

As well, feedback was solicited and received from a number of new and existing LTC Administrators.

Thank you to the many individuals and organizations who contributed to this handbook.