Expert Advisory Panel on Long-Term Care Outcome Report

Update – March 2022



In January 2019, the Department of Health and Wellness (DHW) released the report from the Minister's Expert Panel on Long-Term Care. The report made 22 recommendations on how to improve the quality of long-term care (LTC) in the province. The follow up to this report is now with the Department of Seniors and Long-Term Care (SLTC). The department has completed work in key areas, with significant progress being made on most recommendations.

This report highlights the progress to date on the 22 recommendations, with action taken on all recommendations. Many of these initiatives will contribute to on-going work for the Department of Seniors and Long-Term Care (SLTC).

Recommendation		Timeframe	Actions Taken
1.1	Hire temporary LTC Assistants (LTCA) to support the care team with residents' activities of daily living.	Short-term	 LTCA role implemented in 2020 and continued to support the COVID-19 response. 2020-2021 investment was \$10.87M 2021-2022 - \$14.85M to support over 340 Full Time Equivalents (FTEs). LTCA has been funded until the end of fiscal 2023.
1.2	Assign one full-time Licensed Practical Nurse (LPN) to Residential Care Facilities (RCF).	Short-term	 Temporary funding was provided to support equitable access to LPN in RCF (based on facility size). About \$323,000 provided for a total of 8.32 additional LPN FTEs to RCFs.
1.3	Build sector pride by communicating the unique and diverse skills required to work in the LTC sector.	Short-term	Marketing campaign launched in 2019 and 2020 to promote the role of continuing care assistants.
1.4	Expand access to allied health providers that is equitable across the sector and province.	Medium- term	 \$6.4M allocated in June 2021 to support the annual funding to provide a more equitable access to allied health providers. Funding supported 71.27 FTEs and is ongoing.
1.5	Increase the utilization of Nurse Practitioners (NPs) in LTC. Note: Linked to action item 3.2	Medium- term	 Regulations updated for NPs to practice as primary care providers. November 2021 - annual funding announced for over 13 NPs to work in LTC and community.
2.1	Bring back the Continuing Care Assistant (CCA) bursary program to support CCA recruitment.	Short-term	 CCA bursary program re-introduced in 2019 and just under \$2M made available to support students. December 2021 - \$3.1M in funding to reimburse tuition for students and related program costs for existing CCA students.
2.2	Recognize the unique skills needed to have a viable long-term career in LTC. Note: Linked with action item 1.3	Short-term	 Communications takes all opportunities through media to highlight working in LTC. Marketing campaign launched in 2019 and 2020 to promote the role of continuing care assistants.
2.3	Examine methods of CCA education and curriculum, specifically with reference to LTC environments and hands-on experience.	Medium- term	 2019-20 - NSCC was provided about \$19,000 to develop modules for flexible part-time CCA pilot programs in two zones. This was then extended throughout the province. December 8, 2021 - government announced the implementation of a new Work and Learn CCA education program. This will support the training of many new CCAs in Nova Scotia.

2.4	Develop a Provincial Recruitment and Retention (R & R) Strategy for workers in this sector.	Medium- term	 DHW & SLTC developed strategies to enhance recruitment and retention in LTC and home care. \$3M was allocated 2021-2022 for implementation of this work November 2021 - Health Association Nova Scotia (HANS) funded to hire 6 recruiters to provide dedicated HR support to Continuing Care sector December 8, 2021 - government announced: \$8M for LTC to offer casual and part-time employee's full-time positions to provide direct care \$22M to cover tuition costs for over 2000 students in the CCA program over 2 years \$3.1M to hire temporary staff through employment agencies, while the province builds a larger workforce \$3.1M in tuition rebates for current CCA students \$2.1M to recruit continuing care assistants nationally and internationally \$1.4M for the Health Care Human Sector Council to conduct a pilot to improve staff scheduling and delivery of care \$1.28M to HANS to increase professional development opportunities for staff \$1.28M to HANS to attract workers to parts of the province where staffing is the most challenging \$630,000 for up to 600 individuals to have prior skills and experience recognized to work in continuing care \$466,000 to provide employees access to the wellness support program
3.1	Implement the recommendations from the NS Long Term Care Pressure Injury Prevention Strategy (2018). Note: Linked to action item 3.3	Short-term	 2018 - Continuing Care led the pressure injury prevention education and provision of toolkits to LTC staff. Wound Management Policy implemented 2019 and included mandatory reporting of pressure injuries. 2019 - Canadian Red Cross funded \$1.68M to supply LTC facilities with access to pressure reduction equipment such as special air mattresses and cushions. 2019 investment in ceiling lifts to move residents safely.
3.2	Develop a sector-wide strategy for LTC primary care coverage.	Medium- term	 Provincial policy to guide the delivery of primary care in long-term care has been developed. \$5.4M was allocated for 2021-2022 and annually to support: \$2.5M was announced to support over 13 LTC NPs to work in LTC and community (November 2021) NSH continue to recruit \$2.9M for NSH to develop a proposal for physician 24/7 coverage
3.3	Establish a "train the trainer" multidisciplinary bedside program (e.g., wound care) to ensure staff have the practical training needed to observe and respond to resident needs.	Medium- term	 HANS funded to implement provincial wound management program, including the hiring of 4 zone-based wound consultants and a provincial coordinator. \$675,000 has been invested over the next two years to launch this initiative (2021-2023). Program will provide consistent approach in the prevention and management of wound care and build capacity within the continuing care sector.
4.1	Develop and implement a communication campaign to raise public awareness about access to, and the important role of long-term care facilities.	Short-term	 NSH developed an orientation resource to assist residents/families with the admission process to LTC. SLTC website offers a summary review of various programs. https://novascotia.ca/dhw/ccs/ SLTC produces the Positive Aging Directory. https://novascotia.ca/seniors/directory/
4.2	Plan appropriately for transition to and navigation in accessing LTC facilities.	Medium- term	 HANS and key stakeholders developed a Discharge Transfer Tool form that will be incorporated into the InterRAI-LTCF platform, an electronic system that completes standardized assessments of residents in LTC. HANS continue to work with key stakeholders to address identified procedural barriers to access LTC.

4.3	Establish Behavioural management unit(s) in each zone to support residents experiencing responsive behaviours	Medium- term	 An evaluation is underway for the Continuing Care Behavioural Health Program administered by NSH. 2020 and 2021 - funding was provided for a pilot project in the Eastern Zone to support residents experiencing responsive behaviours. 2022 - SLTC has allocated \$1.8M to implement pilots for Behavioural Management Unit(s) for three other zones.
5.1	Establish a temporary arms-length committee to continue the dialogue concerning models and best practices to improve LTC and reduce fragmentation.	Short-term	 Committee established in 2019 to oversee the implementation of the recommendations. January 2022 - the committee met to review all actions to date and have completed their temporary mandate.
5.2	Consider establishing a "hub of community care" to optimize and mobilize resources from across the continuum of care within a community.	Medium- term	 Zonal approach is in place for the wound management program, NSH Infection Prevention and Control (IPAC) and Occupational Health and Safety (OHS). The NPs for LTC will enhance the hub type model in the zones.
5.3	Investigate the use of RCF facilities by repurposing vacant licenced beds to provide convalescent and rehabilitation care.	Medium- term	 A review of bed utilization was undertaken and planning for next steps is now required. In 2021 - 38 RCF beds were temporally converted to nursing home beds to support access and flow in the health system.
5.4	Dedicate space and specialized programming specifically for young adults.	Medium- term	 2022 – \$1M allocated for specific pilot projects in nursing homes. The project aims to enhance the quality of life of young adults by supporting the creation of dedicated programs.
5.5	Acquire better data and information to drive system action and decision making.	Medium- term	 InterRAI-LTCF is anticipated to launch in 2022. Data will be used to measure quality and areas for improvement, as well as generate reports and support system planning.
5.6	Invest in equipment and technology to ensure the safety of resident and staff.	Long-term	 March 2020 - \$2.1M awarded through the Innovation Fund for 53 equipment/technology pilot projects. \$643,000 was invested to purchase iPads to enable residents in LTC to stay connected with loved ones. \$13.7M was invested in small infrastructure projects to provide IPAC support to LTC homes to support safety of residents and staff (2020-2021). \$13.5M provided for capital projects through Investing in Canada Infrastructure Plan (2020-2021). Capital investments increased to \$8M annually in 2021 \$15.2M capital investment to support LTC facilities with items including safety equipment and equipment to facilitate admissions (2019-2020). \$3.2M investment in safety equipment as part of the Workplace Safety Action Plan (2020-2021).
5.7	Review and modernize legislation.	Long-term	 New legislation is under development and goal is to be completed in 2022.

A portion of the funding to support implementation of the Long-Term Care Expert Panel Recommendations is provided through the Canada-Nova Scotia Home and Community Care and Mental Health and Addictions Services Funding Agreement along with the Safe Long-Term Care Funding Agreement.