



Speak Up for Healthcare

What We Heard Report

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Speak Up for Healthcare: What We Heard Report

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A Message from Premier Tim Houston

The Speak Up for Healthcare tour was created with one goal in mind – to make sure the voices of frontline healthcare workers were heard. We spoke with the people who know the system best - doctors, nurses, paramedics and the many other healthcare professionals who are working in it every day.

It was a privilege to meet with and hear from people across the province and get insight into their daily experiences. We heard their frustrations and their ideas for change. We also heard optimism that things can get better.

This report reflects what they told us and we will use it to guide us as we make significant changes in healthcare over the next several years.

I thank every person who attended a roundtable, sent in a video and who shared their thoughts, experiences and feedback to inform this report. The change we need cannot happen overnight, but we feel the urgency.

Our government will make the investments needed and work every day to build a healthcare system that works for all Nova Scotians and respects and values the people working in it.

Executive Summary

Many Nova Scotians have been calling for broad investments and real change in healthcare. Premier Tim Houston has committed to taking immediate action to improve the health system across the province. Doing this means finding bold and innovative solutions to the challenges facing the province's healthcare system.

Acting on this commitment, the Premier and Health and Wellness Minister Michelle Thompson joined the members of a leadership team appointed by Premier Houston to lead the charge on changes and improvements in the health system on a provincewide Speak Up for Healthcare Tour. The tour provided the healthcare leadership team with the opportunity to hear directly from frontline healthcare workers and advocacy organizations about their issues and possible solutions to make life better for them and, in turn, all Nova Scotians.

As part of the tour, the healthcare leadership team travelled the province between September 20 and 23, 2021, to each of the four geographic health zones to meet with healthcare workers. In-person discussions occurred with hundreds of participants at 26 sites between Yarmouth and Neil's Harbour, and at roundtable discussions in Sydney, Truro, Bridgewater, and Halifax. Thousands more submitted ideas through a variety of ways, including Pitch the Premier videos, online idea submissions, and physical idea cards. Thanks to all of these channels, we were able to hear from as many healthcare workers as possible at Nova Scotia Health and IWK Health Centre. Additionally, members of the health leadership team met with key stakeholder groups who spoke on behalf of the constituencies they represent. These groups also submitted proposals with ideas and solutions.

The breadth of this tour reflected the leadership team's sincere respect for healthcare workers, who have long worked in a very challenging environment made even more so during the response to a global pandemic. Despite this adversity, the level of engagement by healthcare workers in this tour, which this report documents, reflects the deep commitment they have in being part of the solutions that will make healthcare better for all Nova Scotians.

Tour organizers structured engagements, both in-person and virtually, to focus on the topics of recruitment and retention and access to care. These focus areas for government were validated by healthcare workers throughout the tour, who also identified a third focus: the need for strategic investments in healthcare infrastructure. Collectively, these three focus areas reflect the perspectives shared throughout the tour, and serve as a comprehensive structure for this report to present the issues and solutions offered by healthcare workers.

The first focus area relates to the need to recruit and retain world-class healthcare and allied health workers across the province of Nova Scotia. Throughout the province, hospitals, community health clinics, and long-term care (LTC) facilities are experiencing staffing shortages. These shortages are impacting the ability of staff to provide patient care, and stretching them past their breaking points.

Healthcare workers want to be part of the solution and throughout the tour they identified actions that would make the province a more attractive place to start and grow a career in a healthcare profession. This was of particular importance for those healthcare workers representing or advocating for newcomers to Nova Scotia. It was noted that drawing in skilled professionals from outside of Nova Scotia will be key to the province's success and will require greater investments in supports to recruit and retain these individuals.

Other recruitment and retention solutions included looking at incentive structures, enabling healthcare professionals to operate to their full scope of practice, and ensuring hiring processes are effective and efficient. This government understands the critical need to recruit and retain healthcare workers as reflected in the creation of the Office of Healthcare Professionals Recruitment. This report documents the views of healthcare workers and stakeholders who suggest several other action-oriented solutions to help achieve this goal.

The second focus is on creating greater access to care for Nova Scotians. This issue was raised throughout the province, in both rural and urban communities, and illustrated the need for system improvements to ensure every Nova Scotian can access the care they need, when they need it. Healthcare workers shared their perspectives and experiences in navigating a system that can contribute to delays in accessing care.

Tour participants also highlighted the perceived disparities in access to care between urban and rural communities. This was reflected in the comments of healthcare workers residing outside of the Central Zone, who felt their ability to provide adequate and accessible care was limited due to a lack of investment in human resources, infrastructure, and technology. Many workers called on government to close the perceived gap in health investments between urban and rural communities.

The perspectives shared on the tour also identified other solutions that could enhance access to care throughout the system. These proposed solutions included prioritizing health equity, creating a sense of entrepreneurialism across the health system, leveraging technology and physical space to move patients more efficiently, and making strategic investments in both primary and LTC. The solutions offered throughout the tour align with government's commitment to ensure Nova Scotians have access to the care they need.

Finally, the third focus area is related to the critical need for investments in healthcare infrastructure. This theme explored both the physical and supportive structures that are intended to facilitate and enable healthcare workers to do their jobs. Participants expressed frustration and concern with aging buildings and antiquated digital systems, which are impacting access to care and patient outcomes.

In describing the various infrastructure needs of the system, healthcare workers also identified priorities that could make an impact on the broader health system. These insights offer a valuable perspective into the priorities of healthcare workers, particularly as they relate to investments in supportive technology and making infrastructure investments across the province. Participants in the tour shared ideas to improve infrastructure across the health system, in addition to current investments to create more LTC beds and revitalize health infrastructure through the QEII and Cape Breton redevelopment projects.

The Speak Up for Healthcare Tour was an important first step for the government in its journey to address many of the complex issues facing Nova Scotia's health system. This government values transparency and public engagement, which is why this report and the feedback received on the tour are being published in a comprehensive manner. Importantly, this document is not government's action plan to address all challenges in the health system. Rather, this information will be used by government and the health leadership team to inform future planning and decision making.

Health planning will benefit greatly from the incredibly valuable insights provided by healthcare workers and stakeholders, who took the time to engage and provide solutions to the issues they are facing every day.

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Introduction

This report reflects issues that were consistently raised by frontline healthcare workers, health leaders, unions who represent healthcare workers, and stakeholder groups on the Speak Up for Healthcare Tour in the fall of 2021. It is intended to provide a high-level overview of what participants shared through the various mediums of the tour. It is also intended to provide participants with a transparent view into how their thoughts and ideas were shared with leadership.

This report begins by providing some context for the Speak Up for Healthcare Tour, including what sparked it, who was part of the tour, and where and how much of the engagement was received. It then outlines “What Was Heard”, organized into three focus areas:

1. Recruitment and retention
2. Access to care
3. Healthcare infrastructure

Importantly, the tour was led by Premier Houston and Minister Thompson, along with the members of the health leadership team. This group was divided into two teams, who attended different listening sessions across the province, and the same four roundtable discussions. See these teams below.

Team 1

- Premier Tim Houston
- Janet Davidson, Administrator of Nova Scotia Health
- Dr. Kevin Orrell, Deputy Minister and CEO of the Office of Healthcare Professionals Recruitment

Team 2

- Michelle Thompson, Minister of the Department of Health and Wellness and the Office of Healthcare Professionals Recruitment
- Jeannine Lagassé, Deputy Minister of the Department of Health and Wellness
- Karen Oldfield, Interim President and CEO of Nova Scotia Health

Tour Itinerary and Engagement

The following section provides an overview of the various types and levels of engagement that happened throughout the course of the tour. It begins with an overview of the volume of submissions received, and then walks through the different types of engagement that made up the tour in more detail.

5

Roundtable Sessions

See list of locations below

26

Listening Sessions

See list of locations below

200+

Comment Cards

Handwritten

2,391

Online Forum Submissions

603 comments, 13,538 likes

67

Pitch the Premier Videos

+150 minutes of ideas

60+

Emails

Containing letters, research, files, & ideas

Listening Sessions: September 20 – 23, 2021

Drop-in conversations with representatives at hospitals, community health centres, a Emergency Health Services (EHS) station, and others across the province.

1. Aberdeen Hospital
2. All Saints Springhill Hospital
3. Annapolis Community Health Centre
4. Buchanan Memorial Community Health Centre
5. Cape Breton Regional Hospital
6. Cobequid Community Health Centre
7. Colchester East Hants Health Centre
8. Cumberland Regional Health Care Centre
9. Dartmouth General Hospital
10. EHS Base
11. Guysborough Memorial Hospital
12. Halifax Infirmary
13. Hants Community Hospital
14. IWK Health Centre
15. Lillian Fraser Memorial Hospital
16. North Preston Community Centre
17. Public Health
18. Queens General Hospital
19. South Cumberland Community Care Centre
20. South Shore Regional Hospital
21. St. Martha's Regional Hospital
22. Twin Oaks Memorial Hospital
23. Valley Regional Hospital
24. Victoria County Memorial Hospital
25. Victoria General Hospital
26. Yarmouth Regional Hospital

Roundtables: September 20 – 23 and November 18, 2021

Roundtable sessions had a set capacity and people were invited to register online on a first-come, first-served basis.

1. Sydney Roundtable – Sept. 20
2. Truro Roundtable – Sept. 21
3. Bridgewater Roundtable – Sept. 22
4. Halifax Roundtable – Sept. 23
5. IWK Health Centre Roundtable – Nov. 18

Comment Cards

Cards were made available to healthcare workers who attended the roundtables to share their individual ideas or solutions related to challenges facing Nova Scotia's healthcare system.

Online Forum Submissions: September 15 – October 4, 2021

An online forum that posed four questions was created and circulated to frontline staff:

1. What action would you recommend that could quickly improve access to care in your community?
2. Thinking about the challenges you and your team face, what are some specific improvements that would support you to provide better care for your patients?
3. Thinking about your role, what are the barriers preventing you from delivering the best care possible to your patients?
4. What are some new ideas that can help keep the healthcare workers we have and attract new ones to your community?

Pitch the Premier Videos: September 24 – October 15, 2021

A link was shared with healthcare workers that let them upload video pitches of actions that would help address some of their healthcare challenges.

Stakeholder Meetings and Emails

From the tour, meeting notes and email submissions—including letters, attached reports and journal articles, and other reference material—were also ways for advocacy organizations and healthcare workers to share ideas.

Stakeholders were invited to meet virtually and consultations were held during and after the tour.

Stakeholder Meetings:

- Health Association of African Canadians
- NS Association of Black Social Workers
- NS Association of Black Physicians
- Réseau Santé
- NS Patient Family and Public Advisory Council
- Immigrant Services Association of Nova Scotia
- Nova Scotia League of Equal Opportunities
- Pharmacy Association of NS
- Tajikeimik (Mi'kmaq Health and Wellness)
- prideHealth
- healthcare unions (NSNU, NSGEU, CUPE, IUOE and Unifor)
- Doctors Nova Scotia
- Maritime Resident Doctors
- NS Paramedics Professional Association
- Regulatory colleges for doctors, pharmacists, nurses and paramedics
- Association of NS Midwives
- NS Association of Community Health Centres

What Was Heard

The following section provides an overview of what was expressed throughout the tour. It introduces three focus areas, provides a brief description of each, and highlights the way these focus areas are related. It then goes into each focus area individually, providing greater detail about what ideas were shared by healthcare workers throughout the tour across the province.

1. Recruitment and Retention

The recruitment and retention of world-class healthcare workers is critical to the delivery of high-quality healthcare within Nova Scotia. To attract and retain this crucial workforce, the health system in Nova Scotia must create an environment that is attractive to healthcare workers. It must be a place where they want to start and grow their careers. Many in the healthcare system believe Nova Scotia is falling behind its provincial counterparts in how it appeals to healthcare workers. These sentiments were expressed by healthcare workers throughout the tour, with many highlighting incentives that should be further explored to encourage healthcare workers to work in Nova Scotia. The following four discussion topics emerged from the tour engagements and reflect what was consistently identified by the sector for how staff can be better recruited and retained in the province's healthcare system.

Discussion Topic 1: **The hiring process**

Discussion Topic 2: **Workforce development**

Discussion Topic 3: **Burnout**

Discussion Topic 4: **Compensation**

Discussion Topic 1: The Hiring Process

The first experience staff often have with Nova Scotia's healthcare system is with its hiring process. Throughout the tour, those workers who were engaged identified this process as one for improvement. Moreover, workers highlighted the importance of the hiring process, with workers stating that it was critical to ensure Nova Scotia is attracting top talent, making them feel supported, and keeping them interested in staying in the province long term.

Ideas shared on the tour:

- Make the licensing process in Nova Scotia easier
- Develop supports for those who trained outside the province
- Provide consistent onboarding and incentives
- Better match people to positions
- Hire faster, and prioritize understaffed roles

Make the licensing process in Nova Scotia easier

Healthcare workers looking to relocate to Nova Scotia may need to go through a process of becoming licensed in this province. During the tour, participants expressed that this process, and the limitations of the current licensing structure, can make recruiting those outside the province difficult. For example, many cited that the lack of a national licensing standard creates barriers for healthcare professionals who were trained outside of the province but want to work here. Additionally, participants highlighted that the administrative process for those seeking Nova Scotian licensing approvals can be lengthy and burdensome.

In describing these barriers, participants also advocated for several solutions they felt would make the licensing process easier. Specifically, they believed Nova Scotia should work with provincial partners to create national licensing structures to promote portability of professional licences. Moreover, they felt that the current process could be streamlined. One specific action that was consistently advocated for was the need to recognize pharmacy technicians in the province, as their licences are currently not recognized. These technicians can work at private pharmacies in the community but are unable to work as licensed professionals in the health system.

“Nova Scotia is one of the only provinces in Canada that does not recognize licensed pharmacy technicians. We are losing these professionals to other jurisdictions and private companies.”

— Feedback from Listening Sessions

Develop supports for those who trained outside the province

Beyond obtaining a licence and securing a job, healthcare workers looking to relocate to Nova Scotia must also establish themselves in a new province, and for some, a new country. Nova Scotia benefits from the diverse backgrounds and experiences of these newcomers, who are seeking out opportunities to work in the health system.

Participants identified that many newcomers need to navigate complex processes, such as immigration or setting up a bank account, while potentially facing discrimination and absorbing financial costs along the way. This requires greater support, and it was felt that this should be provided by the province in an effort to better recruit these skilled professionals.

As a result, many advocated for more robust programming targeted at supporting newcomers to Nova Scotia. Participants acknowledged the need for an increased workforce and believe

appealing to and retaining newcomers must be a priority. They specifically mentioned that a mentorship program aimed at helping new workers navigate the process of settling in the province would be helpful. This solution was proposed in a few forums, with participants expressing a willingness to support these efforts.

“As a newcomer to Canada, settling in a new community was overwhelming and difficult. I didn’t know how to do simple things like setting up a bank account. I know of many newcomers who leave because they struggle to settle here.”

— Feedback from Roundtable Discussion

Provide consistent onboarding and incentives

Many healthcare workers’ first impression of the health system in Nova Scotia is informed by the hiring process. This includes the processes to follow, the people involved, the incentives offered, and the orientation support provided. The lack of consistency in what people are being offered throughout various steps of the hiring process, and in what is offered across the province, were raised as issues that may impact retention. For example, many participants discussed how onboarding and incentives vary based on where you are in the province. This was a clear source of frustration and confusion.

In identifying possible solutions, many articulated the need for a provincial hiring model. Having a hiring model could create greater consistency across the province in the steps that occur, the incentives that are provided, and the supports that are offered. This model could consider how to create greater consistency between processes at NSH and the IWK Health Centre.

“Onboarding and incentives vary based on where you are in the province. But people talk, and this ultimately impacts retention.”

— Feedback from Roundtable Discussion

Better match people to positions

Many workers felt that an effective recruitment process should ensure prospective workers are matched to the right position. In this vein, participants highlighted shortcomings in the screening and deployment process. It is believed that these shortcomings may be preventing healthcare workers from obtaining roles they are qualified for and interested in. For example, many nurses cited experiences where they were being deployed into units for which they had no training or interest. Many have had negative experiences and have noted this is a contributing factor to burnout.

In highlighting these concerns, participants identified the need to review the hiring process and any associated screening processes. It was felt that this review should focus on ensuring job requirements are clear and that staff are matched to positions based on their training, experience, and aptitude. Participants believed that doing this would make the workforce more effective in its provision of care, and happier, which would enhance retention.

“Redeploying nurses from one area to another and expecting they will be able to perform at the same level is not realistic.”

— Feedback from Listening Sessions

Hire faster, and prioritize understaffed roles

The length of the hiring process was consistently brought up in tour engagements. Many believed these delays are related to the centralized nature of hiring, which may not prioritize local hiring needs. This, along with current vacancies, led to many wanting a faster process that is focused on prioritizing the hiring of understaffed roles.

The need to place a greater emphasis on hiring with a lens on diversity, equity, and inclusion was also highlighted. The lack of racialized representation was also noted, specifically for middle and upper management.

In order to address these concerns, participants identified the need for changes in the hiring process. Specifically, workers advocated for greater planning around human resources needs, with a focus on hiring understaffed roles. It was felt that this approach would be more proactive and result in more timely hires. Additionally, workers underscored the importance of prioritizing the hiring of individuals from under-represented populations and suggested incentive programs targeted at recruiting and supporting health professionals from under-represented communities. It was felt that these measures would result in more diversity within the workforce and would contribute to better patient care.

“We need to focus on recruitment, training, and retention of racialized workers. We need greater representation on all levels.”

— Feedback from Advocacy Organizations

Discussion Topic 2: Workforce Development

In addition to recruiting and hiring new staff to support Nova Scotia's healthcare system, the sector expressed that there is an imminent need to harness the expertise of its existing staff and support them in their professional development. The following are the issues and actions most consistently proposed by the sector on how Nova Scotia can learn from and develop its healthcare workforce.

Ideas shared on the tour:

- Learn from those who are leaving the profession in Nova Scotia
- Learn from those with experience
- Support the professional development of the workforce
- Enhance schooling to better prepare graduates

Learn from those who are leaving the profession in Nova Scotia

Participants expressed interest in wanting to learn from those who are choosing to leave Nova Scotia and/or their profession. This process would aim to better understand what may be leading these workers to make their decisions, and that understanding could lead to action to retain people. This was called for in the hopes of learning from those experiences and acting on those learnings to retain people who are already training and working in the province.

Participants expressed the importance of objectivity in this review, and recommended the consideration of external organizations to conduct this work. Importantly, participants felt it was important that health system leaders act on the information collected, in an effort to increase retention rates of healthcare workers.

"We know people are leaving, we should be engaging them to learn more about why so we can address these issues."

— Feedback from Roundtable Discussions

Learn from those with experience

The valued experience that senior staff have, and the need to share their contextual skills and knowledge with new hires, was consistently highlighted as a critical step in onboarding new staff, particularly in nursing. Many participants said this was occurring inconsistently across the province. Mentoring takes time and participants acknowledged that it is often difficult to find the time to intentionally mentor recent hires in an environment where staff are overworked. Some gave examples of units staffed with workers who have all been hired within the last two years. The lack of overlap between experienced staff and recent hires is felt to be contributing to burnout and a less effective workforce.

To address this, participants identified a number of solutions, including developing mentorship programs and/or offering paid roles to retired nurses or other relevant staff. These solutions would focus on creating standalone mentorship programs that aim to transfer skills and institutional knowledge to recent hires. Investing in these types of initiatives is seen as a real way to contribute to the retention of staff.

“There is a lack of overlap between experienced nurses and new grads. This mix is very important, and today, it is rare to find a nurse with more than 2 years seniority”

— Feedback from Roundtable Discussion

Support the professional development of the workforce

Participants brought forward the need for more funding for professional development and fewer barriers in accessing these opportunities. They underscored the importance of ongoing education and stated it was often not feasible due to a lack of funding, administrative barriers, and understaffing. This issue was identified by both staff and managers, with an acknowledgement that the workforce was not always being given the tools they required to do their job.

Investing in professional development, and creating time for workers to take advantage of it, was proposed as a way to facilitate greater ongoing professional education. Funding could go toward the pursuit of additional education, workshops, or other training to build the credentials of the workforce. A desire was also expressed for baseline training for certain roles, particularly for those in management or being transferred into specialized units. Managers with clinical backgrounds acknowledged that the transition into a leadership role could often be difficult and that they could benefit from foundational training (such as budgeting, HR practices, etc.). Participants also emphasized that equal funding should be available across the province.

“Make it possible for those looking to add to their credentials (e.g., LPN to RN). Currently it’s impossible because of staffing shortages.”

— Feedback from Roundtable Discussion

Enhance education and training to better prepare graduates

Some tour discussions focused on how education and training programs could be enhanced to better recruit and retain healthcare workers in Nova Scotia. The cost, limited seating, and lack of experiential learning were identified as current limitations of programs, which are thought to prevent those who are interested in pursuing the profession with the opportunity and ability to do so successfully.

To address this, participants called on government to work with health employers, universities, and the Nova Scotia Community College to create programs that meet the needs

of today's health workforce and better prepare graduates to join the workforce. They also outlined the need to make education more affordable and accessible.

"Give Nova Scotian universities a lot more seats in the medical field to students from Nova Scotia to improve retention of graduates."

— Comment Card

Discussion Topic 3: Burnout

Participants expressed that doing a better job of supporting the existing workforce is key to recruiting and retaining more staff. Some of the challenges consistently highlighted were staff not feeling valued, lack of safe working conditions, and a lack of work-life balance. These issues are impacting people's relationship with their workplace and have worsened during the COVID-19 pandemic. Many described being at their breaking point. Discussions related to this have been grouped here under the topic of "burnout."

Ideas shared on the tour:

- Take action to make people feel valued
- Address unsafe working conditions
- Better facilitate work-life balance
- Help people work to their full scope of practice

Take action to make people feel valued

When talking about the realities of working in healthcare, the sector often described feeling past their breaking point, demoralized, and fed up. Compounding this was a general sense that their efforts were not appreciated by their employers. It was felt that this dynamic may have been exacerbated by COVID-19, but that it existed prior to the pandemic.

Participants felt that addressing these dynamics should be a priority and greater emphasis should be placed on listening to the workforce and supporting them. Staff were concerned that Nova Scotia's health system may continue to see health professionals leaving for other jurisdictions or other professions if these issues are left unaddressed.

"I think there needs to be much more emphasis from management on staff and care of staff. When staff are cared for, they will naturally care better for the patients, and would feel really much more a part of the healthcare system."

— Pitch to the Premier Video

Address unsafe working conditions

Another issue consistently raised during the tour was abuse directed at staff is on the rise. This, coupled with a lack of confidence in security personnel, has created concern and stress among healthcare workers in the system. This abuse takes various forms, including verbal, physical, and racial discrimination. While largely described as abuse levied by patients, racial discrimination was also identified as occurring and being perpetuated within the workplace itself.

In describing these issues, many workers identified the need for enhanced security personnel and protocols. Investments in these areas, coupled with better staffing levels, would go a long way to supporting staff in managing health spaces. Moreover, workers directly called on health leadership to act on equity, diversity, and inclusion initiatives, including education/training to ensure the workplace is safe and welcoming to all. Another call to action was to ensure those in management better reflect the workforce and the communities the health system was built to serve. There is a strong belief that without greater diversity in middle and upper management, institutional racism will continue to go unchecked.

“Too often, racialized staff are leaving the health system because of the discrimination they face by both their patients and at times their colleagues. This needs to be addressed.”

– Feedback from Roundtable Discussion

Better facilitate work-life balance

Participants spoke to the importance of staff being able to have work-life balance. A generational difference was often identified when this topic was brought up in conversation. Specifically, some felt that those entering the workforce today may not be willing to work the same hours and under the same conditions that workers have in previous generations. This perceived change was described as empowering for the sector, which necessitates government and health leaders to reimagine healthcare workforce expectations in order to recruit and retain the workforce. It was identified that long hours and an inability to take vacations or sick days may be directly contributing to these workers leaving the health sector.

In order to solve these issues, participants suggested government and health leaders consider how health settings are staffed and managed. They further indicated that the system would benefit from being more flexible in supporting workers' needs. A specific example was ensuring staff plan for and are supported to take vacations.

“Working doubles to cover shifts. On days off, that are needed to regroup and be able to come back mentally prepared, being called in to work to pick up shifts. Not only is this happening in the nursing field but the paramedics, as well. They are extremely underpaid for all they do. There is a crisis that is not being addressed. People are leaving the medical fields because they are not

getting proper recognition & losing the compassion that made them want to do these jobs in the first place.”

– Online Forum Submission

Help people work to their full scope of practice

Participants expressed frustration about being unable to work to their full scope of practice. They described this limitation as a significant barrier to retaining staff and believe it is impacting the ability to attract healthcare workers. Through several engagements, it was clear that nurse practitioners and pharmacists felt particularly unable to practise to their full scopes. It was felt that by supporting this initiative, the health system would be better placed to recruit people and retain those already in Nova Scotia.

Participants believed that the inability of professionals to work to their full scope of practice is not a regulatory issue but rather an administrative issue within the healthcare system. They called on government to intervene by enabling healthcare professionals to work to their full ability.

“Increase scopes of practice for everyone, so that more providers can do more primary care. Allow pharmacists to order blood work and prescribe medications for chronic conditions.”

– Feedback from Roundtable Discussions

Discussion Topic 4: Compensation

Compensation was noted as a significant barrier to both recruiting new staff and retaining the current workforce. The structure of different funding models, full-time compensation, non-monetary compensation, incentives, and salaries were brought up in engagements, along with the need to consistently and collectively improve these various types of compensation in order to attract and keep healthcare workers in Nova Scotia.

Ideas shared on the tour:

- Review the primary care clinic model
- Hire people into full-time positions
- Provide non-monetary compensation
- Increase people’s salaries or wages
- Offer retention bonuses

Review the primary care clinic model

Funding models consistently came up in discussions about recruiting family physicians. In these discussions, limitations of fee-for-service were identified as a perceived deterrent to family doctors who are considering practising in Nova Scotia. These limitations included a

lack of incentives to provide preventive care, work in nursing homes or walk-in clinics, and the intimidating nature of taking on large patient panels with poor work-life balance. Challenges and frustration with how government approaches other funding options were also discussed.

Participants articulated a need to consider alternative primary care models and updates to compensation. For example, many advocated for an examination of a blended capitation funding model as a way of modernizing primary care in Nova Scotia. Moreover, family physicians advocated for an update to payment codes, which may incentivize physicians to want to start their own family practice. It was felt that taking action on these issues would support the recruitment and retention of primary care professionals, as well as create more access to care.

“We need to leverage models that attach patients to clinics, not physicians. This will allow physicians to work in a way that they want to.”

— Feedback from Roundtable Discussions

Hire people into full-time positions

Participants spoke about the health system’s heavy reliance on casual workers, and the lack of availability of full-time positions. In addition to job security, staff with temporary contracts may have difficulties buying homes and cars and securing utilities. The desire for more secure, permanent employment was seen as a contributing factor when healthcare professionals choose to leave the province.

Participants want government and health partners to focus on filling full-time positions that provide competitive compensation and benefits. They felt there was no reason for the health system not to be hiring full-time positions given the shortage of healthcare workers. Many felt this was about cost savings. Hiring more full-time positions was highlighted as an important step to address staffing shortages that are experienced in some professions, including nursing and LTC.

“Need to turn temporary job listings into permanent ones. It’s not like we don’t need the nurses. A nurse with a term position (as in the case of covering a maternity leave) cannot get power hooked up from Nova Scotia Power (this has been heard from several nurses). They also can’t get a mortgage or purchase a car, so why would they take that position? They are also denied a sense of belonging.”

— Feedback from Roundtable Discussion

Provide non-monetary compensation

While monetary compensation was discussed at length, participants also brought up the need for other types of compensation to help with retention and recruitment. Being a healthcare professional can be difficult and demanding, as illustrated throughout this report. This can be exacerbated when employees are working hours that impact their ability to get food, access transportation, and/or find childcare.

To address these issues, participants identified several non-monetary services and supports that could be valuable to workers within healthcare. These included providing things like childcare, support to find housing, and food on the job. These supports were viewed as a significant value add and it was felt that they would make the workforce feel valued.

“In Amherst, there is only one childcare service that lasts for 12 hours – if there were childcare services that covered the entire day (not overnight) that would benefit so many HCWs and support staff.”

– Feedback from Roundtable Discussions

Increase people’s salaries or wages

When discussing healthcare worker compensation in Nova Scotia, wage disparities in relation to other provinces was raised consistently. Leaving the province to work in another jurisdiction is generally thought to lead to better pay. Overhead fees for family doctors, wage disparity across roles and across the province, and the lack of compensation for working longer hours/night shifts were some of the specific issues raised to demonstrate how various professions feel undercompensated.

Participants suggested a sector-wide salary review, with an aim to address disparities. They also identified an immediate need to increase compensation in key roles to be more competitive with other jurisdictions. It was noted that investments like this would help to address concerns and frustrations related to compensation across the health system.

“We need to review compensation across the health system. Most nurses don’t experience a raise for years, yet the role they place continues to enhance and expand.”

– Comment Card

Offer retention bonuses

Participants consistently identified the need for greater emphasis on the retention of staff. Many felt that, while recruitment should be prioritized, retaining high-quality and experienced staff already working in the system was equally important and should be a priority.

It was identified that one of the ways to better retain staff was through the use of retention bonuses. Participants felt that retention bonuses could be a positive incentive.

“We need hiring incentives back but also we need retention strategies to keep the experienced nurses that we have at [our hospital].”

– Pitch to the Premier Video

2. Access to Care

Access to care refers to the ability to have timely use of the broad range of health services that ensure the best health outcomes for patients throughout the province. This theme was identified throughout the Speak Up for Healthcare Tour and was a point of focus for both rural and urban healthcare workers. In analyzing the perspectives shared by healthcare workers, it became clear that two overarching dynamics may be contributing to a lack of access to care in Nova Scotia. The first relates to a lack of adequate resources to meet the health needs of patients. The second is a misalignment of points of access, which may result in patients not being able to access the level of care they need, when they need it. These dynamics are contributing to issues experienced throughout the health system, including high rates of Nova Scotians without a family physician (or a primary care provider), overcrowding in emergency rooms, and the lack of available LTC beds. Participants provided feedback to define the scope of this issue and solutions to help government remove barriers and create greater access to care for all Nova Scotians.

Discussion Topic 1: **Health equity**

Discussion Topic 2: **Access to the right level of care**

Discussion Topic 3: **Entrepreneurial spirit**

Discussion Topic 4: **Administrative burden**

Discussion Topic 5: **Process flow**

Discussion Topic 1: Health Equity

Throughout the tour, participants focused on the need for greater health equity within the health system in Nova Scotia. Participants defined health equity as an effort to ensure all Nova Scotians have fair and equitable access to the health services they need to ensure the best health outcomes. Many participants believe health equity can only be reached through investments in social and economic programs related to income, social status, race, gender, education, and physical environment.

Ideas shared on the tour:

- Social determinants of health
- Diversity, equity, and inclusion

Social determinants of health

Social determinants of health refer to the social and economic factors that impact an individual's health. Within the context of the tour, participants expressed the sentiment that Nova Scotia's healthcare system is built to support sick people, rather than to keep them healthy. This expression underscored the importance of proactive investments in social

programs that will alleviate pressures in the health system by addressing the root causes of poor health outcomes.

In describing these issues, participants advocated for greater investments in housing, food security, and living wages. Participants felt this could be supported through intentional work with advocacy organizations (such as housing organizations), through greater education (such as food nutrition) and through legislative action (such as raising the minimum wage).

“We need to do more preventative work. The system is flooded with unhealthy people; this can be more efficiently addressed if we invest in the social determinants of health like housing and food security. We can’t unlink this from the context of primary health.”

— Feedback from Roundtable Discussions

Diversity, equity, and inclusion

The existence of systemic racism within health structures has a direct impact on the experiences of Black, Indigenous, and people of colour populations within the healthcare system and can also impact their health outcomes. Participants described the impacts of institutional racism, and how the lack of diversity in health leadership can contribute to poor outcomes for populations from under-represented communities. They described how racialized patients often can’t see themselves in their healthcare professionals and how they are often met with discrimination and racism. These experiences contribute to a general hesitancy to access care, which contributes to poor health outcomes.

In discussing this issue, participants and advocacy organizations identified the need for the health system to take the first step, by implementing hiring practices that remove racial biases and ensure staff and leadership reflect the diversity of Nova Scotia and Canada. This will enable Nova Scotians to access healthcare in culturally appropriate and sensitive ways. Moreover, participants called on government to invest in programming that aims to educate healthcare professionals about their own racial biases and supports them in anti-racism training. Finally, participants and advocacy organizations urged government to create clear reporting mechanisms for both staff and patients experiencing discrimination within the health system.

“Systemic racism contributes directly to unhealthy populations, which results in an increased need for healthcare. Healthcare is illness care; our work should be focused on how to keep populations out of the healthcare system.”

— Comment Card

Discussion Topic 2: Access to the Right Level of Care

Nova Scotia's health system consists of a broad range of services that support individuals across the health spectrum, from preventive services to acute care. This care should not be considered in separate silos, but as part of a complex and interrelated health environment. Participants felt that Nova Scotians were not always getting the care that matched their needs and presented solutions to address this challenge.

Ideas shared on the tour:

- Increase access to preventive mental health supports
- Better meet acute addiction and mental health needs
- Create additional access points to primary care
- Provide timely, emergency health services

Increase access to preventive mental health supports

Mental health prevention aims to reduce the incidence and prevalence of mental illness through both targeted interventions and broad public health programs. Participants outlined the importance of greater emphasis on preventing individuals from reaching a psychological breaking point, which would likely lead to them needing more acute care. They commented that, too often, the health system can be reactive, which is financially costly and leads to poor health outcomes.

In order to address this, participants suggested investments in greater preventive mental health programming and services. Specifically, outpatient programming, greater access to virtual mental healthcare options, and the development of mental health tools to support the workforce.

"There needs to be greater access to outpatient mental health. This needs to be done by developing stronger referral processes, centralized intake, and specific timelines for access."

— Feedback from Roundtable Discussions

Better meet acute addiction and mental health needs

Acute addiction and mental healthcare refer to addiction, mental health, and psychiatric services to support individuals who are in crisis, are experiencing an acute episode of mental illness, and/or are in need of immediate medical attention. Participants described a lack of care options and the resulting impact on emergency rooms around the province, with patients in need of acute care often waiting in emergency departments rather than getting the care they really need. Participants talked about fearing for the safety of these individuals and staff, and noted that the lack of resources could be creating unsafe environments for both.

Participants proposed solutions like having the right staff in place in emergency departments, ensuring staff have de-escalation and mental health training, investing in social workers, and ensuring security personnel were available. They also suggested that the health system consider how it uses mental health resources, including making more crisis staff available beyond 9 am to 5 pm and investing in inpatient programming for patients who need addiction and/or mental health treatment. Moreover, many stakeholder organizations called on government to ensure culturally appropriate mental health and addiction services were made available across the province.

“Current addictions and mental health resources are not adequate to support the growing needs, particularly in emergency, on a 24/7 basis.”

— Feedback from Roundtable Discussions

Create additional access points to primary care

One of the consistent pieces of feedback from the tour is that there is not enough access to primary care. This lack of access can have impacts across the health system with individuals going to hospital for non-emergency reasons and high rates of Nova Scotians without a primary care provider. It was felt that lack of access can lead to poor health outcomes and is causing a ripple effect throughout the health system.

In response, many participants acknowledged that non-emergency medical services needed to be made more widely available and that family physicians should not be the only service provider. They suggested government consider other points of access to support Nova Scotians seeking to access non-urgent care (such as blood tests, diagnostic tests, prescription refills, etc.). This could be done by increasing the scope of practice of several healthcare professionals (such as pharmacists and nurse practitioners) to allow them to support patient needs. Developing care clinics to meet the needs of patients more efficiently and effectively was also proposed.

“We have existing human resources in the healthcare system that can alleviate much of the pressure being placed on primary and secondary care. They just need to be able to operate to their full scope of practice.”

— Feedback from Roundtables

Provide timely, emergency health services

Throughout the tour, participants expressed frustration and concern about the provision of EHS and noted it as a top priority issue. Specifically, they identified timely access to ambulance services, unreasonable wait times, and impact on patient outcomes as significant concerns.

They suggested more paramedics need to be hired to enhance the geographic coverage of EHS throughout Nova Scotia. They also proposed developing minimum standards for EHS, which would address wait times, resourcing, and geographic coverage.

As a healthcare worker in an ED, EHS has been one of the bigger struggles, especially during COVID. I know this isn't an overnight solution. We need more transport ambulances in rural communities for non-urgent transfers to other facilities, nursing homes, appointments.

– Feedback from Roundtable Discussion

Discussion Topic 3: Entrepreneurial Spirit

The need to develop and sustain a spirit of entrepreneurship within Nova Scotia's healthcare sector was identified consistently throughout the tour. The consensus was that Nova Scotia's healthcare system is not fostering a spirit of ingenuity and that healthcare workers are often discouraged from being innovative. Healthcare workers identified a range of reasons for this "culture of complacency," but largely attributed it to a system that is stretched to its breaking point, with limited resources for innovation.

Ideas shared on the tour:

- Budget reallocation strategies
- Multidisciplinary teams
- New care models
- Leadership and culture

Budget reallocation strategies

Participants described an environment where departments and units can be competing for funding and staff, and where innovative thinking and decision making were often not encouraged or supported. Many noted that they felt there were inefficiencies in how money was spent but that highlighting these might lead to funding being cut.

Participants identified the need for greater departmental autonomy in being able to identify and reinvest cost savings within their unit. They felt this strategy would encourage innovative thinking and create a health system that was focused on finding more efficient and effective ways to deliver care. They also noted that having more local decision-making power would see investments made in solutions that address local needs.

"We as healthcare workers know where the wastage exists, but there is a fear that if we point it out it will result in a reduction in a department's operating budget. Give us the tools to find cost savings but allow us to reinvest those savings into areas that will have impact."

– Feedback from Roundtable Discussions

Multidisciplinary teams

Participants talked about the siloed nature of many healthcare professions, a dynamic they felt was having an impact on patient care. They felt that the lack of collaboration and interaction between healthcare teams was related to the way the health system uses healthcare professionals. It was noted that multidisciplinary teams would enhance access to care and the quality of that care in all aspects of the health system from primary care through to LTC.

Participants suggested that government have policies that support the development of multidisciplinary teams. They also highlighted the need for different care models that leverage different healthcare workers to alleviate the demand on under-resourced professions (such as primary care physicians). Technology was also cited as an important factor to support greater collaboration among healthcare professionals.

“Having a multidisciplinary team that can support discharge would be very useful. OT, PT, social work, potentially nursing, helping a caregiver to manage people at home, we have a home-first philosophy and in continuing care, and yet we don’t fully support people with that home-first philosophy.”

— Pitch the Premier Video

New care models

People in the health system talked about a healthcare structure that was antiquated and not meeting the needs of workers or patients. In their view, the system has limitations that contribute to patients being able to access the right care. It was identified that the existing care models are significantly dependent on human resources and are perceived to be inefficient in how they deliver care.

Participants described the need to consider new and innovative care models that aim to improve the health outcomes of patients, enhance patient experience, and reduce the per capita costs of healthcare. They felt that many solutions and best practices exist in other jurisdictions and that government should implement them in Nova Scotia. Examples of good work happening in Nova Scotia were given, including the use of nurse practitioners in Digby. Many noted there was a foundation to build on, but government must be a catalyst for this work.

“We need to leverage best practices from different jurisdictions around innovative approaches to nursing, long-term care, and primary care. There are models we should be using here in Nova Scotia.”

— Comment Card

Leadership and culture

Many healthcare workers on the tour expressed frustration with the culture of NSH. These frustrations were the result of several things, including a perceived lack of accountability within management, a sense of complacency, a lack of caring for staff, a lack of urgency to make decisions, and a disconnect between management and frontline staff. Some shared stories of their attempts to bring about change being stymied or ignored. They also acknowledged the challenges facing management teams but felt strongly that more must be done to ensure health leadership is being held accountable for their performance.

A range of solutions was identified to enhance leadership performance and culture. These ideas included supporting the development of training/education for managers, reviewing performance, streamlining management teams, and creating an environment that supports innovation.

“We need a structure in place that can tap into innovation, not six levels of bureaucracy to make a decision. Doctors expressed frustration with sending ideas for improvement into the system and never receiving a response.”

— Feedback from Roundtable Discussions

Discussion Topic 4: Reduce Administrative Burden

In a system of finite resources, healthcare workers want to spend the limited time they have working directly with patients and supporting their health needs. Unfortunately, this is not always possible with some of the administrative barriers that exist. These barriers manifest in a number of different ways, from redundancies in paperwork, to unclear decision-making processes, to seemingly arbitrary limits on scope of practice.

Ideas shared on the tour:

- Document reform
- Local autonomy
- Scope of practice

Document reform

Participants felt that the health system is often overly bureaucratic, with an excessive amount of paperwork required to document simple tasks. They felt that the volume of documentation results in employees spending too much time doing paperwork and not enough time providing care. In a system that is experiencing staffing shortages, participants

felt an administrative realignment was necessary and that the sense of urgency required on this item was missing. This was based on a perception that changes were being made by individuals who do not understand the impact on frontline healthcare.

Participants felt that document reform could be accomplished by reviewing existing workflows and required documentation. A review would aim to address redundancies and unnecessary red tape with the goal of giving staff more time to provide direct patient care.

“There continues to be too much red tape, and it is a clear barrier to care.”

– Feedback from Roundtable Discussions

Local autonomy

During the tour, there was a clear belief that centralized decision-making is reducing the ability for the health system to respond to issues in a timely manner (such as hiring, policy decisions, investments, etc.). As a result, many advocated for a greater degree of local autonomy in decision-making; this was of particular focus in health zones outside of the Central Zone. Participants described situations where they believed access to care and patient outcomes were impacted by the inability of the health system to make timely decisions.

In response to these issues, participants identified the need for local leaders to have more autonomy to prioritize issues and make decisions based on contextual factors that are relevant to a community. They also called on government to hold health leaders accountable for both the outcome of their decisions, and the pace at which they can implement or operationalize decisions. Generally, participants felt the shift toward a more centralized system has had negative impacts across the health system.

“Having managers work in other parts of the province is difficult. Most units do not have supporting administrative help. Local decision-making is a major issue. This affects clinical care and care of delivery with economic consequence.”

– Feedback from Roundtable Discussions

Scope of practice

As previously noted, participants on the tour identified the desire for healthcare professionals to be allowed to practise to the full scope of professional ability. This feedback was often directly connected to accessing care, as participants felt the system would have more capacity to care for more people if professionals could work to their full scope of practice. Specifically, they felt the inability to do so may be resulting in Nova Scotians having to unnecessarily wait for care.

Participants felt strongly that these barriers were mostly administrative and not created by the professions themselves. They called on government to challenge and encourage the health system to increase scopes of practice as a means of increasing access to care, particularly in primary care.

“There needs to be an emphasis placed on enabling disciplines to work to scope of practice. For example, more pharmacy technicians would enable pharmacists to do more and improve patient’s health outcomes,”

– Feedback from Roundtable Discussion

Discussion Topic 5: Process Flow

Across Nova Scotia, healthcare workers identified many solutions to enhance patient flow, which could improve access to care. Patient flow refers to the processes and systems that support a patient from the point of admission through to the point of discharge. These processes and systems include medical care, human resources, infrastructure, and internal procedures.

Ideas shared on the tour:

- Triage in emergency
- Bed transfer policy
- Discharge policy
- Optimizing hospital layout

Triage in emergency

Participants clearly outlined the issues occurring within the waiting rooms of emergency departments across the province. These issues are complex, but one key contributor that was identified was the challenge for staff to appropriately triage patients, which can result in patients with urgent needs not being able to see a physician in a timely manner. Staff described chaotic environments, where staff are often under-resourced, overwhelmed, and often unable to properly triage patients. Staff feel that a lack of support for these emergency departments is impacting access to care.

They were clear that something needed to change in the way the health system resources emergency departments. Participants advocated for greater investing in emergency department staff, enabling triaging technology, and streamlining workflows. They also noted that redirecting patients whose medical needs could be better met in a non-urgent care setting would help alleviate some pressure.

“Nurses and staff are overwhelmed; we are understaffed and don’t have the ability to triage staff.”

– Feedback from Roundtable Discussions

Bed transfer policy

Participants identified the need to review existing policies that informed how patients were transferred through the healthcare system (such as within hospitals and between hospitals). They described the negative impacts when patients are moved too soon, and the challenges associated with patients being transferred from their communities to care in another area. They felt this has an impact on the patient, their family, and their health outcomes.

Participants articulated the need to review policies related to patient transfers and transfer criteria. They noted any review should consider the impacts to care and limitations in the system. They also called for investments to improve access to care so that patients could get care closer to home.

“Patients are being transferred away from local support and needed care teams – the NSH needs to establish patient transfer criteria to ensure patients are getting the care they need.”

– Comment Card

Discharge policy

Issues and concerns were also identified with the policies and processes that are followed to decide how and when a patient is discharged from care. This can also involve the supports that should be made available to that patient when they return home. Participants described these policies and processes as being antiquated and in need of review. Specifically, they noted issues with communication and a perception that patients were sometimes discharged too early to make a bed available.

Participants suggested a review of the discharge process and associated policies. They noted there must be a balance between efficiently using beds and ensuring that patients' needs are met. They felt this process was critical to creating greater access to care and encouraged more intentional and strategic planning around discharge.

“Discharge planning is crucial to freeing up beds, and discharge planning accounts for almost half the work being done in centres for restorative care. This includes sourcing equipment and supports for Nova Scotians to succeed at home.”

– Pitch the Premier Video

Optimizing hospital layout

Throughout the tour, many participants spoke about the need to optimize hospital layouts. Staff referred to the need to maximize efficiencies in patient flow by looking at the way hospitals are configured, how technology is used, and how patients are moved. They talked about hospital spaces designed to have efficient patient flow, rather than developing processes for patient flow based on existing physical space and noted that these inefficiencies do impact timely patient care.

Participants noted that the needs of patients and staff must be considered when developing plans for the construction or renovation of healthcare sites. They also emphasized the need for benchmarks to ensure efficient and timely movement of patients. Finally, they also highlighted the importance of supportive technology.

3. Healthcare Infrastructure

Healthcare infrastructure refers to a wide array of physical and technical assets like buildings, technology, and equipment that support and enable the healthcare system to operate. Throughout the tour, it was acknowledged that Nova Scotia's aging health infrastructure could be having a direct impact on both access to and delivery of healthcare services. These concerns were highlighted by healthcare workers across the health system and identified as a key issue that needed to be addressed by government. Throughout these discussions, healthcare workers identified solutions that would place greater urgency on investments in technology and physical infrastructure.

Discussion Topic 1: **Leverage technology**

Discussion Topic 2: **Address maintenance concerns**

Discussion Topic 3: **Invest in LTC infrastructure**

Discussion Topic 1: Leverage Technology

Many tour participants identified a lack of technological solutions within healthcare as a point of frustration. These workers described antiquated documentation practices, inefficient and unsecure communication methods, and a lack of technological infrastructure to support greater virtual care options. Solutions to leverage existing infrastructure and create new infrastructure were raised with the goal of creating a more efficient and effective health system.

Ideas shared on the tour:

- One person one record (OPOR)
- Medical equipment and virtual care

One person one record (OPOR)

Many felt that OPOR will modernize Nova Scotia healthcare. They believe that this long-awaited system will allow healthcare professionals to share comprehensive patient information with each other, leading to better patient care. Participants described their frustration with the existing system, which requires significant manual data entry and human intervention. They also noted that poor internal communication can have a negative impact on patient care.

Healthcare professionals expressed the need for urgency in rolling out OPOR, with emphasis on leveraging best practices from other jurisdictions that have already implemented similar technological solutions. They identified the importance of ensuring any technological solutions reflected the needs of healthcare workers, which required a degree of human-centred design and an emphasis on usability testing. Additionally, many felt it was important to invest in adequate training.

“Currently, healthcare professionals need to look at three or four different systems to just access a single patient’s comprehensive medical information. This isn’t acceptable, we need OPOR to address this.”

– Feedback from Listening Sessions

Medical equipment and virtual care

Outside of OPOR, participants also outlined the need for greater investments in assistive technologies. Many felt that Nova Scotia was falling behind in this area and that, too often, families are unable to access supports for the patients and this impacts patient outcomes. These important services range from patient-enabling technological tools, to more readily available virtual care platforms.

Healthcare workers felt that greater investments needed to be made in making technological aids more available to patients, particularly for those who can directly benefit from these tools but who otherwise cannot afford them (such as visual aid technology). Additionally, they suggested that virtual care be made more readily available to Nova Scotians. It was felt that the pandemic has led to more comfort with virtual care and that this should be capitalized on. Participants believed that providing more virtual care options would allow care providers to provide care more efficiently and effectively. This was of particular focus for stakeholder organizations representing peoples with disabilities, where barriers to care are even more acute. These organizations urged government to invest in virtual care, as they felt it would reduce barriers significantly.

“Nova Scotia needs a virtual walk-in clinic. This virtual walk-in clinic should operate seven days a week with doctors that work from home. This would make care more readily available and provide access to those in remote locations of the province.”

– Pitch the Premier Video

Discussion Topic 2: Address Maintenance Concerns

Much of Nova Scotia's physical healthcare infrastructure is aged and some is in disrepair. This was identified by professionals working within the healthcare system, in both rural and urban communities. These participants are concerned as there does not appear to be a deferred maintenance strategy, and it is resulting in rooms often not being able to be used, and a critical degradation of staff facilities (such as showers).

Ideas shared on the tour:

- Capital projects and deferred maintenance

Capital projects and deferred maintenance

Healthcare workers across the province highlighted the need for more investment in upgrading and replacing aging infrastructure. They commented on the disrepair of existing buildings and noted that it often had a direct impact on the staff morale and patient care. For example, many described frequent humidity issues in the summers, pipes bursting, and showers being out of order. They believed there were quick investments that could improve the work environment (such as investments in air conditioning) and create more access to care.

Participants who highlighted this issue called for a continued commitment to investing in the physical infrastructure of the health system. They also suggested that investments in critical infrastructure required to provide patient care be prioritized.

"There are pipes bursting on our floors, our showers don't work, it's just difficult to work in the unit."
– Comment Card

Discussion Topic 3: Invest in Long-term Care (LTC) Infrastructure

Increasing access to LTC was identified in virtually every forum throughout the tour. It was clear that participants believed that the lack of available beds in LTC meant that individuals were occupying beds in hospitals, which could lead to patients not being able to access secondary care (such as a hospital bed) due to a lack of available beds. The resulting solutions offered by participants were overwhelmingly related to creating greater access to LTC or keeping individuals in their homes for as long as possible.

Ideas shared on the tour:

- Additional beds
- In-home supports

Additional beds

Nova Scotia healthcare workers highlighted the long wait times associated with patients and seniors attempting to access LTC beds. These wait times often resulted in seniors taking up much-needed space in hospitals. Many felt the lack of access in LTC was a result of not having enough beds to meet demand, which has impacts throughout the healthcare sector.

Participants asked government to follow through on its commitments to invest in LTC beds. They highlighted the need for more beds to be created and for health leaders to consider how renovations and reconfigurations could create more access to care. There was a clear urgency for this additional capacity and a belief that addressing this concern would alleviate pressure throughout the health system.

“We desperately need more beds in LTC, which will free up specialized units to provide appropriate care to patients who require it.”

– Feedback from Roundtable Discussions

In-home supports

While many advocated for new LTC beds, others identified the need to invest in supports to keep people in their homes longer. Participants described these in-home supports as services and care approaches to help people who want to stay in their home but require additional support to do so. These supports could include investments in medical aid devices, caregiver services, and/or transportation support. Participants advocated for investments in provincial programs to support the renovation/reconfiguration of homes (such as ramps, pull bars, etc.), making them more accessible and safer.

“While new LTC beds are necessary, the province should prioritize investments in in-home supports for seniors requiring additional care. We need to support people where they are, rather than just focusing on building net new beds.”

– Comment Card

Conclusion

This report will be an important guiding document for government and the Department of Health and Wellness. It will also be shared with leadership at Nova Scotia Health and the IWK Health Centre to ensure that the ideas and solutions identified by participants can be considered by leadership at the local level. Health planning will benefit greatly from the incredibly valuable insights provided by healthcare workers and stakeholders, who took the time to engage and provide solutions to the issues they are facing every day. This report has aimed to document these conversations in an objective manner and, to honour and respect the voices of those healthcare workers engaged. It is intended to offer Nova Scotians a clear and transparent look into discussions that occurred throughout the tour and to provide hope for the future. The solutions offered by healthcare workers reflect their experience, expertise, and their commitment to the health of this province and its citizens. For that, the Government of Nova Scotia is incredibly grateful.

