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Position Paper:  
**ENOUGH TALK**

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Report FINAL  
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## Introduction

The long-term care (LTC) sector in Nova Scotia, and across Canada, is receiving a lot of attention due to the impact of COVID-19 pandemic. While LTC administrators have been focused on providing the care that they are so proud to deliver in Nova Scotia, many politicians, care advocates and labour groups have offered their advice and recommendations on the critical changes needed to “fix” the challenges that have been plaguing the sector for years. Now with the NS government set to launch two reviews under the Quality Improvement Information Protection Act, members of the NHNSA are putting a face to the realities that exist in nursing homes across the province.

While the events of the last three months may have shone a spotlight on the challenges, most LTC administrators in Nova Scotia would tell you that the system has been teetering on the edge for years, with inadequate infrastructure, unacceptable staffing support and a governing piece of legislation that has been outdated for decades. There is much work to be done.

Residents entering nursing homes today are in a different state of health than they were five and 10 years ago. With the Nova Scotia health care system’s increasing focus on supporting seniors to stay in their homes as long as possible, today, new residents tend to be frailer, have multiple medical conditions and are more cognitively impaired with a higher rate of responsive behaviours than in the past. LTC administrators in Nova Scotia estimate that 70-85% of residents are living with Alzheimer’s disease or other forms of dementia. The complexity of residents’ needs and the high level of specialized care required, increases the need for purpose-built homes, access to specialty equipment and services, and advanced training for staff that supports an environment that values our seniors who come to live their final journey, not to die.

Prime Minister Trudeau has declared that provinces have “failed to support seniors.” It is our responsibility as a province to correct these systemic challenges and create a long-term care framework that demonstrates dignity and respect for those who live within long-term care homes, and instills pride in those who work within them.

We are THE experts in the delivery of long-term care. For too long our reports, recommendations and evidence-based solutions have been ignored, by the province and decision-makers. Their lack of understanding of the realities faced by the sector has resulted in policy missteps and has further compounded mistrust. We need a critical system change now.

Our experience and insight into the systemic challenges that impact our day-to-day operations gives us the right for a **Call to Action** from our funder and regulator, the Nova Scotia Government.

Our sector must be *active participants* of enabling the change, *not passive recipients* of the change.

**Enough Talk- We Need Action!**

# Summary of Actions Needed

We recognize that this significant transformation will take time, however, we are prepared to roll up our sleeves and work collaboratively with government to address these challenges. We must focus on the immediate actions required and implement a plan together that sees substantial change over the next 6-18 months.

1

## Develop a Vision for Long Term Care in Nova Scotia

We need **a strategy** that engages the sector in the **development of a vision for LTC** in NS. This collaborative process must begin and end with a vision statement and plan within 6 months.

2

## Invest in our Workforce

There must be **a full compensation review** of all roles in LTC including an **increase in staffing levels** based on the number of residents in each long-term care home and the expertise required to serve their needs. Administrators must have the **flexibility to hire the right mix of talent and skills** to meet the needs of residents and **funding to invest in the further development** of specialized skills and training for all staff. We must have funding **to hire industry experts** for Human Resource support, i.e. disability claims management, international and domestic recruitment.

3

## Establish a Multi-Year Infrastructure Plan

This sector needs **a multi-year infrastructure plan** that eliminates shared rooms in older long-term care homes and creates an environment where residents can live with dignity, pride and privacy. We also must **develop a strategy that adopts innovative and cost-effective approaches** to address renovations and access to equipment.

4

## Revise Funding Models

We need to **revise funding models** that ensures equitable access across the sector including **access to electronic systems and platforms** (e.g., medical records, charting) that supports **all** nursing homes in gathering and reporting data.

5

## Reassess the Timelines of the LTC Panel Recommendations

We must **review the panel recommendation timelines** and make the necessary adjustments that address the critical priorities facing service providers. We need to **establish timelines together** on the emerging priorities since COVID 19.

## Accountability and Leadership



The mandate of the NS Department of Health and Wellness (DHW) is to lead the strategic policy direction, priorities and health standards; ensure appropriate access to quality care; ensure accountability for funding and the measuring and monitoring of performance. It is through this mandate that we must hold the DHW accountable for their leadership in affecting change in long term care.

The LTC Panel recommendations called for a “commitment of leadership to invest and drive change across the sector.” Since 2016 we have been told that a new “Blueprint” for continuing care, is underway and still, no new vision has emerged. Until we have a cohesive vision and framework that addresses the critical changes needed in long term care, we are required to work within The Homes for Special Care Act, which is in serious need of updating to reflect current standards and best practices.

Consideration must be given to the connection and continuum between long term care and other parts of the health system especially acute care. Within the vision and principles for the sector, strategy, standards and licensing requirements, organizations must have the flexibility to use their funding to provide care in a way that best meets the needs of their residents and families.

LTC Administrators lead their teams to successful outcomes every day. Our knowledge and expertise are built on best practices and the investment in building our leadership capacity. We will drive the change forward that is needed but DHW must acknowledge and respect our expertise to do this successfully. It cannot be done without us, it must be done together!

### ACTION

1. We need **a strategy** that engages the sector in the **development of a vision for LTC** in NS. This collaborative process must begin and end with a vision statement and plan within 6 months.



Maintaining adequate levels of staffing has long been a challenge for nursing homes in Nova Scotia. There are several aspects to this challenge: the funding available limits the total staffing hours that can be provided; funding for staff may be too prescriptive and not allow nursing homes the flexibility to hire the best mix of staff to meet the needs of their residents; and it is difficult for the sector to recruit and retain enough staff to fill available positions. Nursing home administrators work hard within the resources and ability that they have to advocate for a living wage for their staff in collective agreements and recognize staff through events and long service awards.

Nursing homes also face challenges in accessing staff with expertise in key areas such as infection prevention and control, procurement, and human resource management. Nursing home administrators have small management teams which limits capacity, and many nursing homes do not have sufficient funds to hire staff with specialized expertise, in contrast to most acute care settings where these resources are more readily available.

In fact, the compensation paid to frontline staff and management positions in long term care is significantly less (30-40% in some cases) than the same or equivalent roles paid to employees of the Nova Scotia Health Authority (NSHA). This disparity in compensation has seen a continual departure of talent from long term care to acute care and other healthcare settings. While there have been compensation reviews over the past few years for government and NNSA employees, there has not been a compensation review of long-term care in 15 years.

Further investment to build upon our expertise in wound care management, dementia care, person centered care, palliative care, managing responsive behaviours, infection prevention and control, and specific clinical skills is critical as we face the multiple health conditions of residents who enter our long- term care homes.

All staff that work in LTC deserve to be recognized and compensated to a level that reflects their true value, talent, skills, competencies and critical role in caring for our loved ones. We must have staffing levels that are necessary to deliver the complex care required by our seniors.

### ACTION

1. There must be **a full compensation review** of all roles in LTC including an **increase in staffing levels** based on the number of residents in each long-term care home and the expertise required to serve their needs.
2. Administrators need the **flexibility to hire the right mix of talent and skills** to meet the needs of residents and **funding to invest in the further development** of specialized skills and training for all staff.
3. We must have funding **to hire industry experts** for Human Resource support, i.e. disability claims management, international and domestic recruitment.



Nursing homes in Nova Scotia face several challenges related to their physical infrastructure. Older facilities do not meet the design standards that new facilities must adhere to, and there is a lack of funding for renovations and upgrades. This creates inequity, as many residents must share bedrooms and bathrooms, sometimes with up to four residents to a room, while others pay the same accommodation fee for a private room. This makes it difficult to maintain resident dignity and infection prevention and control measures. The overall quality of life for residents is impacted.

Long term care homes may also lack appropriate spaces for residents with more severe responsive behaviours, making it difficult to properly care for these residents while protecting the safety of staff and other residents.

Nursing homes may also lack access to equipment including lifts and other mobility supports, assistive medical devices, and technological supports (computers/devices, high speed internet, software) that would improve quality of care and reduce risk.

While ingenuity helped to adopt infection prevention and control measures in several homes during COVID-19, it is not sustainable. We need a viable solution to address serious infrastructure issues in older facilities.

### ACTION

1. This sector needs **a multi-year infrastructure plan** that eliminates shared rooms in older long-term care homes and creates an environment where residents can live with dignity, pride and privacy.
2. We also need **a strategy that adopts innovative and cost-effective approaches** to address renovations and provides access to equipment.

# Equitable Funding Models



From 2015-2017 long-term care homes experienced significant reductions in their operational funding. Since then, there has not been any equivalent increase in resources for the LTC system to adapt and effectively manage the challenges caused by the 1% funding loss. In fact, while funding has been invested into home care in Nova Scotia in the last few years (which we support) funding to LTC facilities has continued to be cut at a time when the needs are only growing, and the resources we do have are not equally distributed.

Since the introduction of the newly designed long-term care homes in 2010, the funding model (Service Agreement) that supports these replacement homes has created a funding inequity within the sector resulting in the imbalance of services for residents across the province. Why should some residents have access to services that others do not, simply because of where they live? Not only are some residents fortunate to have access to a private room, but their monthly accommodation rate is the same as it would be if they were in an older building with a shared room.

Replacement facilities have standardized funding on a per bed basis and a staffing model that is funded based on facility size. Although the funding model is an improvement, it still lacks the resources needed to address the increase needs of resident care.

LTC administrators are often faced with choosing only one of several operational priorities to support their service delivery. Some nursing homes are using data and technology effectively to assess resident outcomes and improve quality of care by investing in software and electronic systems and platforms. Others participate in national and international quality improvement and monitoring processes that meet national and international standards. All of these quality improvement initiatives require funding that is not provided.

## ACTION

1. We need to **revise funding models** that ensures equitable access across the sector.
2. We also must have **access to electronic systems and platforms** (e.g., medical records, charting) that supports **all** nursing homes in gathering and reporting data.

# Reassess the LTC Panel Recommendations



It has been 18 months since the Minister's Expert Advisory Panel on Long Term Care submitted the report to Minister Randy Delorey. While short, medium and long-term timelines were established by the Panel for each recommendation, the absence of a collaborative process to establish those timelines has resulted in a misalignment of priorities and a slower pace of action to make the fundamental changes needed in long term care. The panel's mandate and scope did not include several of the actions that are desperately needed (infrastructure strategy) as the sector responds to COVID-19.

The Panel recommends that the government begin a long-range vision and strategy by December 2020 that includes modernizing legislation of the Homes for Special Care Act. This timeline must be shortened as we struggle to respond to regulations within the Act. Estimates from senior officials, indicate that new legislation could take two years before it is enacted. We cannot wait.

One of the key priorities identified by the sector is the need to recruit more staff and to build sector pride as part of the strategy. This has become critically important as LTC administrators face staff vacancies prior to, and resulting from, COVID-19. While a provincial recruitment and retention strategy was included as a panel recommendation, the absence of a plan to address this sector-wide issue is concerning. The NHNSA has offered to lead the development and implementation of this strategy with the support of DHW but we have yet to learn if this sector-led initiative will be supported.

The reality of the LTC sector in Nova Scotia is that we cannot wait years or even months for real, concrete action to make these recommendations happen.

## ACTION

1. We must **review the panel recommendation timelines** and make the necessary adjustments that address the critical priorities facing service providers.
2. We need to **establish timelines together** on the emerging priorities since COVID 19.

## Conclusion

To change long term care from the usual way to a new and different way will take leadership, partners working together and investment. We know that critical change will not happen overnight. We have been ready for some time and can no longer wait for real, meaningful action. Despite the systemic challenges that we face, we are proud of the care that is provided in long term care homes across the province every day.

The members of the NHNSA, will help lead the changes needed to transform long term care. But to be successful we also need investment and leadership from, and collaboration with, government. We owe this to our residents and their families, to our staff and to our communities.

### NHNSA's Call to Action for DHW

Recognize the expertise, experience and readiness for change within our sector and let us transform long-term care in Nova Scotia.

### Enough Talk!



### Past Reports on Long Term Care:

- Restoring Trust: COVID-19 and the Future of Long-Term Care (2020)- Royal Society of Canada,
- Crisis Point. Addressing the Needs of Seniors Living in Long-Term Care, (2020)- Canadian Association for Long Term Care
- Minister's Expert Panel on Long Term Care: Recommendations (2018)
- Workplace Safety Report and Recommendations for Nova Scotia's Home Care, Long Term Care & Disability Support Sectors: Report and Recommendations (2018)
- Current Trends and Workplace Absenteeism & Health (2017)-HANS
- Holistic Approaches to Positive Attendance (2017)-HANS
- Broken Homes: Nurses speak out on the state of long-term care in Nova Scotia and chart a course for a sustainable future (2015)
- Long Term Care Working Committee Response to Broken Homes Report (2015)
- Taskforce on Heightened Aggression in Long Term Care -CGO(2015)
- Care and Construction Project (2015)
- Continuing Care Assistant (CCA) Nova Scotia Supply and Demand Study (2008)