

Spring 2019 Continuing Care Forums

ENGAGEMENT ACTIVITY RESULTS

As a part of the Spring 2019 Continuing Care Forums, a list of draft recommendations to address long-term care (LTC) refusals was presented. Attendees then had the opportunity to discuss these recommendations and provide feedback on whether they supported the recommendations, if they had additional recommendations, and where we should begin.

Q1: ARE THERE ANY RECOMMENDATIONS YOU DON'T SUPPORT?

All respondents were in favour with the recommendations to improve the transfer of client health information, as well as to showcase quality improvement practices in nursing homes. Many also indicated support for all recommendations.

A large portion of respondents were hesitant towards the recommendation to develop a standardized list of non-acceptable reasons for refusals. Many stated that if the other recommendations are addressed, then this will reduce the need to develop a non-acceptable refusals list because refusals are symptomatic of other underlying issues. Additionally, many emphasized that each facility operates differently; therefore, a standardized list may not address the unique needs in each case.

A smaller percentage of respondents indicated that there was not enough data or information to form a feasible strategy addressing the creation of programs and supported living accommodations for young adults, as well as developing and improving client and LTC facility matching processes.

A few responses also showed some hesitation towards implementing NSHA's proposed Model for Behaviour Health Care, developing standardized definitions of secure facility and secure unit, as well as a need to clarify the recommendation regarding addressing staffing issues.

Q2: ARE THERE ANY ADDITIONAL RECOMMENDATIONS YOU WOULD LIKE TO MAKE?

Respondents offered a number of suggestions to help improve long-term care service delivery, including the following:

- Address gaps in information by standardizing what Care Coordinators gather as part of the assessment.
- Need for clear direction about capacity and competency from NSHA.
- Address staffing concerns to accept persons with behaviours.
- Adopt the recommendations of a stabilization unit in each zone.
- Allow for an extension on the response time standards.
- Promote more awareness among Care Coordinators about specialized facilities.
- Support/consultative mechanism for when LTC facilities refuse based on a non-acceptable reason.
- Develop a more comprehensive refusal form to justify the refusal and keep facilities accountable.
- Address root cause of common refusals.
- Expand the model of care/scope of practice for all care areas.
- Engage the board of directors in these conversations.
- Establish at least one LTC facility/zone with harm reduction approach to working with residents with addictions.
- Address issues relating to access to specialized equipment for Continuing Care clients.



- Enhance consistency for community based support for persons with responsive behaviors to proactively address issues.

Q3: WHERE SHOULD WE START FIRST?

The majority of respondents determined addressing staffing models to be the main priority, followed by the need to increase transfer of information because they could potentially help to reduce refusals. Many respondents also highlighted the need to prioritize endorsement of the Model for Behaviour Health Care.

Some respondents also recommended looking at the patterns of nursing homes that are refusing and why to better understand the root causes of those refusals.

Lastly, respondents also indicated a need to place younger clients in a more appropriate environment, which ties in with the need to help match clients to a facility, while showcasing quality improvement practices in Nova Scotia nursing homes.