

Continuing Care Fall Forums 2018 Access and Flow Engagement Results Summary

PROVINCIAL SUMMARY

Participants were presented with the results of the Access and Flow engagement activity conducted during the Spring Forums. A group of sector representatives subsequently reviewed those results and proposed a course of action to support the desired outcome of enhanced communication and information sharing. The Fall Forum participants were invited to respond to the proposed action to create a committee(s), including thoughts on mandate, membership, and necessary next steps.

Potential Mandate:

Respondents agreed with and elaborated on the options presented to them. The key issues identified related to information sharing, collaboration and discussion on roles and responsibilities, the need for data collection to identify bottlenecks and problems with client flow, ensuring that the committee had the authority to influence outcomes and make changes, and providing the committee with adequate support to fulfil its mandate.

General themes of the responses from across the province for proposed mandate include:

- Promote communication and understanding between care partners
- Share knowledge and best practice among different disciplines
- Provide opportunities for discussion and education around roles and sectors
- Identify and clarify data and other info needs to identify issues and inform decision-making
- Must have the authority to influence outcomes and make changes, develop action plans based on shared knowledge, data collection, and evaluation
- Focused on clients, not systems – special emphasis on transitions of care
- Regular reporting to stakeholders – members are liaisons between sector and committee, committee and sector

Membership:

A broad range of representation was suggested by respondents, with consideration given to: representation from both urban and rural settings, inclusion of specialty areas (Behavioural Health, Palliative Care), inclusion of front line and management, engagement of acute care representatives, consideration of cultural diversity, and the involvement of clients and families. Respondents indicated that the committee be either local or zone-based with information feeding upward to the provincial level. Respondents specifically identified that the following should be represented:

- Adult Residential and Regional Rehab Centres
- Department of Health & Wellness
- Department of Community Services
- NSHA Continuing Care
- Service Providers
- Acute Medicine

- Emergency Care
- Patient Flow
- Mental Health & Addictions
- OT and PT
- Home Oxygen (Service Providers)
- Cultural/Diversity rep
- Family/Patient Advocate
- First Nations
- Alzheimer Society
- Caregivers Nova Scotia
- Palliative Care
- Continuing Care Council
- Department of Justice
- Department of Labour and Advanced Education

Additional Considerations:

Respondents suggested that what is already available (JOHS Committees) and what has happened successfully in the past (meetings in former DHAs) should be considered when modeling the proposed committee. What is currently available in terms of services, organizations, support networks, shared services, and specific areas of expertise should be identified via an inventory.

One of the key considerations that respondents identified is that it is important to consider the different challenges in local areas and how to represent them adequately. There was also some indication that respondents wanted the proposed committee to address education and recruitment of health professionals across the province.

Next Steps:

Participants in the engagement exercise were split on who would provide leadership to the committee, with some indicating that DHW should take the lead, and others preferring leadership from within NSHA Continuing Care.

The activities that should be undertaken next were concentrated primarily around the development of adequate resources for the committee and ensuring the participation of the groups and individuals identified. Some participants indicated that the first steps should include drafting a Terms of Reference for the committee.

Respondents were clear about their desire to see a committee move forward, however there was no consensus on a timeline for implementation. Suggestions ranged from mid-December of 2018 to April of 2020. Many indicated that they would like to see something developed within the next six months.