

Continuing Care Spring Forum 2019

Susan Stevens
Senior Director

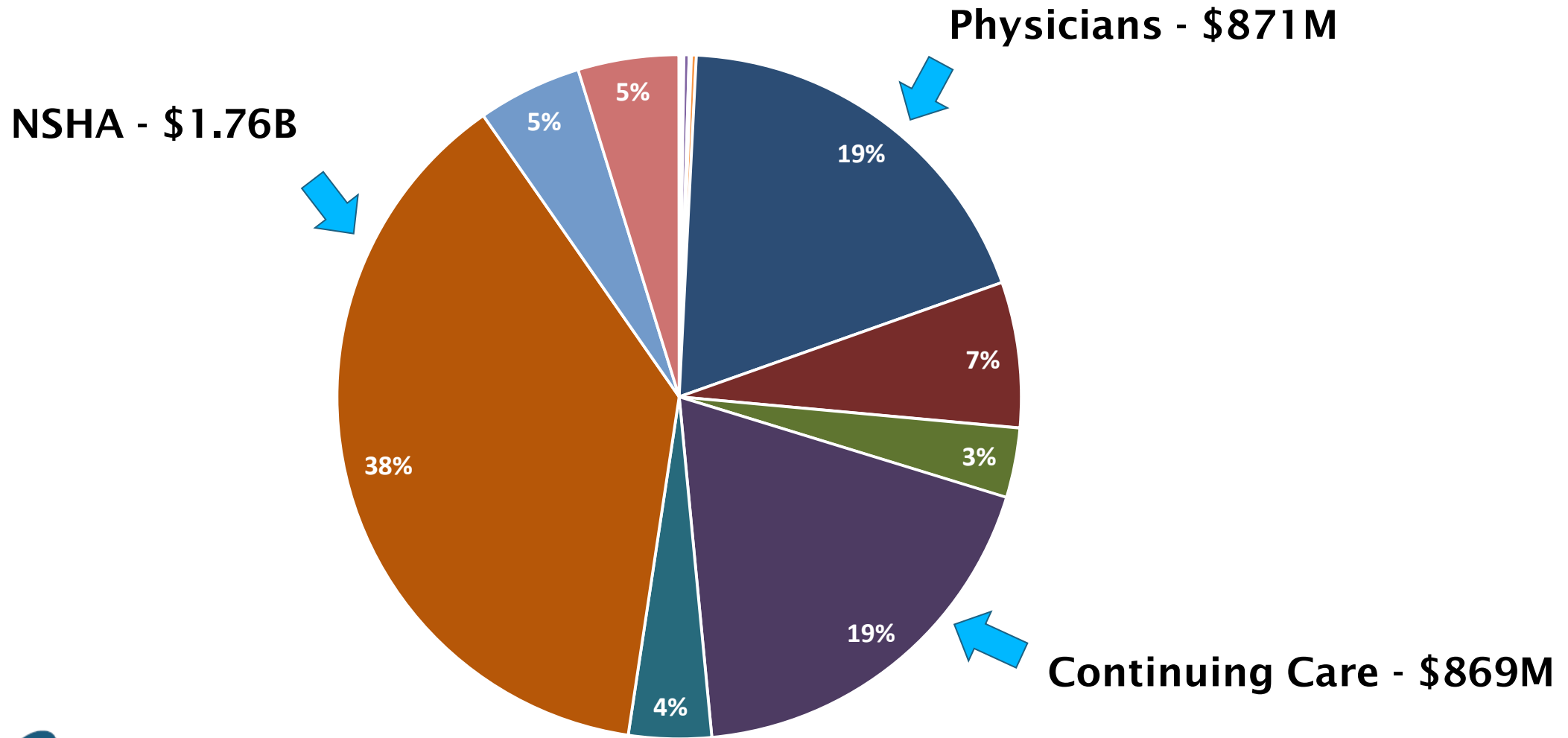


Overview

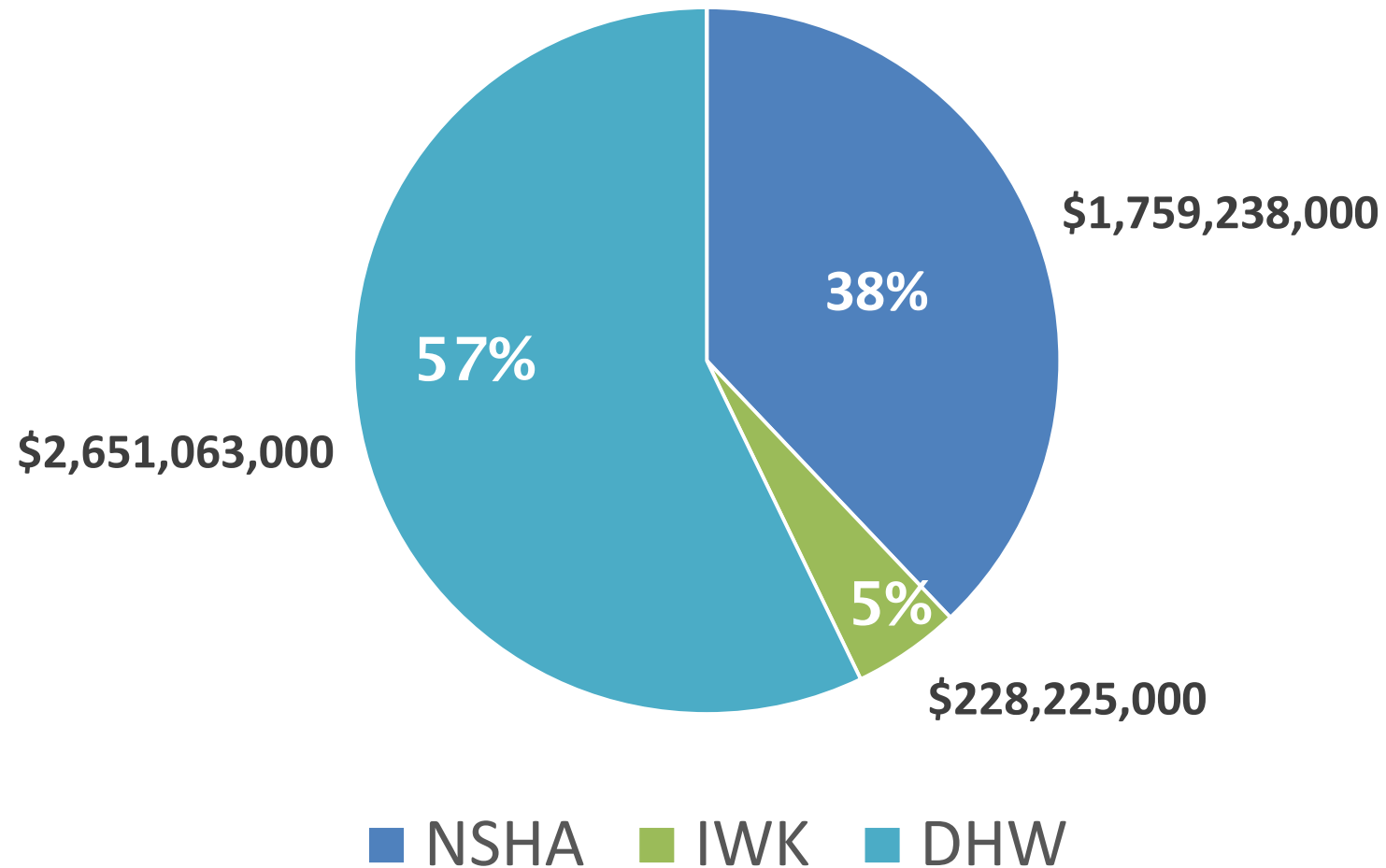
- Budget Update
- NSHA Priorities
- Access & Flow Update
- Trends
- Discussion



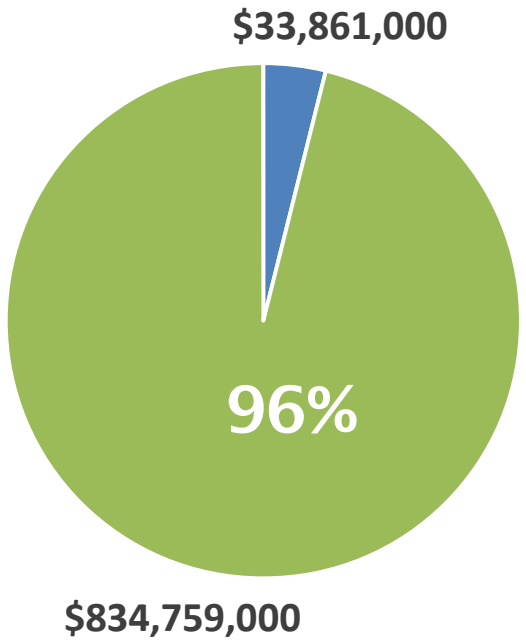
Health & Wellness Budget 2019-20



Health Care Funding 2019-20 Estimate



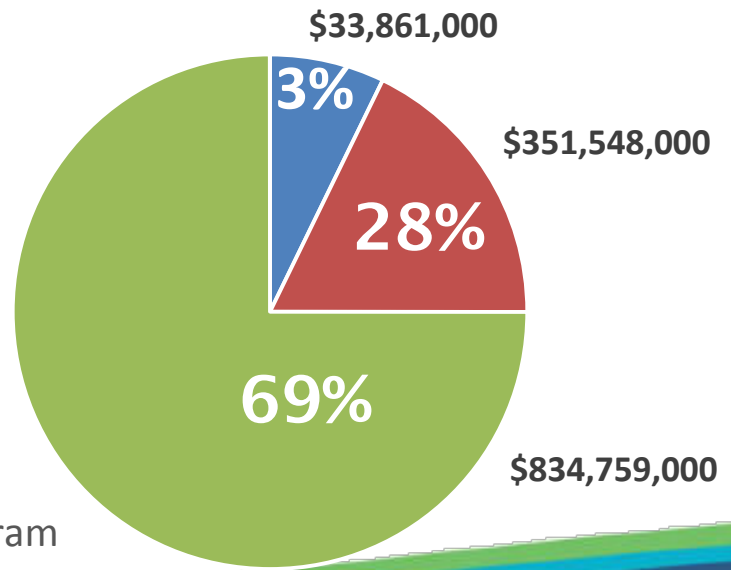
Continuing Care Funding 2019-20 Estimate



*DHW & NSHA = \$869M
Public revenue = \$170M
Total = \$1.04B*

- NSHA Continuing Care
- DHW Continuing Care

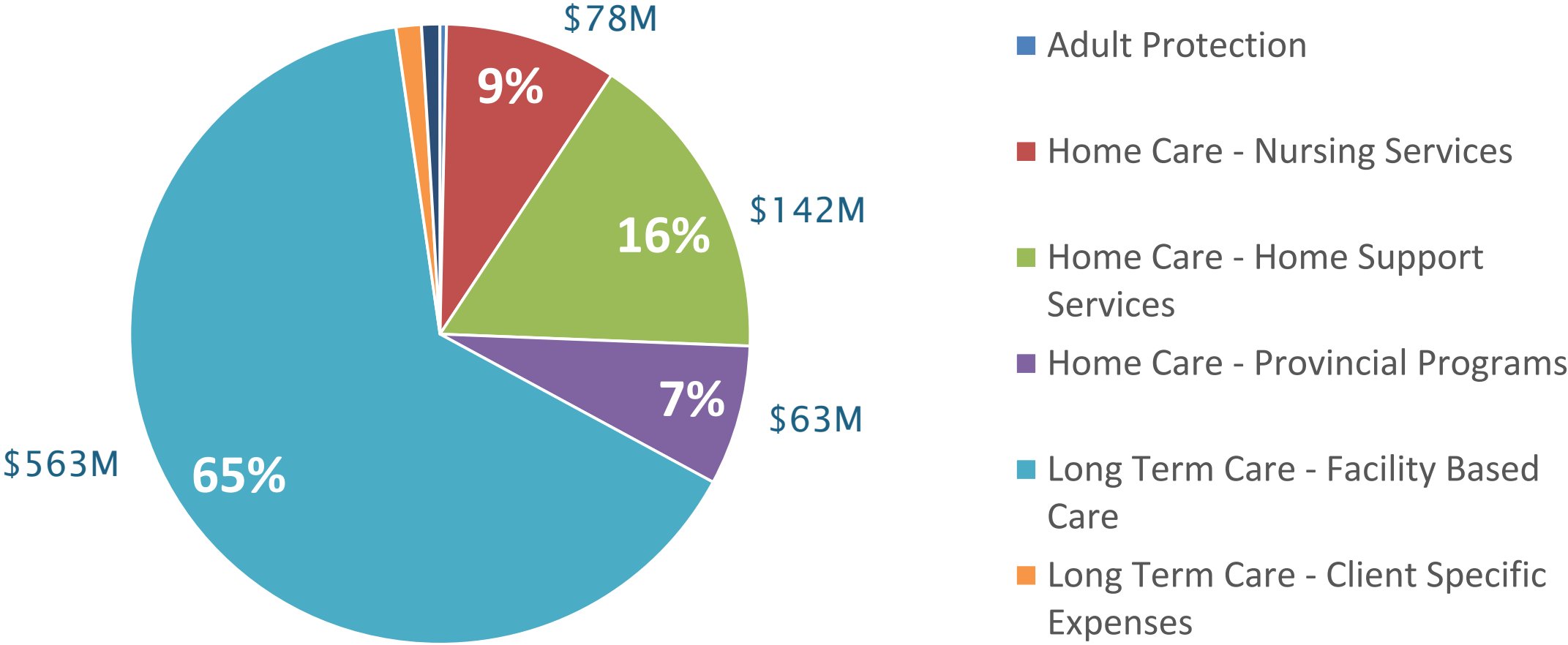
DCS & DHW Continuing Care 2019-20 Estimate



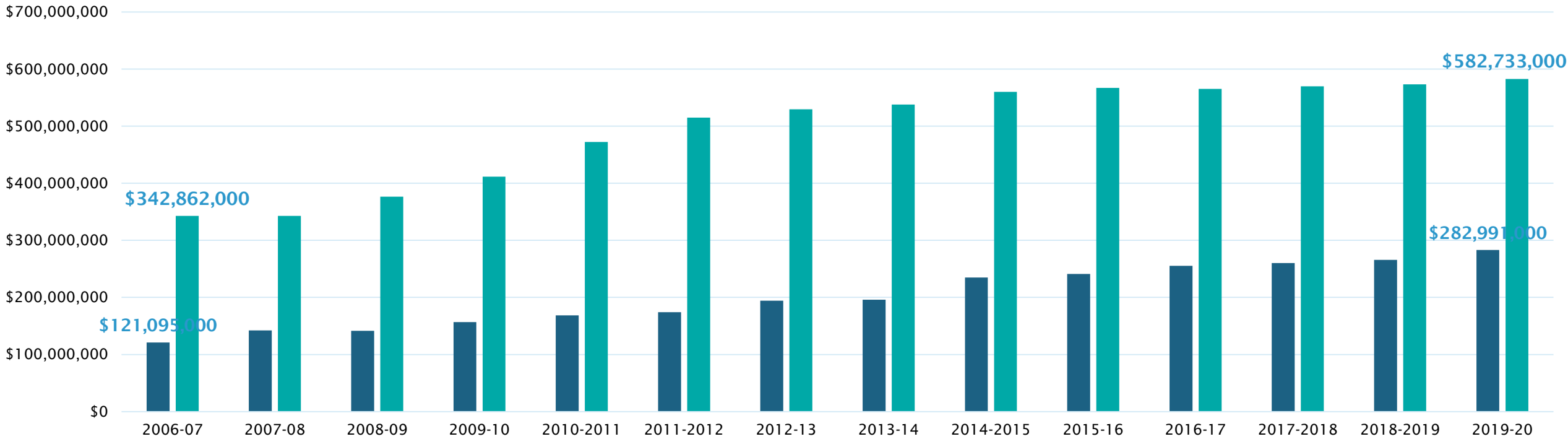
*DHW & NSHA & DCS = \$1.25B
Public revenue = \$174M
Total = \$1.4B*

- NSHA Continuing Care
- DHW Continuing Care
- DCS Disability Support Program

Continuing Care Budget % of Total



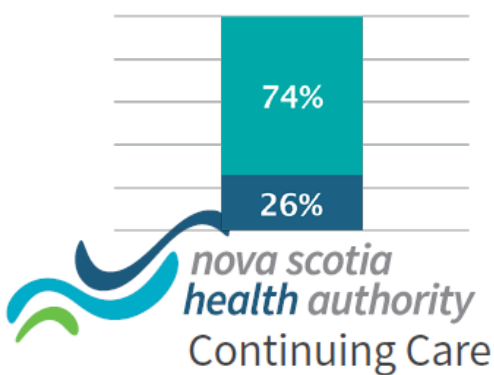
Government Investment in Continuing Care 2006-07 to 2019-20



Investment

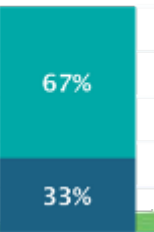
■ Home care ■ Long term care

Investment



134% increase in home care
70% increase in long term care
87% overall increase

Average increase per year
Home Care \$28.7M
Long Term Care \$11.6M
Total \$17M



NSHA Priorities



- NSHA Strategic Plan
- Access and Flow
- Continuing Care Major Initiatives

2018-19 Priorities

VISION | Healthy people, healthy communities — for generations.

MISSION | To achieve excellence in health, healing and learning through working together.

VALUES | Respect • Integrity • Courage • Innovation • Accountability

STRATEGIC DIRECTION: PERSON-CENTRED, HIGH-QUALITY, SAFE AND SUSTAINABLE HEALTH AND WELLNESS FOR NOVA SCOTIANS

NSHA will deliver a person-centred, high-quality, safe, accessible, equitable and sustainable health and wellness system through a focus on performance, accountability, education, research and innovation.

STRATEGIC DIRECTION: A HEALTHY, HIGH-PERFORMING WORKFORCE

NSHA will create a positive and healthy organizational culture that enables employees, physicians, learners and volunteers to support the health and wellness of Nova Scotians. We will foster safety, learning, respect, leadership, accountability, inclusiveness, role optimization and collaboration among our teams.

STRATEGIC DIRECTION: ENGAGEMENT WITH NOVA SCOTIANS TO CREATE A HEALTHIER FUTURE

NSHA will engage Nova Scotians to promote and support our shared accountability for health and improvement in health status.

ENABLERS FOR NSHA PRIORITIES

Quality

Safety

Research

Innovation

Cross
Sectoral
Integration

Evidence
Based
Decisions

Patient
Centered

Engagement

Equity

Diversity

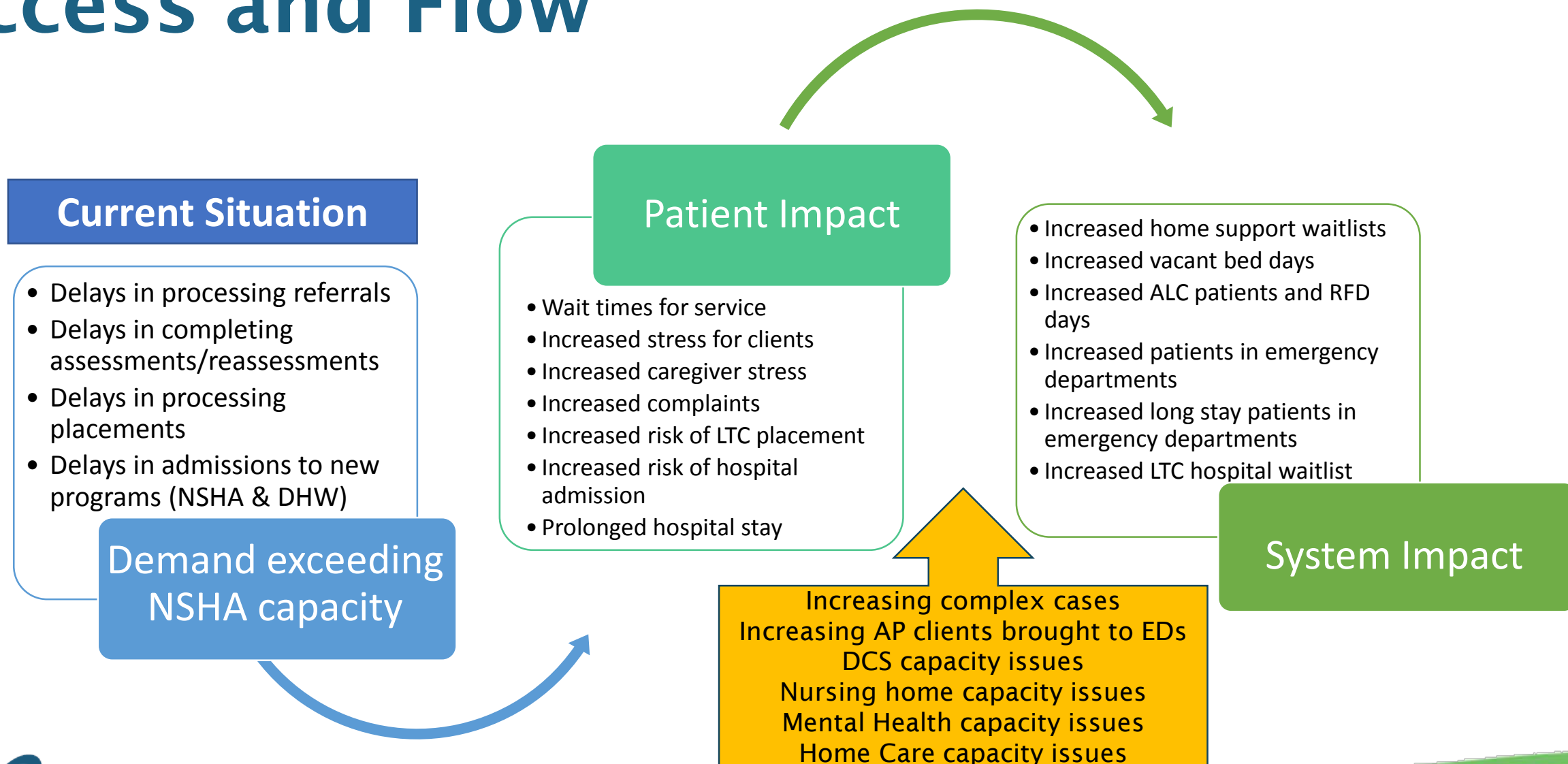


Healthier
Together

Priority	Actions Required
Primary Health Care	<ul style="list-style-type: none"> • Increase access to primary health care for Nova Scotians • Create more and strengthen existing collaborative family practice teams in Nova Scotia
Mental Health and Addictions	<ul style="list-style-type: none"> • Foster collaboration and build capacity with partners, including primary health care, emergency departments and inpatient units • Implement a new service model for promoting positive mental health, care and support, using a stepped care model • Province wide approach to access and navigation • Advance Provincial System Supports – Accountability, Leadership, Quality and Safety
Perioperative and Surgical Services	<ul style="list-style-type: none"> • Implement a multi-year plan for orthopedics • Plan for sub-specialties: General Surgery; Ear, Nose and Throat; Thoracic Surgery; and Urology
Pathology Laboratory Medicine and Diagnostic Imaging	<ul style="list-style-type: none"> • Implement a new service model • Enhance quality, appropriateness of care, access and sustainability in Diagnostic Imaging • Enhance quality, appropriateness of care, access and sustainability In Pathology Laboratory Medicine Services
Continuing Care	<ul style="list-style-type: none"> • Foster a Home First philosophy • Enhance timely access to home support services and long term care • Provide input to the Department of Health and Wellness as it finalizes the Continuing Care Strategic Action Plan.
Health System Workforce: Recruitment, Engagement, Experience;	<ul style="list-style-type: none"> • Develop a People and Organizational development plan • Strategies to address recruitment and retention • Champion workplace health, safety, and wellness
Patient Flow	<ul style="list-style-type: none"> • Implement a multi-year quality improvement plan for patient flow • Leverage evidence to support planning for hospital and community resources



Access and Flow



Access & Flow: What You Said

- **Communication**

- Promote communication and understanding between care partners
- Provide opportunities for discussion and education around roles and sectors

- **Collaboration**

- Share knowledge and best practice among different disciplines
- Focus on clients, not systems – special emphasis on transitions of care

- **Information**

- Identify and clarify data and other info needs to identify issues and inform decision-making
- Influence outcomes and make changes, develop action plans based on shared knowledge, data collection, and evaluation
- Regular reporting to stakeholders

Access & Flow: What We're Doing

- **Communication**

- Meetings with CZ LTC providers, HANS CC Council, CCANS, NHNSA
- Education sessions being planned for all NSHA and providers
- NSHA Access and flow structure being developed
- NSHA Program Area newsletters
- Home First Communications Strategy & products

- **Collaboration**

- Information Transfer Project
- ED Offload Project Provincial Steering Committee
- NH refusals working group

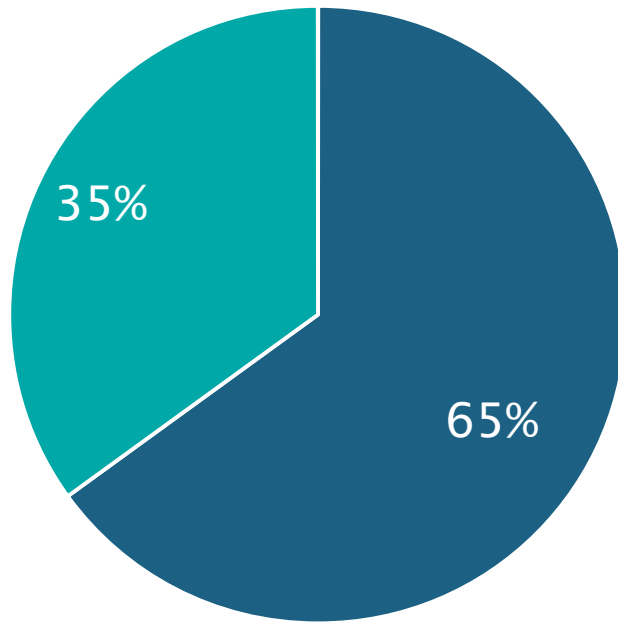
- **Information**

- CC information quarterly bulletins
- Home Support agency meetings and annual reports

Thank you

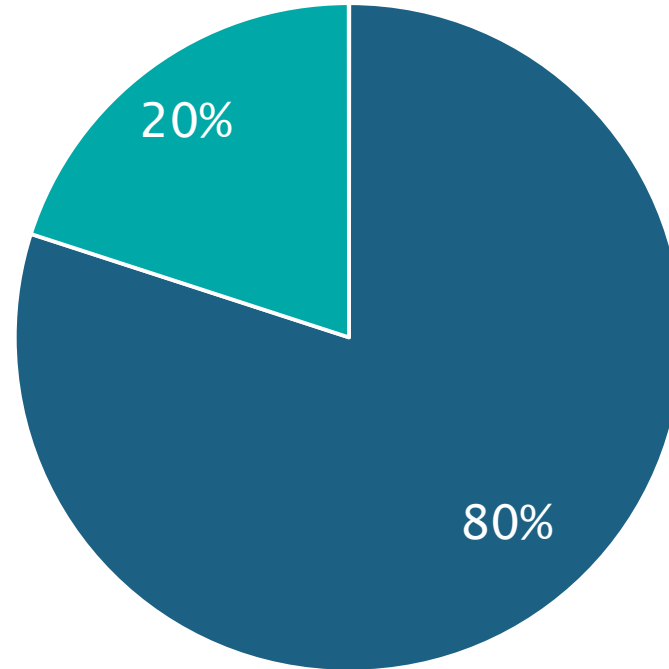
Home Care

Gender



■ Female ■ Male

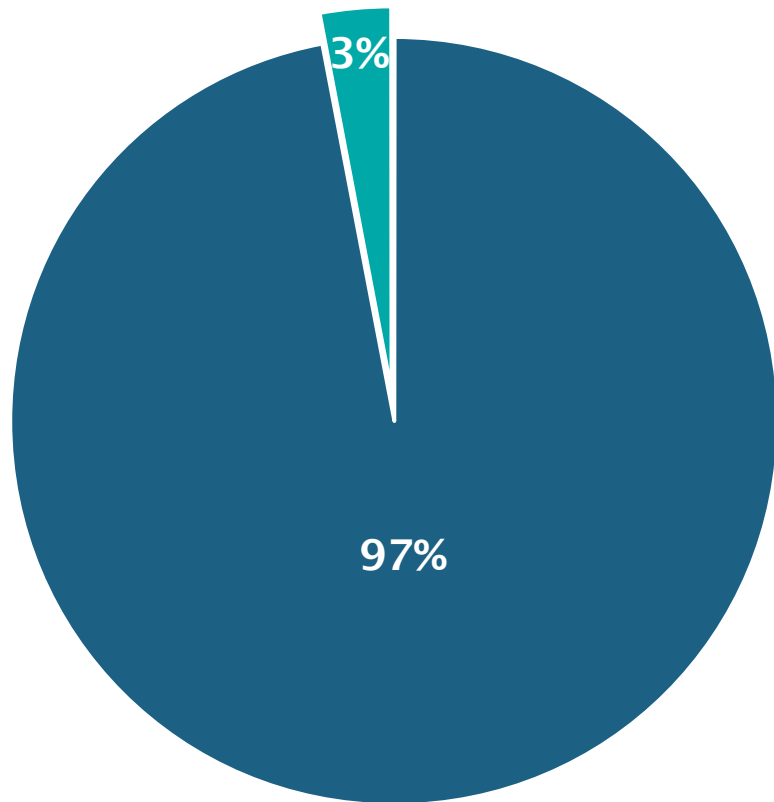
Age



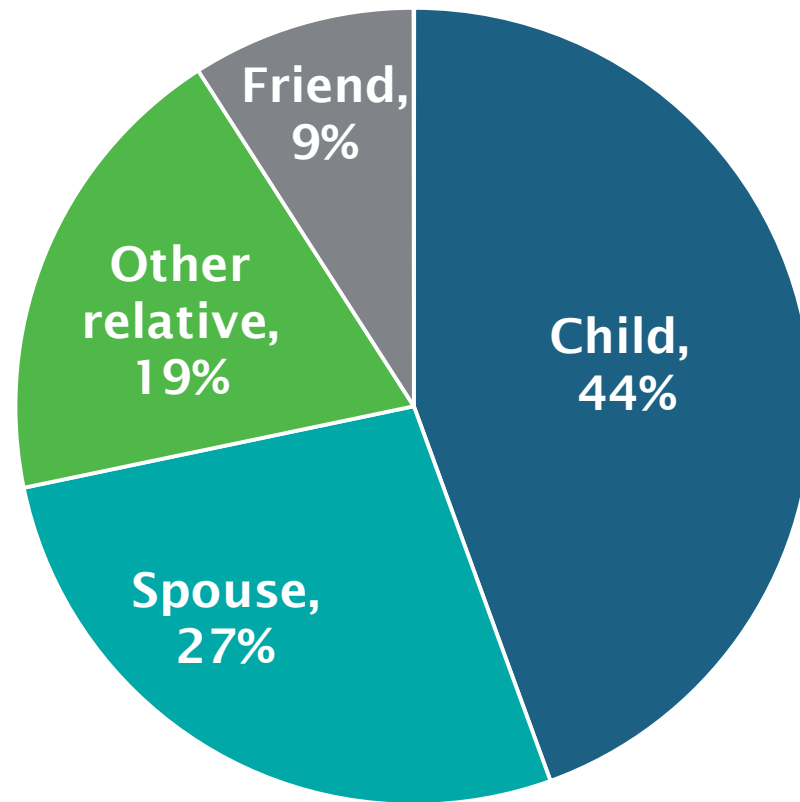
■ Over 65 ■ Under 64

- On any given day **15,000 Nova Scotians** receive home care through NSHA
- On any given day **100 children** (<19 years) receive home care
- The average length of stay in home care is **3.7 years**
- The average age of admission to home care is **77 years**

Home Care

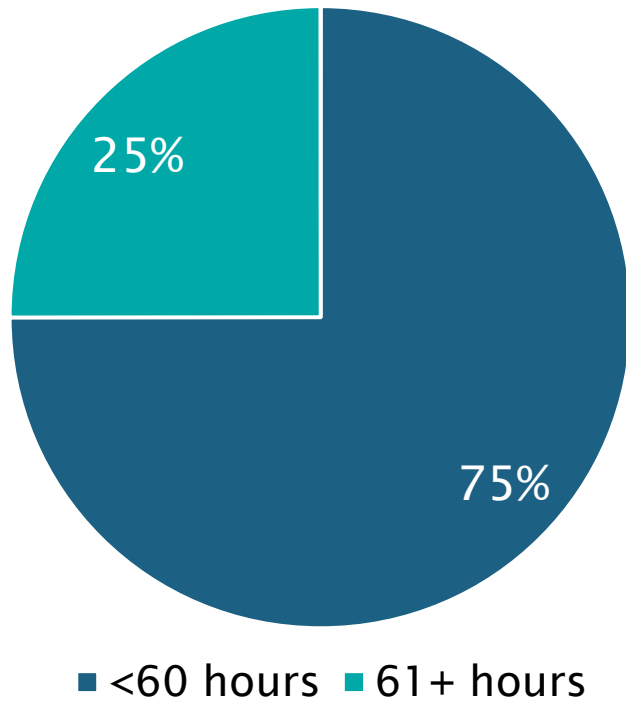


■ Caregiver ■ No caregiver

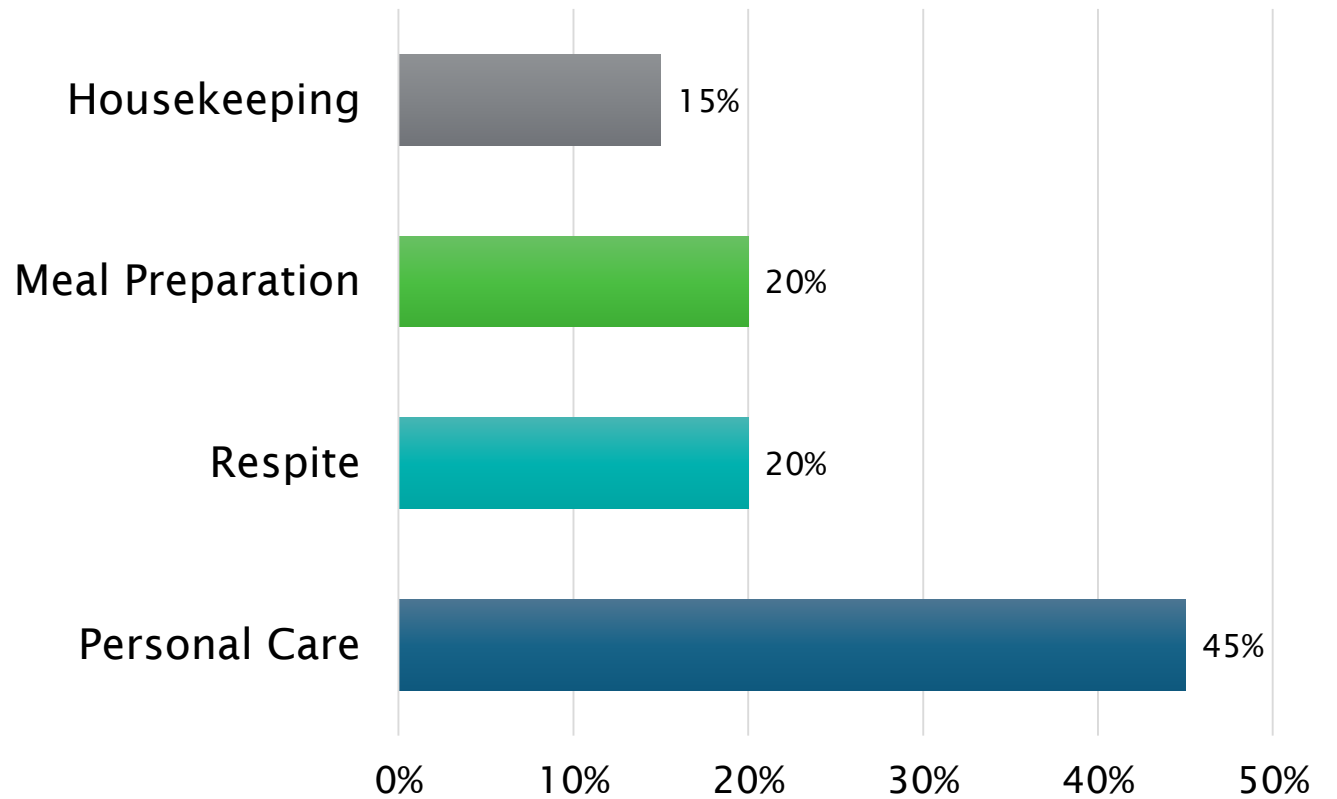


Home Care

Home support hours per month

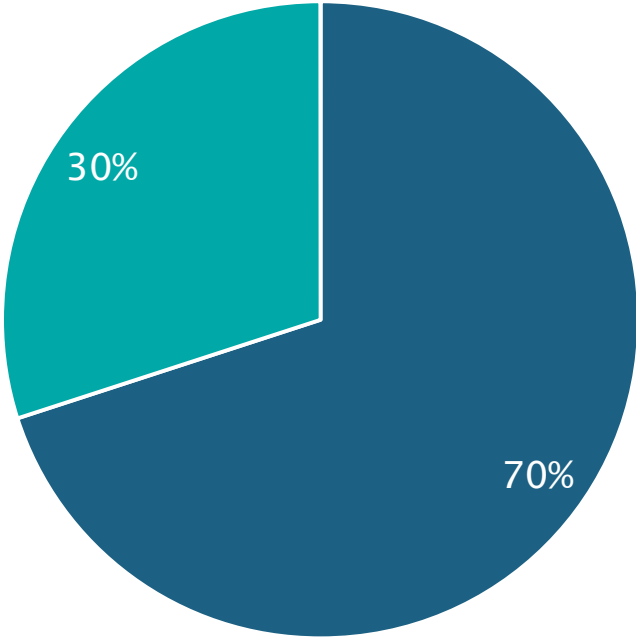


Of all home support services ...



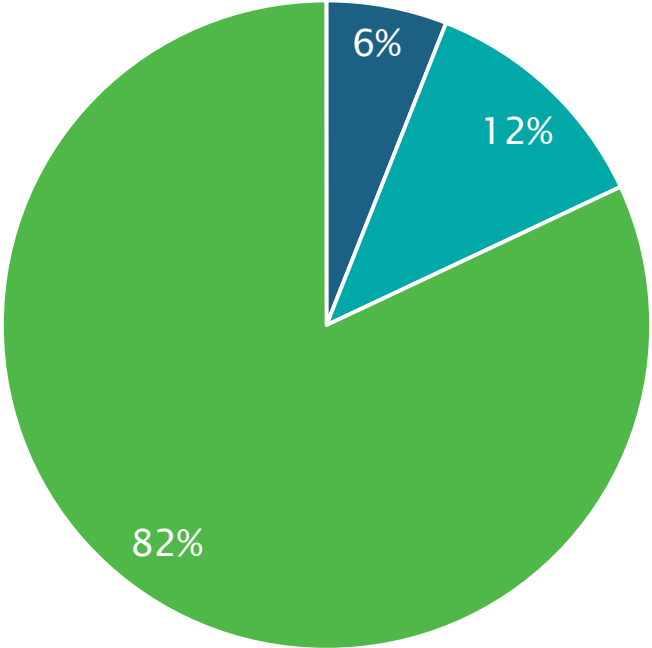
Long Term Care

Gender



■ Female ■ Male

Age

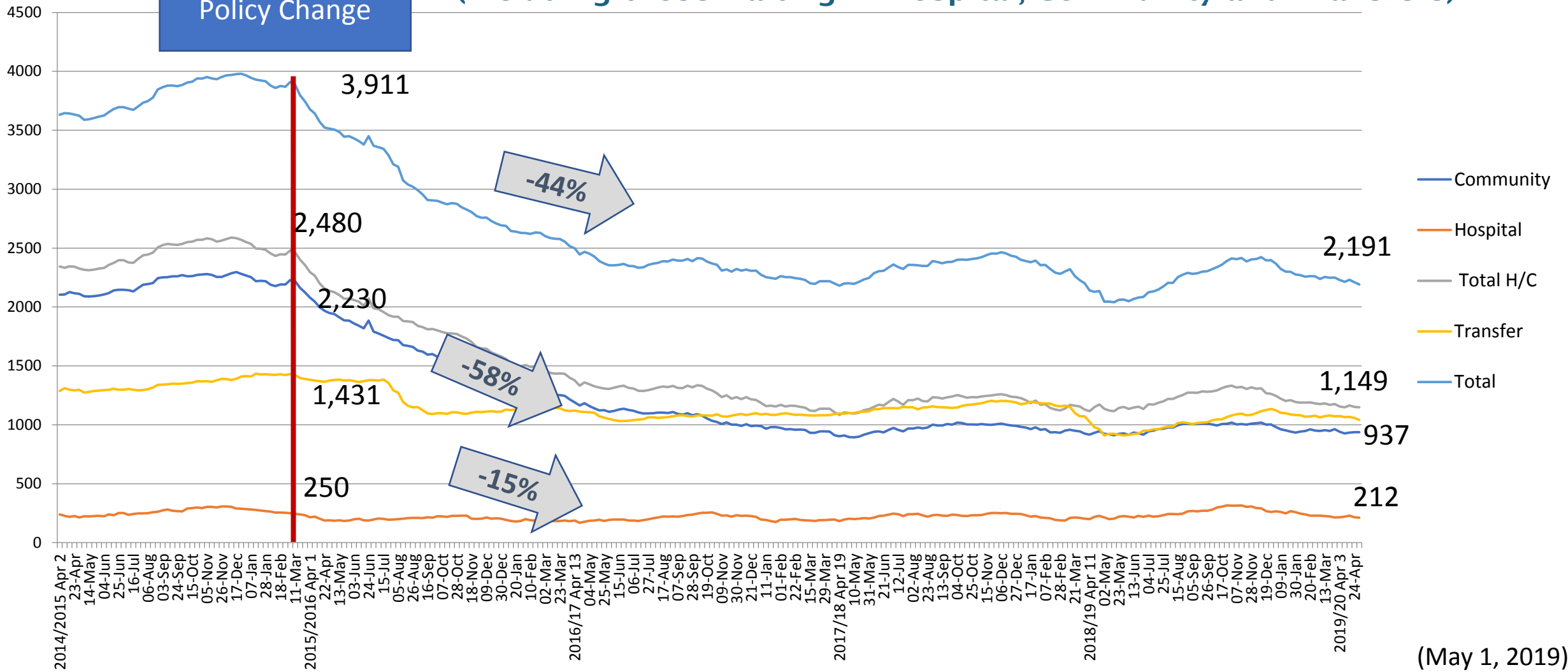


■ <65 years ■ 66-74 ■ 75+

- Average age of admission: **83**
- Average age at death: **87**
- Average length of stay: **3.1 years**
- **30-50%** of resident have responsive behaviours
- **60-70%** have dementia

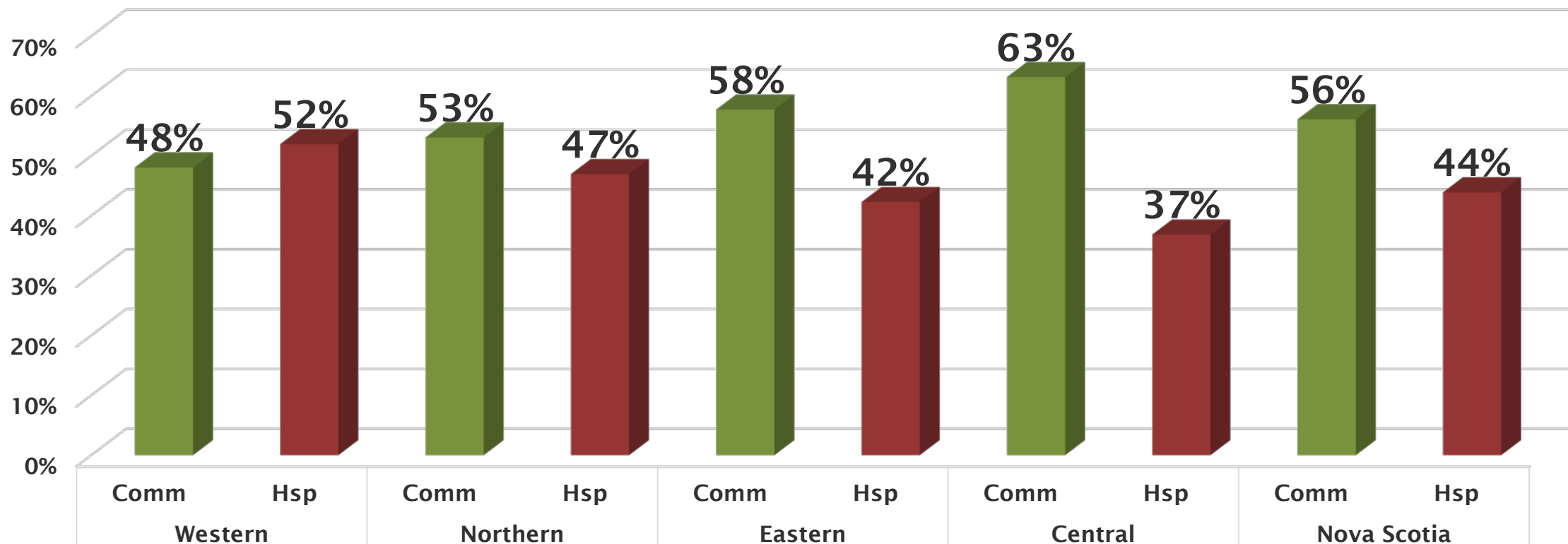
NS: Clients Waiting by Situation, Week (including those waiting in Hospital, Community and Transfers)

Policy Change

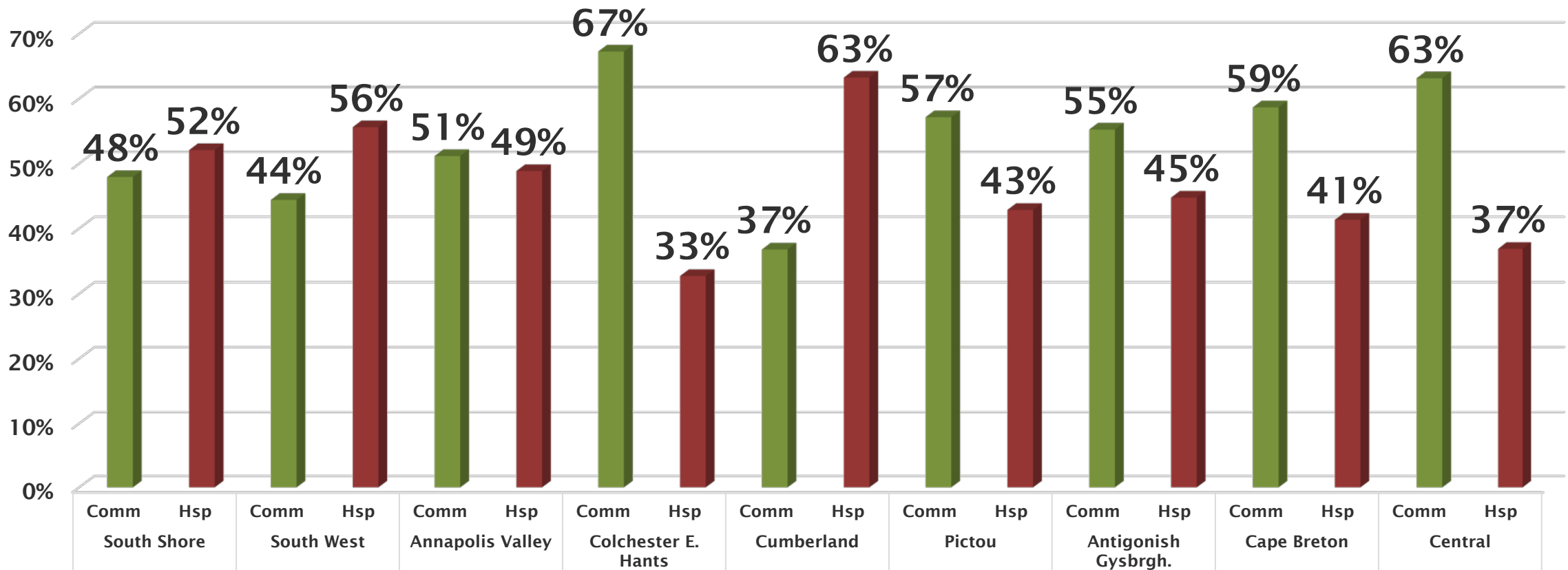


(May 1, 2019)

% Initial Placements By Situation 2018-19



% Initial Placements By Situation and Area 2018-19



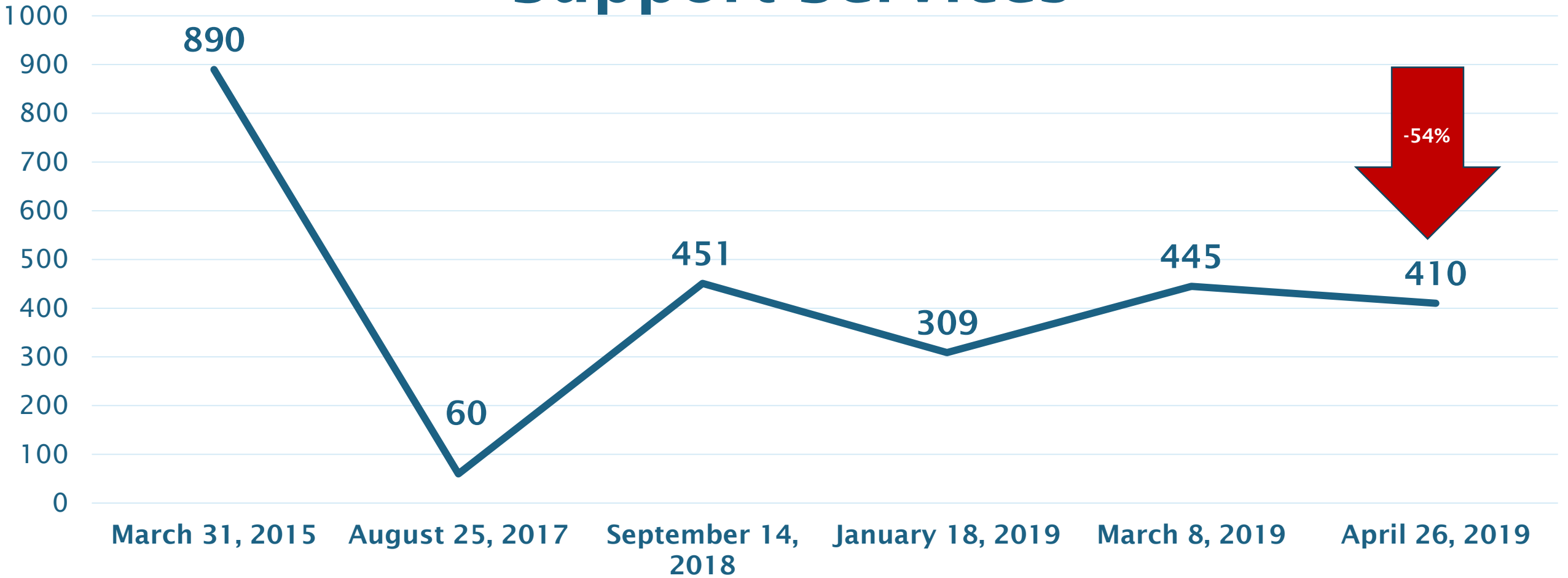
LTC Waitlisted Clients by Zone and Situation - April 25, 2018

	Clients waiting in			Transfer	Totals
	Community	Hospital	Subtotal H/C		
Western	176	62	238	234	472
Northern	124	34	158	114	272
Eastern	282	54	336	233	569
Central	364	77	441	382	823
Totals	946	227	1173	963	2136

LTC Waitlisted Clients by Zone and Situation - April 24, 2019

	Clients waiting in			Transfer	Totals
	Community	Hospital	Subtotal H/C		
Western	168	56	224	223	447
Northern	124	24	148	149	297
Eastern	273	56	329	204	533
Central	373	79	452	482	934
Totals	938	215	1153	1058	2211
% Change	-1%	-5%	-2%	10%	4%

of People Waiting for Home Support Services



of Hours on the Home Support Waitlist

