2017 Fall Forum Update

Continuing Care
Department of Health and Wellness



Agenda

- Home Care
 - Agreements
 - Rates
 - Portal
- LTC Funding (Emergency, Capital, Federal)
- 2017 Platform Commitments
- Resident Trust Policy
- Workplace Safety
- Continuing Care Strategy Update
- DHW Team Updates



Home Care: Agreements

- Half way through transition year.
- 5 months of data has been collected to date.
- DHW and NSHA reviewing data and KPIs in the context of information collected to date.
- Meetings with service providers to be scheduled before the end of 2017.
- We are in the process of examining the data collected and hope to have more to share in the upcoming months.



Wait Time From Service Plan Authorization to Initial Service (New Clients)

	Quarter 1		Quarter 2 (July & August)			
	Urgent	Semi Urgent	Non Urgent	Urgent	Semi Urgent	Non Urgent
	(24 Hrs)	(5 Days)	(15 Days)	(24 Hrs)	(5 Days)	(15 Days)
Agencies who did not						
meet standard at any	52%	52%	44%	44%	52%	36%
time during Quarter						
Agencies that met						
Standard once during	24%	20%	16%	20%	20%	12%
the Quarter						
Agencies that met						
Standard twice during	16%	20%	24%	36%	28%	52%
the Quarter						
Agencies who met						
Standard every month	8%	8%	16%	N/A	N/A	N/A
in Quarter				-	-	-

• Standard: 100% Target: 100%



Wait Time From Revised Service Plan to Service Plan Change (Existing Clients)

	Quarter 1		Quarter 2 (July & August)			
	Urgent	Semi Urgent	Non Urgent	Urgent	Semi Urgent	Non Urgent
	(24 Hrs)	(5 Days)	(15 Days)	(24 Hrs)	(5 Days)	(15 Days)
Agencies who did not						
meet standard at any	44%	40%	36%	52%	32%	16%
time during Quarter						
Agencies that met						
Standard once during	20%	20%	32%	20%	32%	36%
the Quarter						
Agencies that met						
Standard twice during	28%	28%	16%	28%	36%	48%
the Quarter						
Agencies who met						
Standard every month	8%	12%	16%	N/A	N/A	N/A
in Quarter						

• Standard: 100% Target: 100%



Time to Respond To Service Requests

	Quarter 1			Quarter 2 (July & August)		
	Urgent (2 Hours)	Semi Urgent (2 Hours)	Non Urgent (24 Hours)	Urgent (2 Hours)	Semi Urgent (2 Hours)	Non Urgent (24 Hours)
Agencies who did not meet standard at any time during Quarter	24%	32%	20%	32%	32%	20%
Agencies that met Standard once during the Quarter	28%	20%	32%	32%	28%	32%
Agencies that met Standard twice during the Quarter	16%	20%	20%	36%	40%	48%
Agencies who met Standard every month in Quarter	32%	28%	28%	N/A	N/A	N/A

• Standard: Urgent and Semi-urgent: 98% within 2 hours. Non-urgent: 98% within 24 hours



Delivered Hours

	Quarter 1	Quarter 2 (July & August)				
Agencies who did not meet standard at any time during Quarter	28%	20%				
Agencies that met Standard once during the Quarter	28%	8%				
Agencies that met Standard twice during the Quarter	16%	72%				
Agencies who met Standard every month in Quarter	32%	N/A				

• Standard: 90% Target: 98%

Missed Visits

	Quarter 1	Quarter 2 (July & August)
Agencies who did not meet standard at any time during Quarter	18%	24%
Agencies that met Standard once during the Quarter	8%	16%
Agencies that met Standard twice during the Quarter	18%	60%
Agencies who met Standard every month in Quarter	56%	N/A

• Standard: 2% Target: 1.5%



Performance Monitoring Process

- Home Support Performance Monitoring Committee reviews data.
- Committee communicates concerns and recommended remedial actions to senior leadership as appropriate
- Provider receives written communication from NSHA identifying areas of concern.
- Meeting between DHW, NSHA and provider may be scheduled
- Provider submits Performance Improvement Plan for review and approval.
- Provider implements plan.
- NSHA/DHW monitor for compliance.



Results (Knowledge) => Improvement

- Reviewing KPI Standards & Targets
- Developing a process for updating submitted data
- Wait Time From Service Plan Authorization to Initial Service (New Clients):
 - Trend in achieving target is increasing
- Wait Time From Revised Service Plan to Service Plan Change (Existing Clients):
 - Trend in achieving target is increasing
- Time to Respond To Service Requests:
 - Trend in achieving target is increasing
- Delivered Hours:
 - Trend in achieving target is increasing
- Missed Visits:
 - Trend in achieving target is increasing
- Engagement Performance Monitoring Process



2017-18 Funding

Home Support

 2016-17 Actual Results
 2017-18 Home Support Rates
 (1% non-union, travel & stat holidays)

LTC Funding
 (1%, pension changes, capital projects, benefit changes, Food and Recreation)



LTC Emergency Funding

- Intended to support unexpected situations that are outside of the control of the facility.
- Requests continue to be reviewed as submitted.
- Requests are assessed according to level of risk to the facility and residents.
- Emergency Funding request form was updated in 2016 and can be obtained by request by emailing: CapitalRequestLTC@novascotia.ca



Annual LTC Capital Funding

- The purpose is to address future needs and maintain/upgrade infrastructure and equipment, which support both the DHW and facility's objectives.
- Requests are to be submitted to DHW January 2018.
- Request form was updated in 2017 and can be obtained by request by emailing: <u>CapitalRequestLTC@novascotia.ca</u>
- All requests are reviewed and classified and projects are approved based on overall ranking and available budget.
- Total Budget available in 2017-18 is \$1M.



Federal Funding

- Common Statement of Principles on Shared Health Priorities:
 - Collaboration
 - Innovation
 - Accountability
- Spending is to focus on priority areas:
 - Improving access to home and community care
 - Mental health and addictions
 - Performance Measurement
 - Indigenous health
 - Ongoing Collaboration
- We are awaiting decisions about how this funding will be spent in Nova Scotia.



2017 Platform Commitments

- 2017 Platform Commitments:
 - Targeted investment of \$1.3M to increase recreation opportunities for residents of LTC
 - Investment of \$1.9M in food budget for LTC
 - Expand eligibility of the Caregiver Benefit Program by \$7.68M
 (\$1.92M in Year 1, \$5.76M in Year 2)
- Investment will provide targeted funding to the 103 long-term care facilities (6016 beds) that experienced a 1% reduction in operational funding in 2016/17:
- Some reporting of how this additional funding is being spent will be required
- Work is ongoing to update the eligibility criteria for the Caregiver Benefit Program. Changes will be implemented in January 2018.



Resident Trust Policy

- DHW circulated a CCIR regarding Resident Trust in November 2016 (CCIR#16.49).
- Reminder: all deposits and withdrawals or payments for personal use or expenses must be authorized by the resident or their authorized representative (see policy section 11). It is not acceptable for facilities to withdraw funds for any use, other than using the interest to pay trust account bank charges or to benefit all residents, as directed by the Residents' Council.
- Administrators and Boards of Directors must ensure the facility is in compliance with this policy.



Workers' Compensation Rates

2017-18

Home Support

Total impact = \$1.5M increase

Long-Term Care

Total impact = \$1.2M increase (offset by El decrease)



Workplace Safety

- Challenges faced by all within Continuing Care sector
 - Increasing demand / a need to constrain costs
 - Difficulties in recruitment / retention
 - Staff absence
- To develop a five-year Workplace Safety Action Plan for Nova Scotia's Health and Community Services Sectors with focus on publicly-funded home care, long-term care and community services.
- Collaboration among: Government departments (DHW, DCS, DLAE), employers, care providers, academic and professionals associations, WCB, Labour
- Currently nearing the end of Phase 2 of the project review of stakeholder input and finalize Action Plan.



Workplace Safety

- Action Plan Development
 - Working groups made recommendations for actions related to:
 - Safe Handling & Mobility
 - Workplace Violence
 - Slips, Trips, Falls
 - Mental Health & Wellness
 - Stay-at-work / Return-to-work
 - Steering Committee refining recommendations in four areas:
 - Programs, Policies, Standards and Regulations
 - Communication and Education
 - Leadership
 - Performance measurement
- Once a draft Action Plan is approved we will check back in with you
- Plan for implementation in 2018



Continuing Care Strategy: Vision and Mission



A **strengthened**, **innovative** and **integrated** Continuing Care system that is **responsive** to the needs of Nova Scotians **now** and into the **future**.



Providing quality care when it is needed to support health, living well and honouring community connection.



Strategy: What guides our work

Person-centered:

Optimize independence and choice for people and their caregivers; system responds to diverse needs (health, behaviour, culture, orientation, language of choice)

Access to Appropriate Care:

Improved access to programs and services in a timely manner, resourced appropriately

System Integration:

Seamless, coordinated transition within Continuing Care and between the broader heath system and intersecting programs and/or supports

Innovation:

Create a culture of high performance, shift practices to work more efficiently, repurposing and rethinking how we work

Accountability and Performance:

Implement performance based contracts to enable measurable outcomes advanced analytics and analysis, and evidenced-based decision-making

Funding & Stewardship:

Improved sustainability, appropriately resourced, funding is designed to incent desired outcomes, and improved standardization



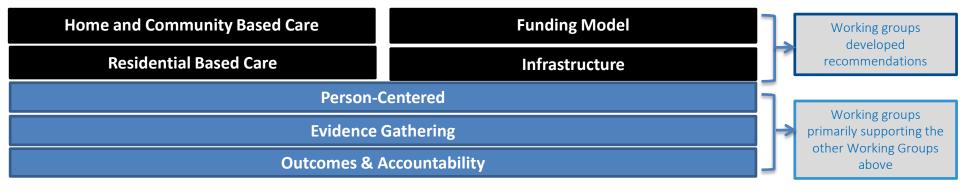
Continuing Care Strategy: Project Structure

DHW Minister

NSHA Leadership

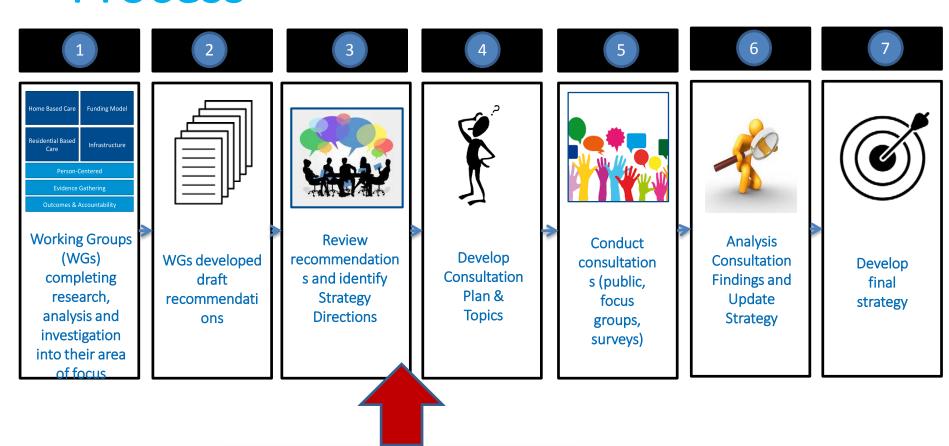
NSHA Stakeholders

Steering Committee (DHW, NSHA, Industry Rep) Export Panels (Best Brains, Leading Thinkers)





Continuing Care Strategy: Process





DHW Team Updates

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DHW Team Updates

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