

Continuing Care Sector Calls NSHA Update - Susan's Notes

June 2, 2020

NSHA Update (Susan Stevens):

Update on the landscape in Continuing Care (CC) since the onset of the pandemic:

- Currently there are 135 long-term care (LTC) facilities and 7,850 LTC beds across the province.
- On March 16, 2020, CC implemented a hospital variance where we began placing people from hospital along with individuals in the community who were in crisis (community variance), and Adult Protection (AP) clients.
- The number of people waiting for initial placement in LTC have increased by 12 per cent overall.
- NS has two organizations that provide home care nursing services (VON and NSHA) and 23 agencies that provide home support services.
- From March 6 to May 22, 2020, home support (HS) wait list hours have increased by seven per cent and the total number of home support clients has increased by four per cent.
- Currently CC has 3,463 waitlisted HS hours and 825 waitlisted clients. The wait list is comprised of new/existing clients authorized to receive home support services that are waiting for some or all of their home support services to be initiated.
- As you know, we worked with providers to establish a provincial approach to categorizing home care service clients into a risk category. Currently, all agencies are able to deliver home support and nursing services to clients in the very high and high-risk categories.
- In summary, since the onset of the pandemic, LTC placements have decreased, the number of people waiting for placement to LTC has increased, and the number of clients and hours on the home support wait list has increased. Overall, the capacity within HC and LTC has decreased.

Overview of the Continuing Care Sector survey results:

- We had 76 respondents to the Continuing Care Sector survey. Of those, 56 per cent of the respondents were from NHs and NHs + RCFs, 20 per cent were from RCFs, 21 per cent from HC agencies, and three per cent from equipment providers.
- 75 per cent of survey respondents indicated that they have joined the calls each week.
- Respondents indicated that the Public Health (PH)/DHW/NSHA updates, along with the chance to hear from other providers, were the most valuable parts of the call. LTC values the PH update, asking questions and hearing about programs more highly, while HC/equipment providers value DHW/NSHA updates and hearing from other providers.
- Overall, the survey showed respondents find most parts of the call valuable, with most respondents indicating a desire to move the frequency of the calls to every two weeks.

