Access & Flow Panel Presentation
NSHA Spring Forums

Long-Term Care Sector

June 2018

Prepared with input from the Continuing Care Council and Tri-Chair Council

Who We Serve

- Seniors with complex chronic conditions & dementia
- Some younger adults (under age 65)
- Residents' families
  - A fully vested partner in care
- Individuals who are medically stable but require nursing, medical & physical intervention to remain stable
- Individuals who can no longer live in the community with available supports

Common Myths & Realities

Myth

We are safely able to care for individuals with complex mental health needs

Reality

- Staff are generally trained to respond to dementia related behaviours
- Do not have appropriate access to training & resources to effectively care for individuals with complex mental health needs
- Complexity of care is increasing in terms of physical & cognitive function

Common Myths & Realities

Myth

Registered staff are not as well trained as those working in acute care, and do not require as many clinical skills

Reality

- Complex chronic conditions require Registered staff to have knowledge in diverse clinical areas
  - Mental health, physical disease, cognitive functioning, rehabilitation, palliative care
  - Case load can be 30-40 residents per RN or LPN.

Common Myths & Realities

Myth

LTC is staffed similar to acute care

Reality

Staffing levels vary based on number of residents, level of care, staffing model, facility.

Common Myths & Realities

Myth

LTC has physician coverage/on-call services

Reality

There are different models for physician coverage and on-call services. Some homes have no physician coverage after hours or weekends. When physicians take vacation there may be no coverage for weeks.

Common Myths & Realities

Myth

LTC should operate like a hospital

Reality

- Impossible to operate like hospital due to structure, staffing, services & available resources (e.g. equipment, medications, technology)
- Administration have various roles (e.g. clinical admissions & financial accountability)
- Nurses have full responsibility for clinical care of residents & facility (no backup)

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Common Myths and Realities

Myth

All LTC homes have the same physical design and type of accommodations.

Reality

- New and replaced facilities have smaller households with 9-12 residents, each with private room and bathroom
- Older facilities have wings of varying size and a mix of private, semi-private rooms and shared bathrooms. (often 4 people sharing a bathroom)

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Largest Challenges to Seamless Transition Along Continuum

- Misinformation or missed information from other institutions
  - Medical & behavioural history
- Assumption that LTC can restrain individuals with behavioural issues
- Assumption that LTC can use Code White approach
- Challenges navigating complex organizational structures
- Not knowing who to call to address an issue
- Insufficient communication & sharing of information
- Lack of relationships & trust between colleagues & institutions
- Need for strategic investment in required resources
- Need for a strategic plan for changing landscape & future LTC provision (Continuing Care Strategy completion pending)
- Difficulty accessing specialty services (eg specialty psycho geriatric services, CBRC)

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Facilitators in Transitioning Along Continuum

- Accurate & up-to-date resident information
- Good relationships with other service providers (understand each others' reality)
- Understanding who we can & cannot provide safe & effective care for
- Acknowledge the experience and expertise in LTC (especially our knowledge in responsive behaviours & the aging process)
- More uniform data collection & reporting to communicate & make decisions (Inter-RAI Tool)

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What We Need From Other Program Areas

- Better understanding from all parties of priorities, values & beliefs
  - Parties include: DHW Continuing Care & Licensing branches, NSHA, & long-term care providers
- Better understanding of how priorities, values, & beliefs do or do not align with each other
  - Willingness to reshape how we work together with a person & family centred approach
- Complete & current information regarding residents
- Consider the impact of policy change on LTC
  - Ensure there is collaboration & the right people at the table to inform how policies impact LTC

What We Can Offer Other Program Areas

- With proper investment, can help transition appropriate individuals from acute care to LTC
- Can provide knowledge & information about individuals to facilitate transfers out of LTC
  - Can help address issues with a plan for possible return to LTC

Top Priority for Collaboration & Change

- Transparency & open communication across sector
  - Keep listening & talking to each other, meet each other, site visits
- Shared resources & expertise
  - Equal the playing field for LTC across the province
- Explore a restructuring of how we do business as a continuum

Thank You!

Questions?

Comments?