

## NORTHERN ZONE – ACCESS AND FLOW ENGAGEMENT RESULTS, Fall Forum 2018

STEP 1 – Proposed Action		
Create an intersectoral committee with representation from all points in the care journey with the purpose of improving care to individuals who transition across the continuum.		
Potential Mandate	Membership	Additional Considerations
<ul style="list-style-type: none"> <li>• who reports to and what will be done with the information</li> <li>• assessment (universal)-focus group trial</li> <li>• base line of current care levels/satisfaction</li> <li>• evaluation along the continuum</li> <li>• Consistent database for intersectoral committee</li> <li>• action-based agenda</li> <li>• committees will have authority to make changes/influence outcome</li> <li>• discuss barriers that hinders opportunities. SWOT analysis</li> <li>• Financial support and policy refinement to enable care provision for special client needs in LTC facility (e.g. VAC Therapy)- staffing complement as in need to be reviewed as well</li> <li>• Increased accessibility for equipment for clients in community to enhance to remain at home while staff [??] when providing care to higher needs clients</li> <li>• HR-making health related positions more attractive to bring people into training and have them work in that field</li> <li>• Provide opportunities for education between the sectors of the role each sector plays in the [??] across the continuum</li> <li>• Variety of voices, perspectives</li> <li>• Bridge gaps between programs LTC, Acute, Continuing Care</li> <li>• Become more well versed of each other’s challenges, roles, responsibilities</li> <li>• Focus on the positive</li> <li>• Develop common understanding</li> <li>• Identify blocks to positive results</li> <li>• Remedies needs support/traction * Relationship building in local areas among providers all along the continuum i.e. collaborative meeting</li> <li>• Issues can be addressed on the local level by understanding each other. Promote collaboration. Improvement. It needs to be understood that we are all linked in responsible for solutions which can only be developed through participation. Lots for us all to learn.</li> </ul>	<ul style="list-style-type: none"> <li>• variety of position i.e. admin, front line</li> <li>• family/patient</li> <li>• LTC representation</li> <li>• Primary Care</li> <li>• LTC, RCF, VON</li> <li>• membership accountable to ?</li> <li>• HR</li> <li>• Family/resident</li> <li>• recipient for care</li> <li>• nurse practitioner</li> <li>• physicians</li> <li>• Funders-people who make the budgets</li> <li>• service provides or groups that represent them</li> <li>• Caution-depending on issue would need to choose the people who need to be involved in the discussion.</li> <li>• Patients with mental health issues [along] with their families</li> <li>• Alzheimer's society, Caregiver NS, Reps from VON, LTC, group home settings, DVA</li> <li>• Behavioural Consultant, LTC facilities, NH, RCF, DVA, VON Providers</li> <li>• LTC, VON, Education facilities, for front line staff, CCA/RN/LPN</li> <li>• Dept. Labor and Education</li> </ul>	<ul style="list-style-type: none"> <li>• to get provincial consistency</li> <li>• in past 9 DHA each met to discuss issues within their RCFs/LTC facilities that then cascaded up to Provincial level</li> <li>• How frequent is the meeting?</li> <li>• Cost</li> <li>• How outcomes is communicated?</li> <li>• When/How is this going to be established</li> <li>• More local groups to look at area specific issues around transition of care that would feed up to the larger group.</li> <li>• Awareness of availability of resources to meet higher needs clients especially coming to community</li> <li>• Acute care LTC, RCF became LTC, and RCF became LTC/NH/RCF</li> <li>• Important to have variety of providers. Acute care is critical member of the team</li> <li>• Area based Ø zone</li> <li>• All areas are so different resources and challenges are different</li> <li>• complexity of clients and increase in staff injuries</li> <li>• returning employees who have retired</li> <li>• Local [??] ability to pull in, Local if required</li> <li>• Pictou County once had a similar acute care/continuing care liaison</li> </ul>

## NORTHERN ZONE – ACCESS AND FLOW ENGAGEMENT RESULTS, Fall Forum 2018

<ul style="list-style-type: none"> <li>• Home support needs</li> <li>• incentives staffing recruitment ideas</li> <li>• share gaps/challenges with colleges/universities</li> <li>• suggest review of licensing requirements for mandates staff. RN vs LPN, CCA vs PCN</li> <li>• International recruitment and red tape involved takes time and form them to transition</li> <li>• Additional funding</li> <li>• know who your partners are</li> <li>• Breakdown us/them barriers</li> <li>• role clarity, relationship building</li> </ul>	<ul style="list-style-type: none"> <li>• VON, Behavioural Health, First Nations</li> <li>• First Nations representation, social worker, spirituality representative, palliative care, adult protection, children’s aid, EHS</li> <li>• physicians, front line staff from all areas, LTC (facility staff)</li> <li>• Physio/frontline staff</li> </ul>	<p>committee to meet and discuss transitions in care and gaps/support required to ease flow or changes in policy/procedures that a service may need to change/adjust to meet client's need</p> <ul style="list-style-type: none"> <li>• could set up similar to JOSHW committees local committees with representation sitting on a local committee.</li> <li>• Zone level with provincial focus/goal</li> </ul>
--	---	---

### STEP 2 – Next Steps

What are the necessary next steps to move toward this action? **Please be as specific as possible.**

Who	Needs to do WHAT	by WHEN?
Commitment from everyone in the room	pre evaluation/baseline of care to individuals who transition	1st Q before starting
conceptual support	control group	2nd Q
DHW, Immigration, Licensing/College Requirements, Employers works and immigration, Partnership with YMCA and employment office	financial support, hire recruit international employee	ASAP
a management level position from one of the identified services	Facilitate prompt licensing transferred provincial licenses	
NSHA, Government/DHW/DCS, All partners	Work together to facilitate international recruitment	
Bob can identify team members	connect with each identified services to ensure representation on committee	early 2019
	Outline the partners to be at the table and start the discussion around starting the committee---timeline for each across	15-Jan-19
	Champion the concept to develop this committee	15-Dec-18
	develop committee objectives/TOR and engage partners to meet	15-Feb-19
	Dedicate resources to this project	when the committee starts

### Anything Else?

[n/a]