

Access & Flow Panel Presentation NSHA Spring Forums

Home Support/Care Sector

June 2018

Prepared with input from the Home Care Network

Who We Serve

- All Nova Scotians who require:
 - Assistance, care and support with living independently in their homes
- The population served includes individuals:
 - · From all areas of Nova Scotia
 - Who are frail and elderly
 - With dementia
 - With physical and mental limitations who require assistance with activities of daily living
 - · Recovering post hospitalization
 - Requiring support with chronic conditions (e.g. pediatric clients)



Common Myths & Realities

Myth

Home support agencies authorize the services clients receive

Reality

- NSHA Continuing Care Coordinators authorize the home support hours that clients receive
- Agencies have little ability to influence the authorization decisions
- Agencies have little involvement in the discharge/transition process



Common Myths & Realities Myth

Home support workers are clinical nurses & provide medical treatment

Reality

- Majority of home support services are provided by CCAs
 - CCAs do not provide clinical or nursing services
 - CCAs do provide support with personal care



Common Myths & Realities

Myth

Home support agencies are a government department (DHW)

Reality

- · Agencies are individually owned and operated
- Contracted by DHW
- Governed by a volunteered Board of Directors
- Some agencies are private/for profit while others are public/not for profit



Common Myths & Realities Myth

Home support agencies have the funds/ability & should provide standardized services to manage the increase in client complexity

Reality

- Not every agency has the funds/staff required to provide all the potentially necessary services
- Balance funding provided with various factors:
 - Rural/urban geography (travel distance/time)
 - HR recruitment & retention challenges
 - Requirements of 14 collective agreements



Largest Challenges to Seamless Transition Along Continuum

- Communication between sector partners regarding the client's needs/desires
- Recognition of the expertise that HC Agencies have regarding their clients' needs/desires
- Home support agencies managing the conflicting information & expectations from family/ clients/continuing care coordinators



Facilitators in Transitioning Along Continuum

- A more formalized mechanism is needed for all parts of the sector to acknowledge, share & discuss system issues
- Greater resources for client assessments to ensure supports are implemented in a timely manner (e.g. Care coordinators, OT/PT, Adult Protection)
- Concise, clear, & frequent communication
- Mutual awareness of how decisions impact other program areas & an understanding of each program areas scope of practice



What We Need From Other Program Areas

- Greater recognition of agency expertise & clients' assessment of needs
- Include Home Support Agencies at higher levels of decision-making, & ensure it meets clients needs
- Avoidance of making assumptions about HS the services provided
- To be engaged in transition/discharge planning process
- Greater coordination & communication between hospital
 & community based care coordinators
- · Cross collaboration between programs



What We Can Offer Other Program Areas

- Relevant information and expertise regarding the issues affecting clients in home
- Information about the challenges that occur as it relates to the coordination of care
- Real time information regarding the true complexity of care that is required
- The support of a *Reablement Approach*



Top Priority for Collaboration & Change

- · Recognition & respect of sector partners
- Improving the process for collaboration with sector partners
- · Change in service hour authorization model
- Client understanding of who we are and what we do
- · Management of supply & demand
- Solutions to human resource challenges
- Willingness to take risks & try innovative ways change & improve



Thank You!

Questions?

Comments?

