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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

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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

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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.

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Common Myths & Realities

Myth

LTC is staffed similar to acute care

Reality

Staffing levels vary based on number of residents,
level of care, & facility

Common Myths & Realities
Myth

LTC has physician coverage/on-call services

Reality

There are different models for physician coverage/on-
call services (e.g. Care by Design, APA, etc.)

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, etc.).

- 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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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
- 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)

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Facilitators in Transitioning Along Continuum

- Accurate & up-to-date resident information
- Good relationships with other service providers
- 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)

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

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Top Priority for Collaboration & Change

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

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Thank You!

Questions?

Comments?