

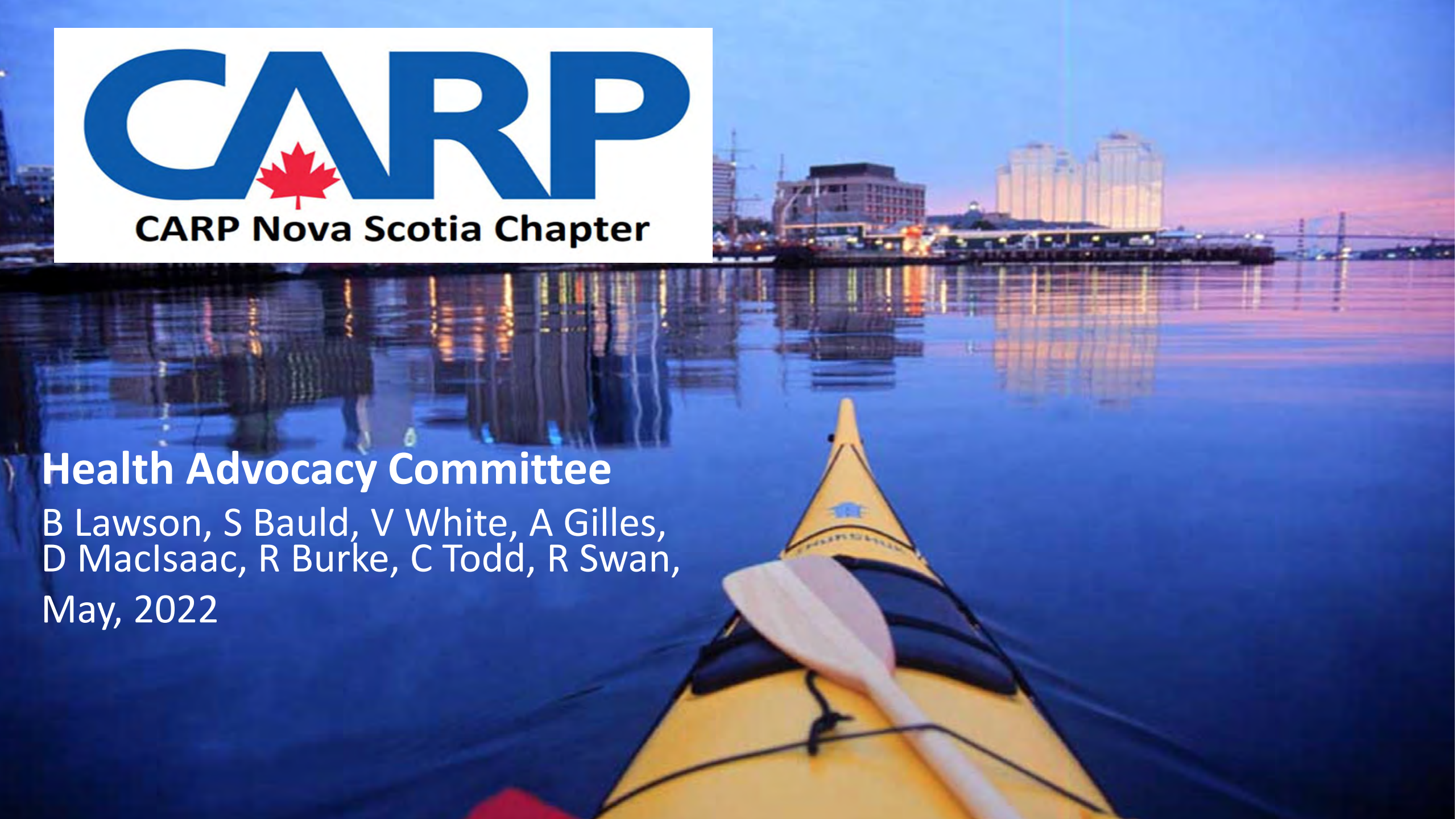
CARP



CARP Nova Scotia Chapter

Health Advocacy Committee

B Lawson, S Bauld, V White, A Gilles,
D MacIsaac, R Burke, C Todd, R Swan,
May, 2022



2020-2021 Highlights

1. **CARP Nova Scotia Position Paper**

*Working Together to Bring Home Care Home!
Closing the Gaps in Nova Scotia Home Care*

2. **Home Care Experience Survey**

3. **ACTing Collectively**



MAY 2021

Working Together to Bring Home Care Home! A Continuing Care Position Paper

Closing the Gaps in Nova Scotia Home Care

Prepared by C.A.R.P. Nova Scotia Chapter,
Health Advocacy Committee (HAC)

Beverley Lawson (HAC Chair)
Ron Swan (Chapter Chair)
Sandra Bauld
Donalda MacIsaac

Anne Gillies
Valerie White
Rosanne Burke
Carol Todd
Rilla MacDougall

- October 2020 decision to focus on Home & Community Care
- First- hand experience among committee members
- Concerns about long-term care heightened during the pandemic but HOME CARE remained virtually invisible
- Identified 5 Priority Actions for Home Care Improvement and proposed solutions to close the gaps.



1 Focus on Person-Centred and Family-Centred Home Care Approaches

- Person and family-centered Home Care prioritizes dignity, participation, and choice.
- Update Home Care standards and tools to enshrine person- and family-centred values.

2 Increase Recruitment, Retention and Quality for Home Care Human Resources

- Increase Home Care worker recruitment based on a specific strategy with demographic and labour force projections
- Provide an improved compensation package for workers with generous educational support

3 Improve Home Care Communication

- Develop stronger communications channels across Home Care, to ensure that Home Care clients and their families receive timely, accurate and useful information.



Priority Actions for Home Care

4 Improve Public Transparency and Accountability for Home Care

- An up-to-date multi-year and fully funded Home Care Sector Plan is urgently needed, along with more robust public accountability mechanisms such as regular wait-list updates with regional breakdowns, and impartial, accountable and transparent client feedback and complaint process.

5 Expand and Untax Home Care Direct Financial Supports

- Increase funding for Home Care, both to expand the number of Home Care service provider agencies and to increase the Caregiver Benefit and the Supportive Care Program.

Thank you to
Isaac Cooke,
Digital Nova
Scotia

Getting the word out! Knowledge Translation/Mobilization

- The MacEachen Institute for Public Policy and Governance (MIPPG) approached CARP NS about a partnership for funding opportunity from Change Lab Action Research Institute (CLARI) which was successful
- Purpose: To amplify key messages from the position paper on home care in Nova Scotia to have maximum impact on decision making in the province
- Two online events took place:
 1. Official launch (June 2021)
 - Moderated by Mary Jane Hampton
 - 168 attended, all key stakeholders at a senior level, within and out of government
 2. Stakeholder invitational roundtable (November 2021)
 - Facilitated by Kevin Quigley, Director MIPPG
 - Goal: to begin discussion of solutions and indicators of successful change for targeted priority areas



Home Care Experience Survey

What were C.A.R.P. NS
members telling us?



C.A.R.P. NS Home Care Experience Survey (July 2021)

- Via email, all members sent an invitation to participate in the online survey
- Eligibility: Those who received NS homecare services or had a family member who received this care over the past 12 months
 - ‘During the last year ...’
- 24 questions, adapted from others; opportunity for overall comments
 - A ‘general experience’ survey ... ‘the person providing Home Care Services’...
- Tapped 5 broad areas:
 - Finding home care information and the process
 - Care coordinators
 - The Care Plan
 - Care experience
 - Accountability
- 174 eligible respondents

Overall ...

The positive:

- 79% felt home care services received through the program helped them to continue to live in their own home
- However, many reported experiencing real struggles for it to work for them particularly during 'transitional crisis' periods
- Many try to just 'cope' with what is offered.

Gaps

- **Communication issues highlighted**

"Often there were several communication breakdowns between the Care Coordinators, nurses, and the large number of caregivers".

"The problems seem to result from the system itself and its management"

Gaps ...

- **Variable degrees of person-centered care**

Are challenges in meeting the needs of the client / family in the home

“The home care system does not appear to be set up to consider the needs of the person or the family”

“impossible to get help in the evenings and on weekends”

“workers who arrived frequently refused to carry out the items specified in the contract”

- **Staff continuity, turnover, scheduling are MAJOR issues**

“Consistency of staff from Care Coordinators to Schedulers to CCA's needs to improve.”

“Great inefficiency with different care providers every day”

“There are way to many short notice cancellations, they do not prioritize patients”

“Frequent cancellations and no shows”

Accountability

- 40% were concerned that raising complaints about their Home Care Services would negatively affect their future care

“It was difficult having different people coming so often and there was not enough reliability - for example, sometimes the person who was supposed to help mom dress for breakfast didn't come to her place until late morning. It was also impossible to get help in the evenings and on weekends. We need to make being in the health care profession attractive as a career with better education, better pay, benefits, paid holidays and sick leave. This would enable seniors to age at home (whatever choice that would be) when there are more folks in the home care profession. It would also be less expensive for our government.”

Principle

Investigators:

Dr. Tanya Packer

Dr. Grace Warner



ACTing Collectively

to map and address the needs of community-living older adults in Nova Scotia





Local communities



Research sector



Private sector



Public sector

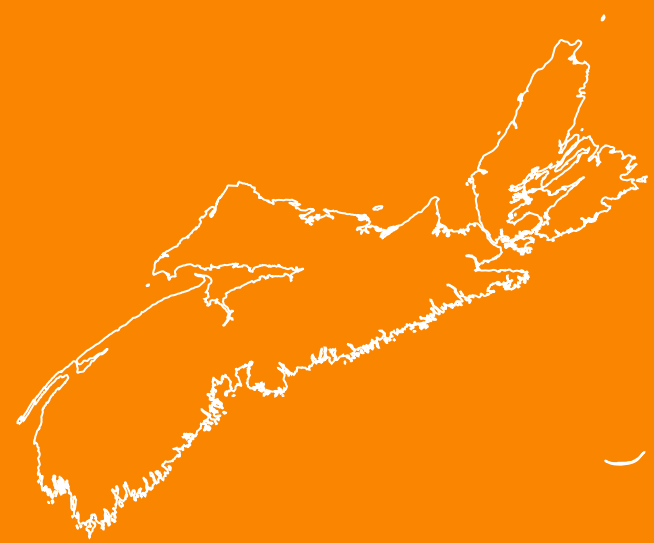


Many partners,
ONE shared goal

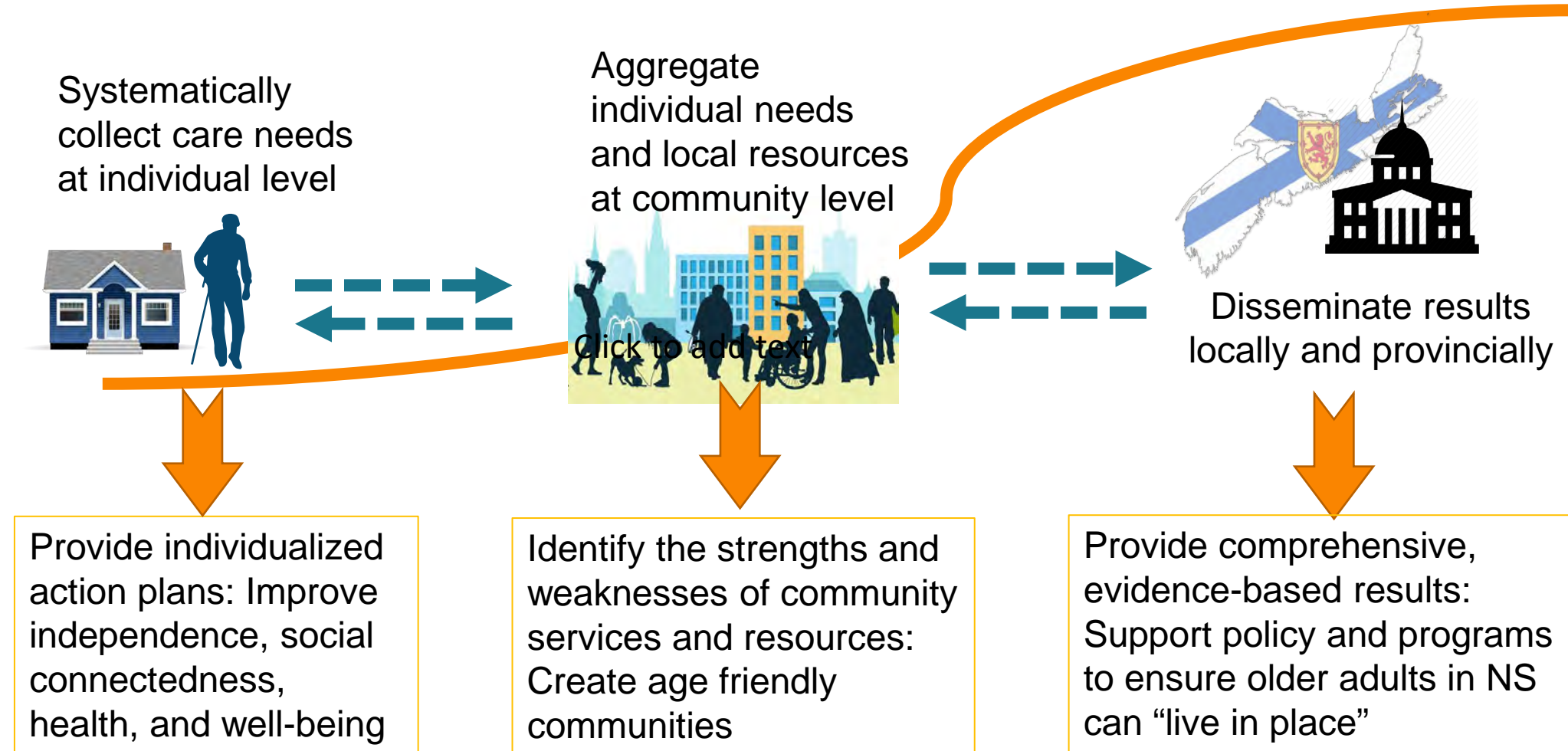
To help
older adults stay
active, healthy,
and engaged in
their communities

Our shared, long-term goal

*To establish a provincial system of gathering, storing and using **community-level data** that will support older Nova Scotians to live in place for as long as they wish.*



Our vision



Value of this work

1. Individuals being assessed

- Receive a personalized action plan focused on their identified prioritized needs
- A list of resources in their community to approach that could help them address their needs

2. Community

- Aggregate community profiles will identify:
 - the most common needs of aging adults in the community
 - the strengths and weaknesses of community services and resources

3. Province

- Demonstrate how local, data-driven decision-making can support age-friendly communities, connect aging adults to health and social care resources based on their needs
- Contribute data to the Continuing Care Strategy and Blueprint for Change Strategy
- If and how the ACT tools can augment or be integrated with other NS services
- Identify what is required to adopt the ACT tools more widely.



Benefit Whom (Aging Adults)

Nova Scotians will be able to “live-in-place” easier and longer, reducing the need for long term care.

Improve What

This proof-of-concept project will demonstrate how local, data-driven decision-making can support age-friendly communities, connect older persons to health and social care resources based on their needs, and directly contributing to the Continuing Care Strategy and Blueprint for Change Strategy.

Do What

Increased funding for the *ACTing Collectively* Project over the three years of the project, will enable a scalable solution that can be implemented province-wide.