

Summary of Roundtable on Home Care in Nova Scotia

November 24th, 2021

Executive Summary

In November 2021, a virtual Roundtable on Home Care in Nova Scotia was hosted by MacEachen Institute for Public Policy and Governance in partnership with the Nova Scotia Chapter of the Canadian Association for Retired Persons (C.A.R.P. NS) to discuss problems and solutions in provincial Home Care. C.A.R.P. NS has focussed on Home Care over the past year, releasing a position paper on Home Care in June 2021 and conducting a Home Care experience survey in July 2021. The paper and survey revealed issues and priorities in the sector, four of which were discussed with stakeholders at the recent Roundtable. A C.A.R.P. NS representative provided potential solutions to each issue and identified possible indicators of success before opening the discussion up to participants. The issues were as follows.

- **Improve information-sharing, communications, and care planning:** update existing resources, diversify methods of knowledge translation, and increase involvement of clients' families in care planning.
- **Improve staff continuity, scheduling, and client notifications:** mitigate care cancellation issues resulting from COVID-19 pandemic, increase recruitment efforts, understand benefits and detriments of staffing variability.
- **Improve individual feedback and complaint procedures:** create a clear mechanism for submission of client and family feedback, appoint a provincial Ombudsman of Continuing Care.
- **Improve public input and accountability:** increase transparency of existing internal systems for auditing quality of care, facilitate client, family, and care provider input.

Participants spoke from personal and/or professional experience and shared their ideas and suggestions. C.A.R.P. NS aims to host Roundtable discussions on a regular basis.

Introduction

Hosted by the MacEachen Institute for Public Policy and Governance in partnership with the Nova Scotia Chapter of the Canadian Association for Retired Persons (C.A.R.P. NS) with funding from the Change Lab Action Research Initiative (CLARI), the Roundtable on Home Care in Nova Scotia invited a diverse group of provincial stakeholders to discuss solutions for key issues in Nova Scotian Home Care. C.A.R.P. NS launched a continuing care position paper entitled 'Working Together to Bring Home Care Home: Closing the Gaps in Nova Scotia Home Care' in June 2021 which identified evidence-based priorities within the sector. Additionally, C.A.R.P. NS conducted a survey, 'C.A.R.P. NS Home Care Experience Survey', in July 2021 to understand further the challenges faced in Home Care by clients and their families. The survey collected data from 174 participants and provided insight to the issues most prominent in Home Care as perceived by those who use it. C.A.R.P. brought the priorities for Home Care improvement forward as topics for discussion at the November 2021 Roundtable. The purpose of the Roundtable was to describe problems and solutions in key Home Care issues in Nova Scotia and consider a timeline for achieving solutions. C.A.R.P. NS anticipates on-going discussion between stakeholders and the government to result from the Roundtable, with progress checks occurring regularly. Participants spoke from professional and personal experience. Data from the event was recorded and summarized in this document, but not attributed.

Summary

Vicki Elliott-Lopez, Senior Executive Director of Continuing Care for the Nova Scotia Department of Health and Wellness, provided opening comments which emphasized the alignment of the goals put forward by the Department's Blueprint for Change Continuing Care Strategy Roadmap and those identified by C.A.R.P. NS. These goals were identified as the redesign of programs and policies to reflect a person-centred approach to care, the creation of a skilled and adaptable workforce, the improvement of accountability within the sector, and the need for input from a diverse group of stakeholders and communities. Home Care was identified as a critical component in the mitigation of Nova Scotia's acute and long-term care (LTC) system.

Four topics were presented for discussion. A C.A.R.P. NS representative started each discussion with a brief description of the challenge and then provide several potential short-term solutions and indicators of success before opening the discussion up to the Roundtable attendees. Twenty minutes were allotted for the discussion of each topic.

Topic 1: Suggestions to Improve Information-Sharing, Communications & Care Planning

Beverley Lawson of C.A.R.P. NS introduced this topic. The recent survey indicated that a high proportion of clients lacked basic information regarding Home Care wait lists, types of services available, and care planning procedures/adjustments. Lawson suggested three potential short-term solutions: (1) better public information about Home Care services, waitlists, and processes for planning, delivering, and adapting care, (2) improved guidelines and processes in the Home Care manual for developing, sharing, and revising Care Plans, and (3) readily accessible Care Plan for clients and their families, with modifications easily made by them at the site of service delivery. She indicated three indicators of success: (1) by mid-2022, update Home Care public information materials, create a single, improved website to provide easier navigation for all, (2) by mid-2022, revise Care Plan guidelines and processes, and (3) by the end of 2022, conduct semi-annual independent spot-checks of client/family experiences with Care Plan quality and accuracy. Identify recommendations for on-going changes as needed.

The open discussion included the following key points. Public perceptions of the role of Continuing Care Assistants (CCAs) differs from the reality – the job is not simply companionship, but rather, involves provision of a diverse range of services (e.g., medical assistance, meal preparation, house cleaning). While some people may wish to have public access to Home Care wait lists, most simply wish to *receive* care. Clients experience issues with technology, or simply have no interest in their position on a wait list. Families of the client must be included in the creation of a Care Plan, and the Care Plan should involve information about the family of the client too. Participants suggested a book be created with client care instructions to

encourage efficiency and consistency of care when providers vary according to availability and staffing. This could be facilitated by Care Coordinators. Several aspects of Nova Scotia Seniors website need to improve, particularly in terms of accessibility and quality of information. One participant suggested the government update the Positive Aging Guide. Another participant referenced an existing Home Care Resource Workbook that guides and prepares families for the Home Care experience. The Case Management Model and Approach to Home Care is in the process of being updated. Finally, a participant suggested creating instructional YouTube videos for clients and family members.

Topic 2: Suggestions to Improve Staffing Continuity, Scheduling & Client Notifications

Sandra Bauld of C.A.R.P. NS introduced this topic. Both the survey and the position paper found that Home Care clients and their families experienced considerable stress in relation to the inconsistency of the timing of worker visits; they also noted issues with receiving notice regarding schedule changes. Clients and families generally prefer a small team of compatible Home Care workers providing care to facilitate a better connection with the client and a thorough understanding of their individual needs/preferences. These are systemic issues which depend on the number of contracted agencies as well as increased numbers of Home Care frontline staff.

Bauld suggested four potential short-term solutions: (1) reduce worker rotations so that clients and staff can develop strong caring relationships (unless higher worker turnover is desired by some Home Care clients), (2) offer incentives for service agencies and their staff to improve staffing continuity, (3) monthly email schedule for clients which is then adjusted well in advance as needed, and (4) timely and sensitive handling of last-minute scheduling modifications. She identified three indicators of success: (1) by mid-2022, create an action plan to reduce worker rotations, increase consistency, and improve scheduling (parallel to system increases in human resources), (2) by mid-2022, make anonymized data available to show improvements in worker rotation and scheduling, and (3) by late 2022, implement a semi-annual independent follow up with clients and families to assess

staff consistency and quality of scheduling, and recommend on-going changes as needed.

The open discussion included the following key points. Clients want stability, but staffing shortages are a major issue and have been exacerbated by the COVID-19 pandemic. Shortages and the priorities that arise from them are not well understood by clients and their family members. The new government has proposed action toward staffing issues including increased wages, but negative aspects of the job (i.e. unstable work day) still cause challenges in recruitment. Recruiting foreign care providers may increase continuity of care, but can pose challenges in relation to cultural and language barriers between provider and client/family. Having different care workers is not necessarily a bad thing – each care worker has their personal strengths and perspectives, which can be useful in the provision of quality Home Care. Communication of scheduling changes must be improved, particularly in relation to pre-determined vacation plans. Last minute cancellation of care has increased tremendously as a result of the pandemic. Moreover, small contracts for Home Care providers often mean that no time off is allotted; providers must use their vacation days to address family illnesses and extreme weather events that make it difficult to travel. Many of these issues result in last-minute ‘vacation’ days and care cancellation.

Topic 3: Suggestions to Improve Individual Feedback & Complaint Procedures

Donalda MacIsaac of C.A.R.P. NS introduced this topic. This issue was identified in the C.A.R.P. survey and in the Position Paper, as well as the Auditor General’s report on Home Care in 2017. Clients and families are worried that if they complain about quality of care or scheduling, they will be penalized or lose services. Processes for providing feedback or complaints are not understood. Complaint follow-up is limited or non-existent. MacIsaac suggested four potential short-term solutions: (1) ensure all client feedback and complaint mechanisms are clear, timely, impartial, and non-stigmatizing, (2) improve client follow-up on complaints, improve client and public knowledge about complaint procedures as recommended in the OAG report, and (3) establish a full-time Continuing Care Ombudsman position that includes responsibility for Home Care, to deal sensitively and rapidly with issues not resolved via internal complaints. She suggested three potential indicators of

success: (1) by mid-2022, implement an action to increase client access, knowledge, and comfort level with Home Care complaints, (2) by mid-2022, make anonymized data on number and type of complaints received and resolved publicly available, create and fund a Continuing Care Ombudsman role, tasked with follow up of unresolved internal complaints, and (3) by late 2022, conduct semi-annual independent spot-checks of quality of Home Care internal complaint mechanisms and recommendations for on-going improvement.

The open discussion included the following points. When offered an option to report their complaint, clients often decline because they don't want to 'get anyone in trouble'.

Confidence in reporting increases, however; when reminded that a client's input can help others. Half of C.A.R.P. NS survey participants felt that reporting their complaints would negatively impact their care. This fear, combined with a lack of knowledge, among clients prevents submission of feedback, particularly in rural areas. Clients and family members often contact the media or the MLA with their complaint, which is not necessarily productive. Feedback is crucial to the development of person-centred care. Past satisfaction surveys completed by clients and their families showed similar results to the C.A.R.P. NS survey – many folks have fears about filing complaints, and they are unsure of who to bring concerns to. Other jurisdictions employ a Continuing Care Ombudsman and have found success in doing so (ex. Ontario – Long-Term Care Ombudsman).

Topic 4: Suggestions to Improve Public Input & Accountability

Anne Gillies of C.A.R.P. NS introduced this topic. Clients and their families are unsure of who is ultimately accountable for the design and quality of Home Care. Performance data is being collected internally within Home Care, but it is unclear how this data is being used and how to access it. Public accountability models do exist in other jurisdictions that might be adapted here. Gillies suggested two potential short-term solutions: (1) establish an independent Office of the Seniors' Advocate to provide annual reports with client and family input to the legislature on the Continuing Care system with a specific section on Home Care, and (2) expand the role of existing Community Health Boards so that each includes an independent Home Care Advisory sub-committee consisting of community and client

representatives to provide on-going advice and community-based monitoring of the Home Care system. She identified three indicators of success: (1) by mid-2022, establish a plan and budget for an Office of the Seniors Advocate in Nova Scotia, (2) by mid-2022, establish functional Home Care Advisory sub-committees under Community Health Boards to monitor challenges and areas for improvement in Nova Scotia Home Care, and (3) by late 2022, compile information from independent monitoring of the Home Care system in an annual report by the Seniors' Advocate that is available to the public, system administrators, government planners, and elected officials, inclusive of recommendations for on-going improvement.

The open discussion included the following key points. Internal audits for Home Care, relevant to progress and indicators of success, already exist, but they are not made available to the public. Transparency is crucial – methods of public input and accountability should be a mechanism for action, not punishment. Quality councils, inclusive of diverse stakeholders, do exist within community health boards, to guide the improvement of Home Care quality. Home Care agencies have similar structures that involve clients and families and recruitment for these councils is on-going. The internal process, however, must be made publicly available for those who cannot take part.

Next Steps

C.A.R.P. NS would like to meet again with participants in six months (May 2022) to discuss progress on the solutions and indicators of success discussed at the Roundtable. The data from the Roundtable, summarized in this document, should be distributed to attendees and other stakeholders to facilitate action and further constructive dialogue.

Appendix

Roundtable Methods

The virtual Roundtable was facilitated by Kevin Quigley of the MacEachen Institute for Public Policy and Governance. He kept the discussion moving in a timely manner in accordance with the predetermined agenda. The roundtable took place on the virtual platform, Zoom. The session was recorded purely for the purpose of

creating an accurate summary of the topics discussed. Kevin Quigley and Ron Swan, of C.A.R.P. NS, introduced the event, followed by opening remarks from Vicki Elliott-Lopez, Senior Executive Director of Continuing Care for the Nova Scotia Provincial Department of Health and Wellness. Four separate representatives from C.A.R.P. NS introduced each of the four discussion topics, providing background, significance, potential solutions, and possible indicators of success before opening the discussion up to participants. Twenty minutes were allotted for each topic. The Roundtable ended with discussion of next steps for the sector. The recording of the Roundtable, meeting notes, and existing preparation documents were used to summarize the discussion in this document.

Chatham House Rule

The Roundtable followed the Chatham House Rule which encourages free speech through the sharing of information provided during a discussion without affiliating it with an identified individual or organization.

C.A.R.P. NS Research

C.A.R.P. NS conducted considerable research in relation to Home Care in NS prior to hosting the Roundtable. In June 2021, they published a position paper on Home Care, identifying several action items that they hoped to see adopted by government to improve the sector with particular focus on person-centred care. The position paper has received approval from C.A.R.P. National, the C.A.R.P. NS Board of Directors, and the Seniors Advisory Council. In July 2021, they conducted an experience survey, which was completed by 174 clients and family members currently accessing Home Care in NS. The survey results provided evidence-based information of lived experience, which further supported ideas brought forward in the previous month's position paper.

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