

Long-term Care Working Committee

Report to the Minister of Health and Wellness

I. Introduction

In January 2016, the Nova Scotia Nurses' Union released a publication entitled *Broken Homes, Nurses Speak Out on the State of Long-term Care in Nova Scotia and offer Solutions for a Sustainable Future*. The book reviewed data, academic literature, and consulted nurses through focus groups and independent surveys. The NSNU's recommendations centered on improving the availability and transparency of data on resident well-being, improving staffing levels and care for residents, and improving the conditions of care for nurses and other health care workers, particularly with respect to workplace violence.

In light of the importance of many of the issues raised in the report the Minister of Health and Wellness agreed to the creation of a Committee comprising the Nurses' Union, employer representatives, the Health Authority, and Department staff to discuss points of agreement from the recommendations and ways to move forward with implementation. There continues to be disagreement between Committee members around many of the recommendations put forward by the Nurses' Union.

The Committee first met in June of 2016 and held several meetings between then and April 2017. Early on, the Committee agreed to post anti-violence posters in facilities across the province. The Committee decided to defer other violence-related issues to the Aware-NS/WCB working group dedicated to developing the 5-year targeted action plan to reduce injury in the health and social service sectors.

All Committee members share a commitment to quality resident care and quality working conditions and were able to find common ground on several fronts. Employers and the NSNU have cautioned that the improvements advocated here should not be accomplished by shifting spending within existing budgets.

II. Recommendations

The Nurses' Union's publication concludes with a series of 15 recommendations aimed at improving long-term care in the province. The Committee spent time discussing these recommendations and came to agreement on several key issues.

1. RAI Long Term Care Facility Assessment (LTCF)

The interRAI LTCF is an internationally recognized clinical assessment tool for long-term care. Use of the interRAI LTCF entails the nurse completing an assessment of the resident's health condition and care needs. Residents are assessed when they enter a facility and on a quarterly basis, unless there is a significant change in their condition. The assessment information, in addition to informing care planning, generates a number of quality indicators, resident

assessment protocols, performance scales and a series of categories known as Resource Utilization Groupings (RUGs) which can be used for resource allocation.

The Committee members agreed on the need to implement the interRAI LTCF to support improved resident care and to obtain an accurate picture of the care needs of residents in long term care. Both the Nurses' Union and employers cautioned that the assessment tool requires additional nursing resources to complete. Furthermore, a commitment to transparency and accountability is required with respect to sharing the interRAI data. Data from the RAI LTCF will be reported to CIHI.

Recommendation 1:

1.1 The interRAI LTCF should be implemented in long term care facilities¹ across the province. The tool should be rolled out with operational funding so it does not create undue pressure on existing staff.

1.2 Nursing homes should be supported to maximize the interRAI LTCF to inform care planning and improve the quality of care.

1.3 The Department of Health and Wellness and the Nova Scotia Health Authority will convene an annual meeting to review the aggregated interRAI data collected from long term care facilities with Employer representatives and representatives from organized labour.

2. Nurse Practitioners

All Committee members believe and research supports that Nurse Practitioners could play a more valuable role in the long-term care sector. Research shows that they possess the expertise to manage the chronic and acute conditions that are prevalent among LTC residents; they are known to reduce depression, cognitive impairment, pressure ulcers, falls and aggressive behavior.² They also possess expertise valuable for providing and promoting high quality palliative care.

The presence of NPs helps other staff improve their knowledge and skills. Research and evaluation reveals potential with respect to medication management in long-term care.³ NPs are also known to reduce costly transfers to hospital and reduce costs and negative health outcomes related to polypharmacy.⁴

It is important to emphasize that the role of NPs in the LTC sector must be in addition to staff currently working there. Increases in Nurse Practitioners cannot come at the expense of time with RNs, LPNs, CCAs, and other staff.

¹ The parties agree that Residential Care Facilities are not in scope for the interRAI LTCF tool at this time.

² Donald et al., 2013

³ Martin-Misener et al., 2010

⁴ Donald et al., 2013

NPs were introduced to the LTC sector in Ontario about ten years ago and a couple of years ago the Ontario Ministry of Health and Long-term Care announced a significant expansion of the program.

At this time, there are 5 NPs providing services to residents in long-term care in Nova Scotia. One is employed part-time by a Nursing Home while the other four support long term care residents in the Eastern, Northern and Western Geographic Regions in addition to time spent in acute, or collaborative primary care practices. This mix of time spent between settings is viewed positively by some NPs as it allows them to maintain acute or primary care skills in addition to the skills suitable to the LTC sector.

Recommendation 2:

2.1 Residents in long term care should be provided with increased access to Nurse Practitioners. The placement of these NPs will depend on a geographic, resource and population-based analysis and should be integrated with primary health care planning. Two (2) FTE Nurse Practitioners will begin to provide care to LTC residents within two years moving to the provision of two (2) NP FTEs in each of the four (4) zones within four (4) years.

2.2. Lessons learned from the implementation of the first two (2) NP FTEs will be used to inform best practice integration of NPs in the four (4) zones.

3. Retention and Recruitment through Orientation and Education

Both the nurses surveyed by the Nurses' Union and long-term care operators involved in the Committee noted the difficulty with the retention and recruitment of RNs, LPNs and CCAs in the LTC sector.

There remains a perception among health care workers that LTC work is easier compared to the hectic environment of acute care. Many who transfer from the acute sector quickly find out that this is not the case. They deal with a large number of complex cases, a host of cognitive and behavioural issues, and less supports in terms of time, equipment and allied health staff.

New graduates face additional obstacles to starting their career in long-term care. In the NSNU's study, three quarters of RNs and LPNs claimed they would recommend their facility to other nurses, but less than half (47%) would recommend it to new graduates. There is less time and money for orientation and typically the level of responsibility in terms of the number of residents and the number of staff to be directed by nurses is much higher than in acute care. There is also a supervisory expectation for both RNs and LPNs that requires additional support and education.

Every year, through the provincial Nursing Strategy, DHW invests almost \$4.7 million in policies and initiatives that contribute to the recruitment and retention of new and experienced nurses in the province. Overall, more than \$1 million (21%) of the Nursing Strategy budget in 2016-17 was allocated to continuing care employers to support recruitment and retention in this sector. Targeted funding is provided to over 90 long term care facilities to offset employer costs to

orientate nurses to the workplace, and to fund targeted activities to support the transition of new graduates into the workplace. Nursing strategy allocations are applied equitably across the acute and continuing care system.

Also under the provincial Nursing Strategy, the Co-operative Learning Experience Program has supported an increasing number of BScN students between their 3rd and 4th years of study work in long term care in the summer. The objective of this program is to increase the likelihood that new graduates will remain in Nova Scotia, especially in areas of greatest health human resource need. Long term care and home care are targeted areas for placements under this policy. In the continuing care sector, there has been a steady increase of placements in long term care from 6 (3.1%) in 2013-14 to 25 (14.2%) in 2016-17. Other examples of Nursing Strategy utilization are available at <https://novascotia.ca/dhw/nurses/documents/Nursing-Strategy-Update-2016.pdf>.

Recommendation 3:

Employers, DHW and other stakeholders should continue to work with nurse education providers in the province to ensure students receive an adequate understanding or and exposure to LTC nursing.

3.1 DHW, will facilitate a meeting between the University Schools of Nursing, the Nova Scotia Community College LPN program leads, the HANS Continuing Care Council and other nursing home associations in NS. The purpose of this meeting will be for the education institutions to share nursing curriculum, and more specifically the changes made to enhance classroom and clinical learning related to care of the elderly and nursing practice in long term care. Following this meeting feedback will be provided to the Employer representatives of either the Academic Health Council and or the Provincial Nursing Network as appropriate.

3.2 Representatives of long term care employers and long term care staff will develop recommendations on standardized nurse orientation training for new hires and new graduates entering long term care that reflects the realities and supports successful transition into this specialized area of practice. A special emphasis will be placed on ensuring that this standardized orientation adequately captures recommendations coming out the workplace safety action plan.

3.3 Within six months, the NSHA will invite one representative from Continuing Care sector, with an identified designated alternate to sit as member(s) of the NSHA's working group tasked with developing a consistent clinical orientation program for the NSHA. The Continuing Care member(s) sitting on this working group will be expected to share the learnings from this working group with the Continuing Care Sector.

4. Specialized Units / Centres of Excellence

Long-term care facilities are homes to a wide variety of residents in terms of age, cognitive and physical abilities, behavioural issues and outside supports. This can create significant issues for residents. For example, many younger residents believe their quality of life could be greatly improved if they were able to live alongside residents of a similar generation. Staff of LTC have historically been trained to meet the needs of geriatric clientele whereas the younger adult population requires a distinct approach to social and mental health issues.

Similarly, many residents who do not present cognitive or behavioural issues suffer significant stress simply by living alongside residents with these issues, sometimes even sharing rooms with them. The introduction of blended care units has impacted the ability to address the unique needs of the varied populations within LTC (e.g. MS, ALS, Huntington's, intellectual disabilities, bariatric clients, brain injuries). The mixing of these populations in shared accommodations can create an environment of high stress not only for the residents but also for the staff expected to meet the individual needs of the resident. Furthermore, residents with extreme challenging behaviours demand a disproportionately high amount of time and resources, and have a large impact on the ability of organizations to provide safe resident care.

In 2007, the DHW supported the development of a working group to examine the placement of residents presenting with challenging behaviors. The Working Group proposed the development of two 10-bed specialized units in the province to improve the quality of life and care for those impacted by challenging behaviours. These units would have defined admission criteria, specially trained staff, activities specifically designed for the cognitively impaired, family involvement, and a physical environment that is designed for safety. The beds would be reserved for LTC residents with a diagnosis of dementia who demonstrate extreme behaviours, and who have not responded well to current supports. Since that time, the province implemented challenging behaviour consultants and is actively working to build capacity in the system to support effective care for Nova Scotians accessing long term care.

The Continuing Care Branch is currently working on the development of a Continuing Care Strategy. The issue of delivering safe, quality and ethical care to clients with complex needs was identified as an area requiring examination to inform the development of the Continuing Care Strategy. Front and centre in the development of this strategy is the recognition of the complex needs of some Nova Scotians accessing care and the need for the strategy to provide direction on the appropriate supports for these Nova Scotians.

Recommendation 4:

4.1 As part of the new Continuing Care Strategy, the DHW will develop a strategy to address the support needs of younger adults in the province to allow for the unique care and social needs of these clients to be addressed.

4.2 DHW and NSHA will work with long term care employers to continue to build the capacity of front line staff and managers in long term care to support the management of challenging

behaviours⁵ in long term care settings. This work will include drawing on training designed for the Community Service sector as appropriate.

4.3 The Department and NSHA, with input from continuing care employers, will develop a model of care to respond to the increasingly complex needs of older adults living with, cognitive impairment and significant behavioural and psychological symptoms. The model of care will build upon existing supports and services across the health continuum. Home care agencies, long term care providers, and organized labour will be engaged on the model of care before the business case is submitted in the fall of 2018 through the government business planning process for approval and funding considerations. The Department of Health and Wellness will develop the business case in conjunction with the Nova Scotia Health Authority.

5. Workplace Relationships

Workplace satisfaction is a predictor of the quality of resident care, resident and family member satisfaction, and worker retention and recruitment. The work environment in the long-term care sector is stressful for a number of reasons, including resident acuity and complexity, staffing levels and the prevalence of aggression and violence. Apart from being problems on their own, these factors often lead to strained relationships between coworkers, and between management and staff.

Workplace relationship training programs can be effective measures to help reduce stress in the workplace, and so can contribute to better workplace satisfaction and better resident and family satisfaction levels. The committee is aware of three such programs, one developed by Northwood, one developed by Shannex and a third developed by the Health Human Resources Sector Council and used by Home Support Employers in the Eastern Region. All three have offered to share their programming with other Employers.

Some employers access money through the Provincial Nursing Strategy to meet some of their education needs. Nursing Strategy funding for professional development is intended to offset Employer costs for this education.

Recommendation 5:

5.1 DHW will work with the HANS Continuing Care Council and other nursing home associations in NS, Registered Nurses Professional Development Centre (RNPDC) and NSNU representatives on the Provincial Nursing Network and engage and fund RNPDC to review current programs and develop a standardized nursing leadership education program for nurses working in long term care. Through the Provincial Nursing Strategy, DHW will target funding to support Employers backfilling nurses who attend this education. This work will be completed within the fiscal year and targeted for implementation in the following fiscal year.

⁵ The NSHA currently employs 11 challenging behavior consultants to support continuing care Employers and their staff in the management of challenging behaviors.

III. Conclusion

The long-term care sector faces a number of serious challenges as well as the demographic pressures of an aging and ailing population. Introducing nurse practitioners, stabilizing the workforce through retention and recruitment efforts, establishing specialized units and centers of excellence, providing workforce training to improve resident and family communications and working relationships, addressing workload issues related to RCF units, and implementing the interRAI LTCF assessment – these are all obtainable improvements to the LTC sector that can be achieved at reasonable cost and within a short period of time. The recommendations presented here will not address all of the issues facing the LTC sector, but they will significantly improve conditions to the benefit of residents and workers alike.

IV. References

1. DONALD, F., MARTIN-MISENER, R., CARTER, N., DONALD E.E., KAASALAINEN, S., WICKSON-GRIFFITHS, A., LLOYD, M., AKHTAR-DANESH, N. & DICENSO A. (2013) A systematic review of the effectiveness of advanced practice nurses in long-term-care. *Journal of Advanced Nursing* 69(10), 2148-2161.
2. MARTIN-MISENER, R., CRAWFORD, T., DICENSO, A., AKHTAR-DANESH, N., DONALD, F., BRYANT-LUKOSIUS, D., & KAASALAINEN, S. (2010) A survey of the practice patterns of Nurse Practitioners in Primary Health Care Nova Scotia. *College of Registered Nurses of Nova Scotia*.