

Nursing Home Sector Consultation Report on the Development of Long Term Care Legislation

PERSPECTIVES FROM BOARDS, MANAGEMENT, STAFF, VOLUNTEERS, FAMILIES AND RESIDENTS FOR
INCLUSION IN NEW ACT TO REPLACE THE NURSING HOME ACT

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Nursing Home Sector Consultation Report

Introduction:

To ensure that the voice of the nursing home sector was heard during the development of new legislation that would replace the current Nursing Home Act, the New Brunswick Association of Nursing Homes committed to consult with management, boards, staff, volunteers, families and residents. The purpose of this effort was to capture the sector feedback on topics of current and future interest and prepare a submission for government to consider. To accommodate the timelines of government for presentation of a new Act this fall, all consultation sessions had to be conducted within the month of September, meaning the earliest a report can be submitted is October. It is understood that with an October report submission, the opportunity to contribute to new legislation is limited, but despite this we are deeply committed to expressing the voice of the sector that includes some of the most vulnerable New Brunswick citizens, being nursing home residents.

The consultation sessions reviewed topics of critical interest to the sector that encompassed a wide range of considerations. Through this process, what was most important and meaningful to maintain for the future was expressed, as well as what needs to be developed and supported through modernization of legislation and regulation.

The NBANH directly conducted six consultation sessions in all areas of the province were represented. Several nursing homes conducted consultation sessions with boards, staff and residents. The scale of these consultations varied from large public events to consultation during resident council meetings. In addition, there are a few examples of nursing home board members and management that held additional regional meetings to further discuss the consultation session topics and prepare an in-depth response. Feedback was accepted from all stakeholders until the end of September.

It's of note that although these consultation sessions were targeted for the nursing home sector, concern for informal caregivers, intergenerational integration and community based care and initiatives were repeatedly mentioned from all areas of the province, with suggestions on the role that the nursing homes could play in all three of these areas.

Considerations for the Legislative Framework:

As outlined in the Aging Council Report, and understood from discussions with Social Development, the new legislation will reflect a person-centred approach. The current Nursing Home Act is facility centered, focussing on the nursing home itself. In considering person centred legislation, the perspective represents a significant shift in focus and for that reason the legislative recommendations in this report are framed from a person-centered lens rather than a facility focused lens.

System alignment, coordination and integration were also considered in the preparation of this document. It is understood that the new act will include the full continuum of long term care. This is a positive step in breaking down system silos that have acted as barriers to innovation and improvement, and overall system efficiency for both long term care providers and those receiving long term care services. It is critical that this legislation supports system alignment in what we are all doing; policies must support the person-centred vision. No one topic area of the long-term care continuum can be solely examined from a singular perspective. System coordination and integration are key.

Document Format:

The document is laid out in a table format for reference of feedback statements in the right column that support the Legislative Statements on the left. There were many examples where the same feedback comments were expressed multiple times during different consultation sessions. Because of this, each consultation feedback statement was reinforced by many contributors and not just a singular comment. This is stressed as a limited amount of consultation feedback back statements in each section is not reflective of a “one of” comment, but represents the comments of many. Legislative statements reflect noted practices in other Canadian jurisdictions and original concepts from the sector. These reflect their knowledge of administration, operations, shared lived experiences with staff, resident and families, as well as grassroots’ knowledge of the local community.

Legislative Statement	Consultation feedback
<p>1. Quality Assurance Program</p> <p>This is the introduction of a systematic approach to monitoring and evaluation. It provides information for the Boards of Directors responsible for governance of a nursing home, and government to understand adherence to standards in a consistent manor through a defined systematic process. Quality Assurance Programs take into consideration quality indicators, standards, policies and procedures, staff training and collection and use of data to support decision making. In addition to internal metrics, it considers external metrics such as satisfaction surveys. Based on the information from the</p>	<ul style="list-style-type: none"> • Build score card on key measures that incorporates clinical and workforce indicators • Keep the role of operators and regulators separate • Quality outcomes need to be integrated in the act to drive accountability. • Boards should closely monitor quality outcomes and understand how it relates to safety and security of staff and residents. • Government policies need to assess operational implications of policies before it’s introduced. • There needs to be consistent interpretation of regulations and standards throughout the province.

<p>program, boards can generate quality improvement plans to on-going monitoring and improvement.</p> <p>Approximately 10 years ago, funding for a provincial Total Quality Management program for nursing homes ended. This provincial program was adopted by all nursing homes and was beneficial in establishing a systematic approach to quality process improvement. When the funding ended, over time the systemic approach was lost. There is no sector issue to accountability, but processes must be respectful to the governance of the nursing homes who are responsible to monitor these outcomes and ensure that senior management is fulfilling operational objections. In this way, metrics that are driven and monitored by the operator, governance, and regulator can be clearly defined and support informed decision making by all parties that ensures the desired outcomes, cost benefit and access are consistently monitored and planned for. When key metrics are based on resident outcomes, person-centred improvements can be established.</p>	<ul style="list-style-type: none"> • Boards should have resources to access education on quality indicators/outcomes, governance, acts and regulations. • Nursing home standards should be reviewed on a regular five-year cycle. • Person centred outcomes should be introduced that monitors quality of life, access to activation and socialization, food satisfaction and home like environment. • Quality programs needs to be supported with education, resources based on an actual framework. • There needs to be accountability measures to govern by so boards and government have a clear understanding of what’s required. • Quality of care and services should be the same regardless of culture or geography. • It’s a worry about how data will be used and for what purpose. • A quality program must compare resident outcomes to staffing mix. • Nursing home inspections should be informed by quality outcomes, and adjusted for risk. • There should be an opportunity to discuss infractions that have no impact on resident quality outcomes.
<p>Legislative Statement</p>	<p>Consultation feedback</p>
<p>2. Person Centred Rights:</p> <p>Residents and their families, as well as boards and staff have expectations regarding the services, processes and the overall function of the long-term care system as it relates to individual residents. It was strongly expressed by these stakeholders that a bill of rights for residents and families must be legislated ensuring equal rights not limited by culture, geography or individual nursing home, and should apply in all long-term care environments. There are many examples of</p>	<ul style="list-style-type: none"> • Resident’s health information is to be shared with families and not open to government. • Government should only have access to de-identified information. • We want to know what the data is being used for. • We have the right to make decisions, have privacy and go outdoors. • Residents have the right to personalize their rooms.

resident/family bill of rights for long term care, but the specific expressions during the consultation session can be organized under the following three key areas:

Quality of Care:

- Right to access LTC care services in a timely manner. Accessing LTC can take months and once a resident, accessing specialized care, such as mental health care can take months or be extremely limited. LTC services must allow for improved access of medical services for nursing home residents.
- Right to have input into care plan- residents and/or their families have the right to choose regarding the care and medications they receive or don't receive.
- Freedom from abuse and degrading treatment- nursing home environments have responsibility to ensure that staff are providing safe, compassionate and respectful care to all residents, protecting resident dignity. Adult protection must work with nursing homes to quickly address any situations that include physical, mental, emotional and financial abuse by qualified investigators.
- Right to standardized palliative care. This includes access to a privacy room for a resident and family during the dying process; pain control; and palliative care specialist when requested. Residents are supported to die with dignity, and with medical assistance in dying if so chosen. Alternative and complementary care is accommodated as requested by resident and/or family.
- Right to receive care from qualified employees, ensuring that each person has the required knowledge and judgement to provide skillful care within their

- To receive care from staff who know them and their preferences. There needs to be more consistency in staff.
- A nursing home resident has the right to live without fear of being abused by volunteers, visitors, staff or other residents. Nursing homes should be safe.
- All long-term care residents need to have legislated rights.
- Residents have a right to more than one bath a week.
- Resident should have protection from financial abuse.
- Residents should have high quality food.
- Residents should have access to rehabilitation and recreation every day, and in the evenings.
- Residents should be allowed to make their rooms their home and meet privately with their spouse.
- They have the right to refuse or receive treatment, and make decisions about their care.
- We want to have a say that is listened to.
- We don't want to live on a pre-planned schedule. We want to go to bed when we please.
- This legislation should cover enforcement of payment so the resident is not impacted.
- A Resident and their spouse should never have to divorce for financial reasons.
- I have never lived in poverty until I moved into a nursing home. The comfort and clothing allowance isn't enough to have cable, buy my medication and get a haircut.
- Residents should have the ability to use homeopathic remedies in addition to medications if they so choose.
- Seniors feel invisible with little coverage for dental care.
- There must be a consistent, evidence based framework for quality and best practices to occur in all homes and it must be supported with dollars and resources.
- All residents in the province should have the same quality of care and life, regardless of their geography.

role, and with sufficient time to delivery appropriate care.

Quality of Life:

- Right to move freely, without restraint, with opportunities to access outdoor spaces, with acknowledgement of personal choices and right to live with a reasonable approach to risk.
- Right to have choice in activities, both in the nursing home, but also to access activities in the community as an active participant.
- Right to menu variety and high-quality food with options for dining.
- Right to receive therapeutic recreation daily.
- Right to live in a clean and safe home like environment with access to private space for family visits, and reasonable allowance for personal needs and services.

Civil liberties:

- Right to live with religious freedom.
- Right to make a complaint without fear of reprisal and with an expectation of a meaningful remedy.
- Right to have personal health information respected as per legal obligations.
- Right to receive an account summary of financial transactions taken on their behalf each month.
- Right to make choices affecting daily living.

- Besides the regular hours of care, their needs to be more time for attention and stimulation (recreation); personal care vs. care of the person as a whole- body, mind and spirit.

Legislative Statement	Consultation feedback
<p>3. Communication and Inclusion</p> <p>Communication is the foundation of all good relationships, whether it's personal, professional, social, business, clinical or therapeutic. The nursing home relationship with residents and their families encompasses all of these relationship types and is critical to the wellbeing of residents. When this relationship is open with multiple options for communication it allows for families to be included in the life of a resident, acting as their advocate, and supporting care decisions. This collaborative approach between families and nursing home staff is extremely beneficial to the resident. In other provincial examples, there are legislative directives that support NH- resident and family communication and inclusion and is an important component in quality of life improvement initiatives.</p> <p>Resident and Family Councils- Although nursing homes in NB host resident council meetings, there are no legislative directives, guidelines, or resources provided that specifically target this council. In other provinces, Resident-Family councils have a range of resources to support their function including nursing home social workers, or assigned staff hours, guideline documents and educational opportunities. These councils are independent from the nursing home board of directors and primarily act in the interest of supporting resident quality of life, but also serve to support to one another, and coordinating education opportunities for families.</p> <p>Another model that focuses on the staff and family relationship is done through the establishment of a Staff and Family Partnership. This model provides navigation support, family orientation, shared staff</p>	<ul style="list-style-type: none"> • It is essential that boards remain community based to create community connections and attract volunteers. • We need better communication with families so expectations are clear for everyone. • Families want to be part of the care planning; we want to help. • Board members must be from their own community. It creates local accountability. • Family councils should be part of the law and in every nursing home. This would allow us to see information about improving care and services in the nursing home. • Boards need to have a mix of expertise that is represented in the community. • Community based boards are free to operate without political interference. • Local boards bring in volunteers and support cultural ties between the residents and the community. • Resident-Family councils should be mandatory in all nursing homes without exceptions. They should have specific responsibilities and be actively engaged. • Residents and families should meet at least twice a year. • Nursing home boards needs to be valued and respected. • Nursing home boards need to understand local concerns about care and the community. Only a local board can do this. • Families need orientation and support, specifically for navigation, counselling, support from social work and education.

and family education, as well as communication with consistent staff members.

Both are examples of models that support resident and family communication, with similar goals of:

- providing an independent voice from the Board of Directors and nursing home staff that can offer feedback to the nursing home.
- promoting resident quality of life.
- nursing homes seeing input from family and residents for operational reviews and strategic planning.
- networking opportunities that allows for mutual support through sharing of experiences.
- creating a strong communication link between staff and resident-families.
- nursing homes offering administrative assistance, meeting space, and staff attend as invited.

Another important partner for nursing homes is the local community. Communities have deep connections with nursing homes through shared assets, supporting local service groups, fund raising activities, intergenerational activities with local schools and volunteers are critical to the success of a nursing home. These ties also support residents continuing to feel like a member of the community. The community relationship needs to be supported through meaningful engagement and communication activities such as public meetings and newsletter. It is essential that the boards of not-for-profit nursing homes continue to be comprised of local community members that bring value to the nursing home organization, but also to reflect the community culture.

Legislative Statement	Consultation feedback
<p>4. Service Accountability Agreements</p> <p>A service accountability agreement is essentially a contract between government and a long-term care provider. It outlines the responsibilities and obligations of both parties that ultimately supports the shared purpose of providing high quality person-centred care, supports and services. This agreement is negotiated for multi-year terms and outlines the boards’ administrative accountabilities of LTC operations. For example, it would identify the shared evaluation outcomes to be achieved, responsibilities for monitoring and improvement, and supports the public accountability process for government. It is extremely important that accountability is established in a well-defined framework. Without it, responsibility can become confused and interfere with the overall provision of person centered care. It is important that government and LTC providers are both accountable, but the obligations of each in a properly constructed framework serve a different purpose.</p> <p>Obligations of nursing home corporations: Boards of Not-for Profit nursing homes have a legal fiduciary duty to act in the best interest of the home and residents. They also have a duty to care to act with competency, ensuring compliance with regulations and standards, as well as financial viability. These duties compel the board to ensure competent nursing home leadership in the performance management of an administrator to oversee operations, and monitoring and directing organizational outcomes. Fulfilling these legal duties of boards creates their governance role. Boards are responsible for their own governance and ultimate performance, which requires an assessment of organizational risk, community engagement, quality improvement plans, among others. As boards responsible for the</p>	<ul style="list-style-type: none"> • The budget process is not fair. Who can run a business with a budget coming four-five-six months into the operating year? There is no opportunity to plan or set goals, and then we are told that we are poor financial managers. • Budgets and accountability around them needs to be completely revamped. Budget envelopes should be established. • Resources and how they are allocated needs to make sense. A 40-bed home has a .5 Administrator, Administrative Secretary and DON. A 50-bed home gets a full time Administrator, Administrative Secretary, DON, an accountant and food services manager. • Most of our costs are related to HR- we need what is in the collective agreements covered. • The standards are not applied equally for all nursing homes. Homes in the province shouldn’t have to manage with different interpretations of the regulations and standards. • We are willing to be accountable, but government needs to be clear on what they want and establish a framework for it. They also need to be accountable for the decisions they make. • It needs to be clear what the role of the regulator is and the role of operator. • Boards should have regular education on NH Acts and Regulations. • We need to have an actual contract to clarify who is responsible for operations. • We are OK with accountability. As an NB taxpayer, boards should be accountable and have proper governance practices. • Quality indicators and outcomes needs to part of how operations, governance and government communicate.

<p>governance of a private corporation, their autonomy is ensured through regulatory compliance and the corporations act.</p> <p>Obligations of government: government is responsible for regulatory oversight, which is structured through legislation, regulation, standards and policies for ensuring person centred care that is safe, high quality, and consistent. Inspection and Licensing of individual facilities is an important aspect of public protection and establishes a public view into the services of a nursing home. The regulatory response to infractions must be structured around risk which moves the inspection exercise to a more telling account of the organization's function and allows for greater focus on the organizational impact on the lives of residents. This allows facilities to respond based on risk with short term and long-term responses and planning with emergency interventions or development of quality improvement plans that roll out over time. Risks that are not addressed allow the regulator to further respond with intervening interventions based on the legislation, regulation, standards, but also based on risk to residents. Based on defined criteria, this can progress to board trusteeship if the risk to residents are too great and the service accountability agreement is breached. Because of the balance of power that is held by a regulator within the regulator- licensee relationship, it is critical that there is a third-party appeal process exists that cannot be influenced by either party.</p> <p>It is important that the relationship between the regulator and the nursing home as a private corporation reflects this based on the legal structure without interference into the contractual freedom of a corporation. This is important and a key responsibility of boards to ensure financial sustainability of the nursing home by strong business oversight and ensuring daily business remains free from political interference or lobby of a special interest. Because of the power balance in the relationship between government and the nursing</p>	<ul style="list-style-type: none"> • Boards need to understand how to use quality indicators and benchmarks. • We would like to have budgets that are for three years, which could be staggered around the province to equal the workload for government. • Government needs to consult with nursing homes on the creation of budgets. We have no say, but we know the experience best and what is needed. We can help make the tough and right financial decisions. • The relationship between nursing homes and governments can feel very one-sided. There is no one to appeal to if we disagree. We just must take what is offered. • The budget amendment process doesn't work. Funds are promised, but we wait. It is difficult when care needs exceed what we have a budget for. • If we are going to delivery person-centred care in a real way, we need to have the appropriate funding. • We need a real budget based on modern information. The last base budget review was done in 1976? • The budget process should be reviewed every five years. • Social Development needs to research their standards and policies to understand operational impact to ensure there are no unintended consequences, before implementation. • There needs to be consideration for risk. Things are rarely black and white. Give infractions based on risk and not operational impossibilities. • We are interested in business innovation, but have little opportunity to do this in the current model.
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homes, it is important that there is a consultation mechanism where the input of the nursing home board and senior management is sought, such as seeking the nursing homes input into the budget process. It is also understood that government process to establish a budget for nursing homes is linked to the timeline of government receiving legislative approvals, however adjustments must be made to give nursing homes a notice period of budget to allow for proper business planning which for example could be achieved by changing the nursing home fiscal year to a calendar year. Ultimately, government has a responsibility to establish a financial process that supports nursing homes in a business model which is being demanded of them. Nursing homes are working to achieve business outcomes, but is extremely difficult when budgets are received 3-6 months into the operating year. A financial model with appropriate planning timelines and reporting structures will support proper financial oversight by all parties, ensuring that the nursing home mission of person centre care is not lost to a budget focus.

As the corporate ownership model for nursing homes expands in the province to include corporations with various ownership models, policy development must create an open and transparent environment that supports an inclusive approach to long term care services. Government policy must allow for a shared model that supports the existence of various models of nursing home delivery and allows for an environment of collaboration. New legislation must allow for the evolution and sustainability of long standing not-for-profit nursing home corporations and a policy framework that supports a reasonable approach for fair expansion of nursing home beds in the province.

Joint obligations in an accountability agreement: In addition to areas of specific obligations for nursing homes and government, there are

topics that both nursing homes and government need to take a collective approach on. The nursing home workforce is a complex area that requires focus on labour relations, human resources supports and management, safe work environments, recruitment and retention including workforce population planning, workload, skill mix, hours of care, and continuing education. These matters must also be considered within the larger context of a long-term care system that draws on the same population to create a workforce. Despite the complexity and multiple stakeholders, it is essential that service accountability agreements address accountability for both nursing homes and government so that there is an available workforce with the knowledge, skill and judgement to meet resident needs. Achieving person centred care requires that these topics are collectively addressed through a shared long-term care workforce strategy.

Joint obligations must also consider operational and resident data. Data access, data transmission and data sharing requires a shared accountability to ensure all legal responsibilities for personal health information are aligned with resident's rights, and corporate operations of nursing homes are respected with clear agreements for data access and sharing. This is an area that must be clear with the continuing evolution of information technology systems that will require an IT strategy for nursing homes and long-term care to ensure there is an on-going person-centred focus.

Joint obligations also include admissions to nursing homes which has multiple stakeholder considerations. This ranges from the family navigation experience, resident choice in nursing home selection, nursing homes ability to ensure the safety and quality care of the individual without compromising the safety and care of other residents, and specialized resource needs. Ensuring consistency in approaches requires centralized planning and discussion, as it relates for nursing homes, but also to ensure there is a consistent process to

<p>admissions across the long-term care continuum to ensure a person-centred approach.</p>	
<p>Legislative Statement</p>	<p>Consultation feedback</p>
<p>5. Care access, Improvement and Innovation</p> <p>Standardization in what can be offered to residents was an important message through the consultation sessions. This included access to specialist, resources and supports in wound care, pain control, responsive behavior management, and palliative care. All nursing homes provide these services, but depending on where the nursing home is in the province, access can be impacted. It was repeatedly noted the strong need for more recreation support that is available 7 days a week in both days and evenings. This was further extended to include access to occupational therapy and physio therapy that supports rehabilitation programs in nursing homes. These services were noted to be greatly valued and extremely limited. Finally, hours of care to ensure that basic needs are met beyond a bare minimum. The example of receiving a tub bath/shower more than once a week was noted as a minimum.</p> <p>With the recent experience of the Appropriate use of Antipsychotics, and working in partnership with the Canadian Foundation for Healthcare Improvement, it has been obvious that through collaboration and support, there are significant future opportunities to continue care improvement initiatives. These will have positive impacts for residents, education and empowerment of staff through leadership development, and cost avoidance and savings through improved care outcomes. Through investments in proven practices and education, and change management support significant improvements can be achieved.</p>	<ul style="list-style-type: none"> • Nursing homes need to be supported to expand so they provide community based services. • Sufficient training dollars needs to be available for care improvement for staff, volunteers and families. • Residents need to have regular access to therapeutic services for Occupational Therapy, Physio Therapy and Rehab. • Entry to employment education standards needs to be set for resident attendants. All staff must be qualified. • There are not enough hours of care based on resident acuity. Residents should have access to more than one bath a week, and daily rehabilitation. • All nursing home residents should have access to a universal end of life care program, supported with standing orders, education for staff and families, and pain control specialist. • There needs to be standing orders for palliative care across the province. • Nursing home staff need education on MAID and access to counseling when a resident uses the program.

<p>There are a growing number of nursing homes that are ready to offer community based services and supports. Many have begun consultation sessions and surveys with their local community to understand what the needs are, and then determine what role they can play to support seniors to age in place. To do this, nursing homes are looking for flexibility, resources and funding to mobilize community assets and volunteers to deliver programs, and support. Nursing Homes want to be innovative and part of the solution for supporting our aging population, but the barriers to innovation need to be removed. These models not only address service gaps, but provide a strong return on investment.</p>	
<p>Legislative Statement</p>	<p>Consultation feedback</p>
<p>6. Person-Centred Administration</p> <p>The administration of care services, business and supports is an important role, but can get lost in the business aspect if policies are not focused on the individual. There were multiple statements made about non-payment by a resident and their power of attorney. Right now, the only tool available to the nursing home is to evict the resident. Many noted the reasons for non-payment range from a spouse at home left without sufficient resources to live, to suspected financial abuse. In both circumstances, the issue is not with the resident, but there are no tools for the nursing homes to address the situation as social development and adult protection also lack the ability to intervene in some circumstances. It was strongly expressed that Adult Protection needs to have the ability to investigate concerns for financial abuse. It was suggested that in these circumstances, pensions should be directed to the nursing home to manage the funds on behalf of the residents.</p>	<ul style="list-style-type: none"> • The public trustee cannot provide guardianship for a resident as they are unable to respond in a timely manner to resident needs and will not work with the nursing home on a deceased resident’s estate. • Adult protection needs to respond to complaints of financial abuse. • Government needs to respond to situations of non-payment for a nursing home resident that doesn’t impact the resident by forcing an eviction, but impacts the power of attorney. There needs to be a clear process to deal with these matters. • Power of attorneys need to be assigned for each nursing home resident. • Residents with responsive behaviors need to have access to specialized care settings and resources.

It is understood that Social Development as the regulator desires to have more options to intervene when a nursing home is experiencing challenges with the operation of a nursing home. These situations are often broad and unique, requiring complex solutions in which nursing homes can benefit from specialized supports such as consultants. It was expressed that supportive and collaborative interventions from the regulator is accepted, but cannot compromise the autonomy of the nursing home governance. It was also stressed that in the event of a disagreement on the intervention, an independent third party can hear an appeal.

It was frequently expressed that there is a need for a deeming process to assign a power of attorney when this hasn't been done at the time of admission to a nursing home. Further comments were made that the role of Public trustee acting as guardian for a nursing home resident has many challenges. Specifically, regarding timeliness in responding to requests and the inability of the Office of the Public Trustee to respond at all to managing the estate of a resident after death.

Admissions to nursing homes were noted as a growing area of concern for a few reasons. One reason noted is that nursing homes are under consistent pressure to accept individuals for admission that the nursing home doesn't have the resources or skills capacity to safely care for, or they pose a risk for the safety of other residents due to responsive behaviors. Most often, these individuals require long term or permanent resources/ staff specifically to support their care needs. Specialized education for staff may also be required. The second area of concern is the growing phenomenon of vacant nursing home beds while hospital beds are full of people waiting for admission to a nursing home. The desire to wait for a nursing home bed in a new facility or stay in hospital because it is more affordable, are real challenges that will require adjustment to the current model. Finally,

<p>admission eligibility was noted to be confusing regarding 3Bs with there being an apparent interchangeability between 3B facilities and nursing home admissions.</p>	
<p>Legislative Statement</p>	<p>Consultation feedback</p>
<p>7. Long Term Care Workforce</p> <p>Person centred care is not possible without an appropriately trained workforce with sufficient numbers to fill care positions; not just in nursing homes but in all long-term care setting. The topic of workforce for nursing homes has been a growing discussion both in frequency and intensity. Government policy and funding is driving certain aspects of discussion as it relates to skill mix and education, as well as hours of care. Each of these items have a profound impact on quality and amount of care and support services that a resident can receive. Skill mix raises many considerations that are impacted by a need to reduce costs, the inability to recruit professional nurses (RN and LPN), and resident acuity. Significantly more work is required to analyse each of these considerations. For example, skill mix adjustment can be analyzed based on direct funding, but it must also consider the impact of professional de-skilling of nursing homes and the frequency of nursing home resident transfers to hospital. Such costs must also become part of the analysis to fully understand cost-benefit. The question of skill mix also raises many questions regarding the education of resident attendants. There is a wide of range of education experiences, ranging from on the job training to college certificates. In considering a standardize approach, there is a wide range of experiences and stakeholders to consider. Work done to date by various groups will need focussed effort to standardize an entry to practice guideline for employment.</p> <p>Complexity has been added to the workforce conversation with the growing concern over recruitment and retention. This was noted</p>	<ul style="list-style-type: none"> • We need a targeted recruitment and retention strategy that considers wages, options for signing bonuses and rural locations. • Hours of care must be increased as the resident acuity has increased. • Nursing homes need the freedom to flex staffing based on the resident acuity- not a ridged number from government. • We need an immigration plan, and a train as you go option for people to earn credits on the job. • Resident Attendant education standards needs to be legislated. • We need to maintain the skill professionals that we have, but have flexibility when they are scheduled. • We need expert Human Resource support. • The entry to work qualifications are very important. The residents deserve to receive care from educated staff. • There is work to do to adapt the nursing home workforce to attract young people. • Leadership education is needed for professional staff. • There must be full time and part time jobs created with scheduled hours. We will not be able to recruitment new staff with on-call casual hours. • Staffing must be consistent if we are offering person centred care. • We need to make sure that we are engaging and supporting volunteers. • Nursing Home salaries need to be competitive with other care settings; both for front line staff and for management.

<p>repeatedly during the consultation sessions which impacts the conversation on skill mix, as well as planning for new nursing home beds in the province as a workforce needs to be available.</p> <p>Finally, workforce discussions expanded beyond front line care staff, but to also included the need to have recreational staff available days and evenings, 7 days a week plus greater access to therapeutic staff such as Occupational therapist and physiotherapist.</p> <p>The complexity of workforce considerations grows when the entire long-term care continuum is considered and the impact of competition for the same potential employees.</p> <p>These items combined are complex and will require a comprehensive approach that will require a long-term care workforce strategy.</p>	<ul style="list-style-type: none"> • Staff need continuing education to provide care to more complex residents. • The nursing home workforces must function as a team and at full scope. • Scheduling impacts retention. There needs to be tools available. • Government needs to respond to the reality of nursing homes and stop giving non-compliances when there is an RN on call for nights with an LPN in charge. It is not a reasonable solution to expect the Directors of care to sleep at the nursing home.
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Conclusion:

There are many pressures within long term care for all stakeholders. The drive to achieve a sustainable business model; the desire to serve local communities and residents; and the requirements of bureaucratic and regulatory oversight must effectively work together to balance public and social interest against resources. Leadership is needed at both the local community level and at the provincial level that breaks down silos, supports collaboration and innovation through policy in a coordinated system approach. When the focus is shifted to business, the philanthropic mission will struggle making a person-centred model unlikely. This is also true when a focus on care exceeds business capacity which also threatens a person-centred model due to unsustainable operations. Once again, if bureaucratic and regulatory oversight demands consume organizational capacity, a person-centred model will not be achieved.

This legislation must strike a balanced that builds on the strength of all stakeholders and supports a shared partnership approach for the future.