

HOME CARE POLICY PROFILE: NOVA SCOTIA

MAY 25, 2022

NOVA SCOTIA CENTRE ON AGING

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THIS REPORT IS ONE COMPONENT OF THE HOME CARE PATHWAYS PROJECT:
HOW APPROACHES TO CARE SHAPE THE PATHWAYS OF OLDER ADULT HOME CARE CLIENTS.
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HOME CARE IN NOVA SCOTIA

Overview and Historical Context for Home Care Pathways Research Project

OVERVIEW

Definition of Home Care as per the Canadian Home Care Association (CHCA), 2011

Publicly funded home care in Nova Scotia (NS) is “an array of services for people of all ages, provided in the home and community setting, that encompasses health promotion and teaching, curative intervention, end-of-life care, rehabilitation, support and maintenance, social adaptation and integration, and support for the family caregiver” (Canadian Home Care Association, 2011).

Nationally, home care has been defined as: “an array of services which enables clients, incapacitated in whole or in part, to live at home, often with the effect of preventing, delaying, or substituting for long-term care or acute care alternatives (Dumont-Lemasson et al., 1999).”

Home Care Services in Nova Scotia

The proportion of adults over the age of 65 in Canada is 18.5%, with most residing in the Atlantic provinces. 21.8% of the population of Nova Scotia is 65 years and older (Statistics Canada, 2021). According to Statistics Canada (2020), health (32.7%) remained the largest expense among provincial, territorial and local governments combined, accounting for nearly one-third of their total spending in 2019. On a per capita basis, health expenses were the highest provincially in Newfoundland and Labrador (\$6,449), Nova Scotia (\$5,577) and New Brunswick (\$5,566).

In 2019 and 2020, Statistics Canada (2021) conducted the Canadian Health Survey on Seniors (CHSS) with Canadians aged 65 and older living in the household population to better understand the factors that contribute to healthy aging. The COVID-19 pandemic affected this older adult population in several ways. Public health measures that aimed to mitigate the spread of COVID-19 impacted older Canadians living in private households who needed short- or long-term assistance because of a health condition or limitation that affected their daily activities (personal and medical care, home maintenance, transportation, etc.). Such measures, including discouraging in-person contact between people from different households, deterred the amount of informal assistance that older Canadians were able to receive from family, friends or neighbours.

Manitoba and Nova Scotia have similar incidence of chronic conditions among seniors 65 years and older. These data from the: Canadian Health Survey on Seniors, 2021 are identified in Appendix B. According to the Canadian Health Survey on Seniors (Statistics Canada, 2021), of those aged 65 years and over, 22.2% received assistance from family, friends or neighbours for a health problem or limitations. 8.3% received community support services. The proportion of older persons who need assistance is small, however, among those who do require assistance both provinces have well-established public home care programs.

Prior to 1988, home care was part of a two-tier social assistance delivery system shared by municipalities and the province (Manning, 2004). Service was based on income and need regulated by the Social Assistance Act. Eligible clients were those who were physically or mentally disabled and/or elderly and low income. Services were paid for from client’s social assistance and were provided by private agencies or individuals hired by the client (Manning, 2004).

In 1988, Home Care as a provincial service began with the Coordinated Home Care Program (CHCP) for individuals 65-years of age and over, with limited income or long-term disabilities. Initially, Home Care Coordinating Agencies throughout the province were overseen by the Department of Community Services. In 1995, responsibility for the program was transferred to the Department of Health (CHCA, 2013). In 1993, the Provincial Health Council described CHCP as “the most archaic in the country” (Clancy et al., 2000) which subsequently led to home care reformation as part of the political platform of Premier Savage that same year (Manning, 2004).

Over the past 30 years, the Home Care program has evolved to provide a wide array of services including nursing and home support services, health equipment (i.e., home oxygen, hospital bed and wheelchair loans, personal alert devices), self-managed care, and supportive care (NS Department of Health and Wellness (DHW), Continuing Care, 2021). “Home Care Services supplement the help people already receive from their family, friends or community. Through Home Care, people are able to remain as independent as possible by staying in their home and community (Continuing Care n.d. Home Care. Para. 2).”

In 2012, the person-centred Home First philosophy, was piloted by the Cape Breton District Authority and eventually expanded to the rest of Nova Scotia. The aim of Home First was to provide enhanced home care services to alternative level of care (ALC) patients. That is, patients who while occupying hospital beds, did not require the level of service normally provided within a hospital setting. Under the program, medically stable inpatients in the transition unit of the Cape Breton Regional Hospital were discharged to their own residence and provided enhanced home care hours and supports, while awaiting long-term care placement (Health Association of Nova Scotia, 2013). Also in 2013, DHW provided the district health authorities (DHAs) two new envelopes of funding, one for Home First activities and the second to provide instrumental activities of daily living (IADLs) assistance to low-income individuals. Both funds were provided under a memorandum of agreement with principles and parameters. The intention was to provide supports and services to meet local needs outside the existing home care program and enable a more robust Home First approach (S. Stevens, personal correspondence, 2022).

Home First is now the philosophy that guides home care standards throughout Nova Scotia and much of Canada. It is about providing the care and support seniors need to remain in their own homes. And if in hospital, it is about starting the discharge plan with the goal of getting the individual back home (Nova Scotia Health, 2021).

In August 2021, the newly formed Conservative government combined the Department of Seniors with the DHW continuing care branch to form the newly established Department of Seniors and Long-term Care (SLTC) with a mandate to:

- lead the implementation and monitoring of SHIFT: Nova Scotia’s Action Plan for an Aging Population.
- engage stakeholders, creating partnerships and providing funding to help seniors age well in safe, healthy and age-friendly communities.
- conduct research and provide policy advice for Nova Scotia’s aging population.
- explore new solutions to the challenges and opportunities of an aging population.
- work together with partners, Nova Scotia Centre on Aging and Nova Scotia Federation of Municipalities; federal and other provincial governments to share knowledge about aging populations.

Governance

The comprehensive Home Care Nova Scotia (HCNS) program as mentioned above, was implemented June 1, 1995, replacing the Coordinated Home Care Program which had been established in 1988.

Prior to the enactment of the HCNS program, a number of policies helped to guide the delivery of home care services. These included the Co-ordinated Home Care Act, 1990; the Homemakers Services Act, 1989; and the Homes for Special Care Act, 1989. In 2005, the Self-Managed Support Care Act was introduced to allow self-managed support services in homes and other approved settings.

Nova Scotia Health Authority (Government of Nova Scotia, 2021) was formed on April 1, 2015, as an amalgamation of nine previously existing regional authorities, organized to offer health services across four zones:

- Western zone - Annapolis Valley, South Shore and South West Nova Scotia
- Eastern zone - Cape Breton, Guysborough and Antigonish areas
- Northern zone - Colchester-East Hants, Cumberland, and Pictou areas
- Central zone - Halifax, Eastern Shore and West Hants

Nova Scotia Health Authority provides health programs and services to Nova Scotians through a team of healthcare professionals that operate hospitals, health care centres, and community-based programs across the province (Closing the Gap Healthcare, 2019). In 2020, Nova Scotia Health Authority rebranded to Nova Scotia Health (NSH).

In 2011, the Nova Scotia Department of Health merged with the Department of Health Promotion and Protection to become the Nova Scotia Department of Health and Wellness (DHW). In 2021 the continuing care component was transferred to the newly developed Department of Seniors and Long-term Care (SLTC). The SLTC is responsible to set strategic and program policy including legislation and standards, audit and approve home care agencies in the public health care system and fund agencies.

Nova Scotia Health is responsible for service delivery, including receiving referrals, assessing, and authorizing clients for home support, and reviewing monthly invoices of for-profit providers before forwarding the invoices to the department for payment. The department and the health authority share responsibility for managing client complaints and issues with provider performance (OAGNS, 2017). Services are delivered by 21 contracted agencies; 20 providing home support services and two providing nursing services (delivered by registered nurses (RNs) and/or licensed practical nurses (LPNs) (NSH, 2021). A directory of all Home Care Agencies in NS (2021) can be found [here](#). One of the contracted organizations, the Victorian Order of Nurses (VON) provides home care services in four regions of Nova Scotia (VON, 2021). VON provides 96% of the home care nursing services in the province while NSH provides 4% (Stevens, 2020).

The responsibilities of the newly formed Department of Seniors and Long-term Care as presented on their website and identified in the previous section are vague when it comes to home care policy. The [ministerial mandate letter](#) focuses primarily on long-term care (LTC) although components of these LTC initiatives will impact home care. For instance, the proposed increase in LTC beds, making the Continuing Care Assistants registry mandatory and reinstating training incentives will have significant impact on home care human resources.

Access to Home Care

Nova Scotia has a Single-Entry Access (SEA) system for home care, long-term care, adult protection services, and other Continuing Care programs. Access is available through a province-wide, toll-free number - 1-800-225-7225 (CHCA, 2013; Stevens, 2020). Anyone can refer themselves or another individual for home care services. Home care is accessible to NS residents of all ages who either have a health card or are in the process of obtaining a health card and who agree to receive the services (or their substitute decision-maker) (Keefe et al., 2014). Home Care costs are based on income and the type of services needed, which are determined by the Care Coordinator's assessment.

Assessments are done by a NSH Care Coordinator, generally a regulated health professional, who is then responsible for the assessment, care planning, authorization of services and the ongoing case management of clients referred to Continuing Care (Canadian Home Care Association, 2013). Care Coordinators use the Resident Assessment Instrument - Home Care (RAI-HC) to assess their specific service needs and inform a client's eligibility into the program. The Care Coordinator authorizes services, makes referrals/linkages to other professional and volunteer resources to assess and support the client in the community for as long as possible, and facilitates discharge from hospital to return to the community as required. Care Coordinators work in the community and hospital and with clients in long-term care facilities.

A summary provided by Continuing Care (Stevens, 2020) of data from July 1–September 30, 2019, states:

- Clients in Western Zone make up 44 % of wait list clients across the province.
- Eastern and Central Zone have the highest hours per client (6 hours/week) compared to other zones.
- Northern Zone has the lowest average hours per client (4 hours/week).
- The number of people on the home support wait list in Q2 2019-20 increased about 94% and the number of hours of home support clients increased about 58 % compared to Q2 2018-19.

Available Care & Related Program

Home Support services include personal care, respite, meal preparation and essential housekeeping delivered by Continuing Care Assistants (CCAs) and/or Home Support Workers (HSW)¹. Nursing services include short and long-term nursing care provided by RNs and LPNs in a person's home such as IV therapy, nursing assessment, pain management and wound care (Stevens, 2020).

Public expenditures include Home Care (nursing, home support, respite and palliative care), LTC (Nursing Home or Residential Care Facility), Home Oxygen Services, Adult Protection Services, Protection for Persons in Care, Aboriginal Continuing Care, Caregiver Benefit Program, HELP-Bed Loan Program, Personal Alert Assistance Program, Self-Managed Care Program, Supportive Care Program, Specialized Equipment Program (LTC) and Respite Care at home or in LTC (DHW, 2021).

Fees

Net household income is assessed to determine a client's fee for home support services. The sliding scale fees with a maximum monthly payment are determined by annual income and household number. The fee structure was updated in 2021.

Quality and Accountability

SLTC is responsible for strategic and policy direction to the Home Support Program, setting hourly funding rates, reviewing hours reported by service providers, and paying providers. SLTC audits service providers for compliance with home care standards (OAGNS, 2017).

NSH has service agreements with all government approved and funded home care agencies which require they meet all government requirements.

Appendix A

TIMELINE OF POLICY ACTIONS AND MILESTONES

1972

- The Nova Scotia Council of Health (1972), in a report titled *Health Care in Nova Scotia: A New Direction for the Seventies*, recommended that:
 - The province has five Regional Health Boards; Community Health Boards were established to define local health needs; direct and operate all health services at the community level; and assume the legal responsibility for health facilities and programs at the community level.

1984

- Canada Health Act – The Act sets out the primary objective of Canadian health care policy, which is "to protect, promote and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers (Government of Canada, 2021)." Home care was not considered an insured service under the Act. Municipalities in Nova Scotia were responsible for home and community care until early 1990s.

1986

- The Government of Nova Scotia proclaimed the Adult Protection Act – The Act protects adults over the age of 16 from significant risk of self-neglect, abuse, and neglect when they are unable to protect themselves from such risks. The Act provides a means whereby adults who lack the ability to care and fend adequately for themselves can be protected from abuse and neglect by providing them with access to services which will enhance their ability to care and fend for themselves or which will protect them from abuse or neglect (Province of Nova Scotia, House of Assembly, 2014). The Minister of Health and Wellness and designated officials within the Department of Health and Wellness, are charged with the responsibility to investigate, assess, intervene, recommend, and refer services for adults who need protection (DHW, 2011).

1988

- Coordinated Home Care Program (CHCP) was established. The program was managed by various Home Care Coordinating Agencies throughout the province and administered by the Departments of Health and Community Services to provide services to seniors and the disabled (Office of the Auditor General of Nova Scotia (OAGNS), 1996). It was available for individuals aged 65 years plus with limited income (on social welfare assistance) or long-term disabilities (Canadian Home Care Association, 2013; Manning, 2004).

1989

- Homemakers Services Act – The purpose of the Act was to encourage the provision of homemakers' services to families or individuals to enable them to remain in their homes. Services were provided by municipal units, or a society incorporated under the Children's Services Act or a non-profit organization providing homemakers' services (Office of the Legislative Counsel, Nova Scotia House of Assembly, 1998).
- Homes for Special Care Act – An Act to revise and consolidate the Boarding Homes Act, the Nursing Homes Act, and part of the Social Assistance Act (Office of the Legislative Counsel, Nova Scotia House of Assembly, 2012).

1990

- Co-ordinated Home Care Act – The Act described the Co-ordinated Home Care Program as the co-ordinated delivery of a range of health, housing and social services to meet the needs of persons who required assistance or support to remain in their own homes or community or whose functioning without assistance or support would cause their condition to deteriorate, making it impossible for them to remain in their own homes or communities. Home Care Co-ordinating Agencies consisted of the Ministers and Deputy Ministers of Community Services, Health and Fitness, Housing and Municipal Affairs and the Chief Administrative Officer of the Senior Citizens Secretariat (Office of the Legislative Counsel, Nova Scotia House of Assembly, 1998).

1993

- In April 1993, the Department of Community Services was given responsibility for the Home Care program. In November 1993, responsibility was transferred to the Department of Health (OAGNS, 1996).

1994

- In April 1994, Nova Scotia's *Blueprint for Health System Reform* included the following comments about the program: "Nova Scotia's existing Home Care Program provides a necessary and valuable service, but is too narrow in scope, too hard to access and is unevenly available.... As a result, too many Nova Scotians are either falling through the cracks or using expensive hospital services when they could just as effectively, if not more effectively, be cared for in their homes or communities (OAG, 1996)."
- In October 1994, Home Care Nova Scotia (HCNS) – *A Plan for Implementation* was released and HCNS began operating on June 1, 1995, as part of the Operations and Regional Support Division of the Department of Health (OAGNS, 1996).
- NS Caregiver Support Committee established through collaboration between Mount Saint Vincent University NS Centre on Aging and other sector partners (Manning, 2004).

1995

- HCNS became available to NS residents of all ages whose care needs could not be met by family (Manning, 2004).
- Home support and nursing services delivered by not-for-profit homemaker agencies and VON.
- Care Coordinator positions established in communities and hospitals under DHW (Stevens, 2018).
- Home care services available 12/7, and included chronic and medical care (Manning, 2004).
- Palliative care program established in one region (Manning, 2004).
- Self-Managed Support Care Program piloted with Independent Living NS (Stevens, 2022).

1996-97

- Funding for and introduction of home oxygen service under HCNS (Canadian Home Care Association, 2013; Manning, 2004).
- Four regional health boards were established and responsible for the delivery of home care services (Manning, 2004).
- Home Care Policy Manual (replaced in 2011 with amendment added in 2018).

1998

- Health Canada and the province of Nova Scotia jointly hosted the National Conference on Home Care in Halifax on March 8-10, 1998, with the idea to have a national home care program.

- For profit agencies approved as home support service providers (Stevens, 2018).
- Mixed not-for-profit and for-profit delivery model established for NS public home care (Stevens, 2018).

1999

- Minimal fee set for home support services and home oxygen if client could afford to pay (Manning, 2004).

2000

- District Health Authorities Act (2000) introduced (Province of Nova Scotia, House of Assembly, 2019). Nine district health authorities replace four regional health boards in the province.
- HCNS and Long-term care (LTC) services integrated under Continuing Care (Canadian Home Care Association, 2013).
- Seniors' programs transferred to Department of Health (DOH) (i.e., Adult Protection, Residential Care Facilities and Community-based Options, Long-term Care Placement, In-home Support) (Canadian Home Care Association, 2013).
- Continuing Care Assistant (CCA) curriculum implemented (Stevens, 2018).

2001

- Four Regional Health Boards (acute care) replaced by nine District Health Authorities and the IWK Health Centre to enable health care decisions to be made at a local level (Canadian Home Care Association, 2013).
- Rural Palliative Home Care Project initiated in northern region (Canadian Home Care Association, 2013).

2002

- The Department of Health established Single-Entry Coordinated Access (SEA) to home care and LTC (LTC) services. The program was piloted in October 2000 in two District Health Authorities (DHAs) and rolled out province-wide in the first quarter of 2002-03 (OAGNS, 2002). One province-wide toll-free phone number provided a single-entry access point (SEAScape) to home care services assessments, LTC placement, and adult protection workers (Canadian Home Care Association, 2013).
- LTC Facility Placement Policy introduced. The objective of the Facility Placement Policy was to ensure that a fair and consistent approach was utilized across the province regarding the placement of individuals, deemed eligible by the NSHA in accordance with the Service Eligibility Policy, in a LTC facility (DHW, 2021).
- Resident Assessment Instrument – Home Care (RAI-HC) introduced (Stevens, 2022).

2004

- Challenging Behaviour Program established – The program aims to enhance capacity in the provision of care to older adults experiencing cognitive impairment and associated responsive behaviours and supports all nursing homes and home care agencies funded by the Department of Health and Wellness as well as Care Coordination offices and designated acute care alternative level of care patients (P.I.E.C.E.S., 2021).

2005

- Self-Managed Support Care Act established for province-wide Self-Managed Support Care Program that enabled approved recipients to receive self-managed support services in their homes or other approved settings (Office of the Legislative Counsel, Nova Scotia House of Assembly, 2006).

2006

- Department of Health and Wellness Continuing Care released a 10-year Strategic Framework Plan designed to support people at home and in LTC facilities (DHW Continuing Care, 2015).
- Educational Requirement for Entry to Practice of Non-licensed Care Staff Policy – Ensures individuals hired to provide direct care and support services (in the role of a CCA) to Continuing Care clients in designated service venues, meet the educational requirements (NSHW, Continuing Care, 2019).

2007

- A group of community, provincial and federal stakeholders came together to address shared concerns under the auspices of an Aboriginal Health Transition Fund initiative (AHTF). The Steering Committee set out to clarify policies and terms describing home care programs delivered on Reserve by all jurisdictions; identify areas of gap and overlap in each of the thirteen First Nation communities in Nova Scotia; create a mechanism for ongoing collaboration in the design and delivery of home care services to Aboriginal people living on Reserve (Health Canada, 2007).
- Home Oxygen Service Policy – Increased access to monthly supply of home oxygen, including portable tanks for clients of Home Oxygen Program (Canadian Home Care Association, 2013).

2008

- Personal Directives Act – This Act enables Nova Scotians to document their wishes regarding personal care decisions made for them, and/or who makes them, in the event that they are incapacitated and are unable to make these decisions themselves. Personal care decisions include those related to health care, nutrition, hydration, shelter, residence, clothing, hygiene, safety, comfort, recreation, social activities and support services (Office of the Legislative Counsel, Nova Scotia House of Assembly, 2010).
- Bed Loan Program Policy established - The Continuing Care Branch of the Nova Scotia Department of Health will, in conjunction with the Canadian Red Cross Nova Scotia Region, provide access to a bed loan program for clients of Continuing Care residing in the community (NS Department of Health, Continuing Care Branch, 2008).
- Independent Auditor's Report (Office of the Auditor General) released. This audit of the Department of Health's Home Care Program found that only 17% of issues identified in previous audits were being addressed. The recommendation was to devolve responsibility to district health authorities until DOH had addressed outstanding recommendations. Further, the report stated that the DOH had failed to determine future demand for services and had not acknowledged whether there were enough trained professionals to staff the current program or a future expansion. The report concluded that the policies and processes for assessment and reassessment of clients were not being consistently followed. Nor was it clear whether authorized services were in compliance with client service plans. It was noted that there was no formal process or policy in place to deal with client complaints and the recommendation was made to put a formal process in place to record, track and determine resolution of complaints. Performance and statistical information were found to be inadequate.

2009

- Intake, care coordination, the Challenging Behaviour program and home care nursing in central and eastern zones were transferred to DHAs (funding remained with DHW) (Stevens, 2022). DHW retained responsibility for the home care program (Etter & Stevens, 2011).
- Caregiver Benefit Program Policy established – Following an assessment of financial and need family/friend caregivers may be eligible for a monthly allowance to recognize their contributions and help them continue to

support their family and friends. This program allows care recipients to remain in their homes for longer and out of LTC, which decreases health care spending overall (Mihailescu, 2021).

- Continuing Care Assistant Scope of Practice introduced. Certified CCAs are individuals who provide assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs) to individuals of all ages in a variety of practice settings for the purpose of promoting holistic health and independence. CCAs hold a provincial certification from the Nova Scotia Department of Health and Wellness (NS DHW, 2019).
 - Critical Incident Reporting Policy – CCAs are required to report critical incidents to the Nova Scotia Department of Health. A critical incident is a serious event effecting either the client, staff of service providers, or the public including unanticipated death/serious health impairment to client/visitor/health care personnel; disruption to health care services for greater than 24 hours and events involving multiple clients and/or requiring retroactive notification of event/exposure to risk (NS DHW, 2019).

2011

- Home Care Policy Manual updated to facilitate consistency in home care services and standards (replaced 1997 version).
- Supportive Care Program established – The Supportive Care Program supports eligible Nova Scotians with cognitive impairments (difficulty thinking, concentrating, remembering, etc.) by providing them with up to \$1,000/month for Home Support Services (personal care, respite, meal preparation and household chores). Under this program people may also be eligible to receive reimbursement for snow removal services up to \$495/year (NS DHW, 2021; Stevens, 2018).
- Personal Alert Assistance Program Policy created – The Personal Alert Assistance Program provides financial assistance to eligible, low-income seniors over the age of 65, and to Nova Scotians age 19 years or older living with an acquired brain injury. The program provides up to \$480/year to reimburse for the purchase of a personal alert assistance service (NS DHW, 2021).
- DOH and Department of Health Promotion and Protection (DHPP) merged into the DHW (Canadian Home Care Association, 2013).
- Home Care Standards for Quality Service – During the period of 2008-2010, DHW staff revised and updated both the Home Care Policy Manual and the Home Care Standards for Quality Service to reflect the new structures and relationships resulting from integration of DOH and DHPP. In addition, and where appropriate, policies and standards were updated to reflect the current policy and legislative environment and to address recommendations made by the Office of the Auditor General from the 2002 and 2008 home care audit reports. The standards include requirements for practice, service delivery, and assessment. Setting of provincial standards for the home care program is done in consultation with stakeholders (NS DHW, 2011).
- Adult Protection Policy Manual (DHW) created.

2012

- Province invested an additional \$22 million to improve and meet the demand for home care supports across the province as part of the 2012-13 budget (Province of Nova Scotia, 2012).
- DHAs enter into service agreements with DHW-funded provider agencies who deliver home care services.
- Facility Based Respite Policy established – This policy enabled access to a private room with a dedicated respite bed in a long-term care facility to a home care client for the purpose of providing caregiver respite (DHW, 2012).

Gradual movement within DHAs towards assessing based on need as set out in 2011 Home Care Policy Manual, and away from stringent guidelines (e.g., set frequencies/durations for a task), resulting in increased service hours (Keenan, January 2019, personal communication)

2013

- Home Care Service Authorization Guidelines (based on Home Care Policy Manual) provided recommendations to assist the health authority in meeting the expectations of policies. Adherence to the policies was one of the conditions under which funding was provided to the NSHA by the Minister of Health and Wellness.
- Challenging Behavior Program Policy Manual introduced with P.I.E.C.E.S (DHW). P.I.E.C.E.S. is a holistic, person and care partner-directed model which enhances capacity at the individual, team, organization, and system levels to support the care of the older individual living with complex chronic disease, including neurocognitive disorders and/or other mental health needs, and associated behavioural changes.
- DHW provided funding to DHAs for Home First Activities and IADL assistance for low-income individuals (Stevens, 2022).

2014

- New Health Authorities Act introduced, foreshadowing the amalgamation of the provincial District Health Authorities into the Nova Scotia Health Authority.
- Essential Health and Community Services Act introduced – The Act is legislation that requires employers and unions to establish an essential services agreement before a strike or lockout can happen. If they cannot reach an essential services agreement, the Labour Board can make a ruling.
- Nova Scotia developed an integrated provincial strategy for palliative care.
- Essential Home-Support Services Act introduced – The Act is legislation that ensures each employer and the bargaining agent for the employees shall enter into negotiations for an essential home-support services agreement.
- Report prepared by Health Association Nova Scotia for the Home Care Network in collaboration with the Department of Health and Wellness and the District Health Authorities (Health Association Nova Scotia, 2014) made the following recommendations:
 - Build human resource capacity in the sector to meet client care needs.
 - Expand array of services, increase flexibility to access services, and examine current funding approach.
 - Better utilize evidence for system planning, improved wait list measurement and management.
 - Improve communication, and use of technology to support better sector-wide system planning and service delivery.
 - Improve case/care management.
 - Develop and implement a change management strategy.
 - Develop a caregiver strategy.

2015

- Health Authorities Act effective April 1, 2015 – This Act amalgamated Nova Scotia’s nine District Health Authorities into one Provincial Health Authority (NSHA), plus the IWK (NS DHW, 2018).
- 9 DHAs merged into the NSHA with four management zones (Western, Eastern, Northern and Central) (NS DHW, 2018).
- Provincial Program of Continuing Care created (Stevens, 2018).
- Nova Scotia’s first dementia strategy, *Towards Understanding* released.

Both the number of clients waiting and the number of hours on the home support wait list decreased between March 31, 2015, and March 31, 2019 (data suggest both are increasing since a low in 2017).

When in waitlist, hospital discharged, and palliative clients are prioritized (source: NSHA Continuing

2016

- The Department of Health and Wellness was reorganized to reflect the consolidation of the DHAs. The amalgamation of DHAs into a single body in 2015 deemed that the province's DHW was to focus on planning and priorities, while the NSHA was to manage the day-to-day operations.

2017

- Independent Auditor's Report: *Managing Home Care Support Contracts* (Office of the Auditor General, 2017). Key items identified as follows:
 - Eight recommendations from the 2008 report were not implemented.
 - Weakness in DHW & NSH policies/procedures for ensuring services are received, and payments are made.
 - DHW and NSH do not have comprehensive processes to monitor home support providers' performance, or record and respond to client complaints.
 - NSH not being monitored to ensure fulfillment of its role to home care.
- Following this report SLTC and NSHA introduced 6 Key Performance Indicators for service delivery (Stevens, 2018).

2018

- Governments of Canada and Nova Scotia signed agreement to improve access to home and community care and improve access to palliative and end-of-life supports.
- Home Care Policy Manual amended to align with the Health Authorities Act (2014, C. 32), the Health Authorities Act General Regulations, and the Accountability Framework between the DHW and the NSHA. These updates reflect the creation of NSHA (DHW, 2018).
- In March 2018, Caregiver Benefit Program Policy revised; access to Caregiver Benefit expanded to include serious behavioural problems, moderate to significant memory loss and high risk of falls resulting in an additional 600 caregivers being eligible (enrollment is 1,979).
- CCA Program Annual Report published (CCA Program Advisory Committee).

2019

- In September 2019, the Department of Health and Wellness Continuing Care Branch allocated funding to support organizational training in the Home Support Sector (Health Care Human Resource Sector Council, 2019).
- In May 2019, New Safety Risk Assessment Procedures and accompanying Risk Assessment Tool introduced provincially and used by Care Coordinators (Baker, November 2019, personal communication).
- NSHA restructured to improve front-line decision making; eliminated three VP positions and created four new zone-VP positions.
- Educational Requirements for Entry to Practice of Non-Licensed Care Staff policy revised.
- CCA Scope of Practice and Competency Framework revised (replaced the Scope of Practice, 2009).
- CCA Registry had 966 active members (CCA Program Advisory Committee).
- CCA Curriculum Standards revised Continuing Care Referral form.
- In January 2019 DHW Released a report from the Minister's Expert Advisory Panel on LTC.

2020

- On 22 March 2020, the Government of Nova Scotia declared a provincial state of emergency to help prevent the spread of COVID-19 (see Home Care COVID policies in NS).
- Nova Scotia Health Authority rebranded to Nova Scotia Health (NSH).

- Supportive Care Program expanded to include people with acquired brain injuries and increased monthly funding from \$500 to \$1000 (an additional 1015 Nova Scotians will benefit from the expansion) (Nova Scotia, 2020).
- NSH Continuing Care partnered with non-government organizations to launch *The place where we live: Understanding the home care needs of Nova Scotia's francophone/Acadian population* initiative (NS Health, 2020).
- [Home Care Agencies Directory](#) updated (29 home support and nursing agencies included in the directory).
- Nova Scotia Health and the IWK Health Centre worked in partnership with the Department of Health and Wellness, Chief Medical Officer of Health and/ or Public Health, and others to support planning and implementation of the overall provincial pandemic response.

2021

- December 1, 2021, the Medical Officer of Health issued the Health Protection Act order to help prevent the spread of COVID (Government of Nova Scotia, 2021).
- December 8, 2021, Premier Houston announced \$57 million over two years for LTC and continuing care. The short-term money will go immediately toward hiring more CCAs, improving working conditions, improving care for seniors and making about 100 more beds available across the system. \$22 million is allocated over two years to cover the entire tuition costs for over 2,000 students in continuing care assistant programs. Another \$8 million will be used to provide LTC homes with funding to offer their casual and part-time employees full-time positions or to hire more staff to provide direct care. \$3.1 million in tuition rebates would be made available for current CCA students, while \$2.1 million has been allotted to recruit CCAs nationally and internationally.
- Seniors Care Grant – In addition, the province followed through on its' commitment to help seniors stay in their homes longer by investing up to \$32 million each year in the Seniors Care Grant. The grant provides up to \$500 in funding for eligible seniors who need help around their homes. Covered expenses include snow removal, small household repairs, lawn care, grocery delivery and other needs. To qualify, older Nova Scotians must live independently in a home they own or rent and have an annual household income of \$37,500 or less (Canadian Press, 2021).
- Province of Nova Scotia allocated \$1.02 billion for LTC and home care in the 2021-22 budget including:
 - \$6 million increase to support the sector with COVID-19 related expenses.
 - \$2.7 million increase to Supportive Care program or people with cognitive impairments.
 - \$814,000 increase for Adult Day programming to provide personal assistance, supervision, and health, social, and recreational activities for community-based seniors (Nova Scotia, 2021).
- In August 2021, Province of Nova Scotia formed the Department of Seniors and Long-term Care.
- Office of the Auditor General of Nova Scotia reported update of previous recommendations as follows (July 2021):
 - DHW and NSH have completed 83% (10 of 12) of the recommendations from the 2017 audit of Managing Home Care Support Contracts.
 - DHW does not yet have a process in place to verify the accuracy of reporting from home support providers.
 - NSH has not yet maintained an integrated record of home support complaints received, including their outcome.
- Eligibility Expanded for Caregiver Benefit Program effective July 2, 2021. (N=2865) (Nova Scotia, 2021).
- Continuing Care Assistants Registry Act – Legislation introduced April 7, 2021, requiring CCAs to register annually (Nova Scotia, 2021).

APPENDIX B

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