

Be independent.
Longer.



*New Brunswick's
Long-Term Care
Strategy*



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New Brunswick's Long-Term Care Strategy

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Message from Premier Shawn Graham



Seniors have built our province. They have made New Brunswick a place where we can belong and be better. As we build a self-sufficient New Brunswick, we must continue to be a place that treats seniors with dignity and respect. As a government, we must ensure that seniors can access the right services, at the right time, in the right place.

Improving services to seniors has always been one of our top priorities. From day one of our mandate, we have introduced several important changes to improve services for the senior population.

However, the aging of our population will be a major challenge for our society over the next few decades. In 20 years our senior population will almost double. This will put pressure on our long-term care system. By taking action now, we will be able to ensure that high quality long-term services continue to be available in New Brunswick.

That is why there is a need for a long-term vision for senior care. We now have an important tool to improve our services today and to meet the long-term care needs of New Brunswickers who will become seniors over the next 20 years.

Seniors want to be respected, active and involved members of their communities. They want to make their own decisions about the care they receive. And they want their care to be accessible, affordable and co-ordinated.

Seniors have given us a beautiful province; this place we are all so proud to be. By working together in pursuit of a shared vision, we can be sure that seniors will be independent, and when they need assistance, they will be well-cared for now and in the years to come.

A handwritten signature in black ink that reads "Shawn Graham". The signature is written in a cursive style with a horizontal line under the name.

Premier of New Brunswick

Message from Minister Mary Schryer



We are pleased to present this long-term care strategy, which sets government priorities for the next 10 years in New Brunswick.

This strategy builds on a foundation of health and wellness promotion, support for families, and assistance to help seniors live independently as long as possible.

The recommended actions incorporate many of the ideas and suggestions put forward by seniors and their families. Furthermore, it is based on our common conviction that the responsibility to care for our seniors is shared amongst seniors, their families, their communities and their government.

Our seniors lead interesting lives. They have gained a wealth of skills and abilities from their life and work experiences that they are willing to share with others in their communities. Seniors are engaged, energetic and enthusiastic and continue to contribute much to the vitality of their communities. When seniors require help to stay in their homes, or are unable to live alone, they need to be confident that they will have access to high quality long-term care.

This strategy will strengthen our continuum of care to ensure that we meet the needs of seniors of today and tomorrow.

A handwritten signature in black ink that reads "Mary Schryer". The signature is fluid and cursive.

Minister of Social Development

Message from Minister Eugene McGinley



This long-term strategy is based on a provincewide consultation process and the input received from more than 1,000 New Brunswickers.

When we asked New Brunswickers what high quality long-term care should look like, the response was overwhelming. New Brunswickers shared their concerns, thoughts and ideas for improving our long-term care system.

Families told us that they need help to continue to provide good care to their seniors at home. Seniors told us that they want to stay at home for as long as possible and need more supports to do that. There were many suggestions to improve the quality of the services delivered and the quality of care received. And there was consensus that we need to invest in keeping seniors healthy, active and out of the long-term care system.

The real-life stories of seniors and their families remind us that seniors are served by caring and dedicated individuals. While New Brunswickers agreed that our long-term care system is among the best in the world, they told us that it can also be improved. I am convinced that this strategy will contribute to improved services for seniors.

A handwritten signature in black ink, which appears to read "Eugene McGinley". The signature is fluid and cursive.

Minister of State for Seniors

Acknowledgements

This initiative would not have been possible without the assistance of a number of people.

Sincere appreciation is extended to all of the New Brunswickers who provided us with their input. The participation of stakeholders at the numerous consultation sessions was invaluable to the renewal of the long-term care system for seniors. To all those who provided us with their personal stories and suggestions for improvements to the system by way of the Internet, e-mail, letters and briefs, we thank you for your contribution.

In addition, the staff of the Department of Social Development in both the regional offices and central office played a key role in the development of this renewed strategy. These dedicated professionals provided advice and assistance throughout the redesign of the long-term care system. This team approach was instrumental in bringing the development of the strategy to fruition.

Thanks is also extended to our colleagues in other provincial government departments, who provided us with continued support and innovative suggestions as we moved forward with the renewal of the long-term care strategy for seniors. These people showed their commitment to work collaboratively for the betterment of New Brunswick's seniors.



Part 1: Context

An Aging Population



Nowadays the majority of middle-aged people have more parents than they have children.

Author Eldon Weisheit

The delivery of long-term care services is an issue in nearly every developed country where financial and service delivery pressures are mounting as the population ages and life expectancy increases. The first baby boomers are 60 years old this year. The upcoming bulge of seniors will increase the cost of providing services, leading to taxpayer concerns about financial sustainability of the system.

According to the 2006 Census there are 107,635 citizens aged 65 years and over in New Brunswick, which accounts for 14.7 per cent of the total provincial population. By 2026 it is projected that there will be 188,300 citizens aged 65 years and over in New Brunswick, which will account for 25.7 per cent of the total population.

New Brunswick has an aging population and seniors are living longer due to the dramatic improvements in the detection and treatment of disease. However, while there is a marked increase in longevity, it does not necessarily mean that seniors are maintaining the same quality of life. The rising cost of health care is a major concern for many seniors. Society is faced with a major challenge in providing adequate publicly-funded long-term care to seniors.

The Current System

The objective of the current long-term care (LTC) system in New Brunswick is to provide appropriate, long-term care services at the appropriate time and in the appropriate place within the overall continuum of care. These services are designed to complement and supplement the informal caregivers in the province, and to assist eligible clients to function as independently as possible. For purposes of this initiative, the long-term care system is broken down into three components: in-home services, special care homes and nursing homes. In-home services and special care home services are delivered through the eight regional offices in the province. Nursing homes are under the direction of the Nursing Home Services branch in the department, with actual nursing home services provided by licensed nursing homes.

These services are for those who are limited in their ability to carry out normal daily activities on a long-term basis. A standardized assessment and uniform eligibility criteria ensure that all seniors with long-term needs have the same access to services they require. Assessments are undertaken to determine the level of care required by the seniors requesting services. There are four levels of care for clients admitted in approved residential facilities:

- **Level 1** – Clients are generally mobile but require the availability of supervision on a 24-hour basis related to their personal care.
- **Level 2** – Clients may require some assistance or supervision with mobility and require more individualized assistance or supervision on a 24-hour basis with personal care and their activities of daily living.
- **Level 3** – Clients have a medically stable physical or mental health conditions or functional limitation and require assistance and supervision on a 24-hour basis. These clients need a great deal of assistance with personal care and often require medical attention.
- **Level 4** – Clients have difficulties with cognition and/or behaviour requiring supervision and care on a 24-hour basis. Clients may display aggressive behaviour toward self and/or others. Most often they need maximum assistance with their personal care and activities of daily living. Often they also require medical care.

In-home support services consist of non-professional assistance with personal care needs such as help with dressing, bathing, and grooming; assistance with housekeeping tasks which may include activities such as cleaning, laundry, meal preparation; and respite care. These services are provided largely through third-party contracts with home support agencies. Currently the department provides assistance to about 4,700 seniors who are receiving in-home support services.



Special care homes provide services to seniors who require low to moderate levels of care on a regular basis. There are 425 special care homes providing residential services to about 2,675 seniors assessed as requiring Level 1 and 2 care. Special care homes are privately operated, for profit facilities.

Nursing homes provide service to those whose primary need is for nursing care; that is those seniors who are assessed as needing Level 3 and 4 care. There are 61 nursing homes in New

Brunswick serving about 3,565 seniors. Nursing homes are not-for-profit organizations that are privately owned and operated by a volunteer board of directors.

Clients served under the long-term care system are generally responsible for the cost of services. However, government will assist with the cost of services when the client is financially unable to pay the full cost of these services. The Standard Family Contribution Policy sets out the terms for determining whether a client is eligible for government subsidization of those non-insured long-term care services.

The amount of standard family contribution is based on the family/client's net income, the type of service required (in-home, special care home or nursing home) and whether there is a spouse and/or dependents living at home. Assets are not included in the determination of the client's contribution.

Currently the department is subsidizing more than 10,600 seniors within this system.

It should be noted that many seniors are able to purchase long-term care services without financial assistance from government. These seniors make their own arrangements with home support agencies and special care home operators, making it difficult to determine how many seniors in the province are actually receiving long-term care services.

Recent Improvements

It should be noted that improvements were made to the long-term care system for seniors within the first few months of the Graham government's mandate. In addition, a number of other initiatives to improve access to long-term care services for seniors were announced by government in August 2007.

Improvements include:

- Improving representation for seniors within government through the Appointment of a Minister of State for Seniors.
- Moving from a cost-based to an hours-based policy with respect to home support services, restoring the maximum number of hours of home support hours from 170 to 215 hours per month.
- Increasing the hourly rate for home support services by 3.9 per cent, effective April 1, 2007. The rate increased to \$13.13 from \$12.64.
- Increasing the Level 1 rate for subsidized clients in special care homes from \$38.59 to \$42.59 per day on January 1, 2007 and to \$74 per day on April 1, 2007.
- Increasing the Level 2 rate for subsidized clients in special care homes from \$70.59 to \$74 per day on April 1, 2007.
- Increasing the hours of care in nursing homes to 3.0 per day by increasing the number of support staff workers, resulting in 190 additional positions.
- Changing the Standard Family Contribution policy from a means based test to an income-based test. This means that assets are no longer considered when calculating clients' contribution to the cost of their care.
- Covering nursing home health care costs and residents only required to pay a maximum of \$70/day for room and board.
- Repealing legislation that allowed nursing homes to charge private pay residents five per cent over the per diem rate.
- Increasing the Comfort and Clothing allowance for nursing home and special care home residents by five per cent on April 1, 2007.
- Implementing a new \$114.5 million renovation and replacement plan for nursing homes, which will also see the addition of 125 new beds, over the next three years.
- Approving an additional 108 beds in enhanced special care homes. This will be established where the waiting list for nursing home placements is greatest. These specialized beds are for seniors who are medically stable, but require additional supervision and assistance due a physical frailty or dementia.



- Reserving 11 special-care home beds across the province to provide short-term care to individuals who are medically stable, but require additional care because family supports or in-home care providers are not immediately available. This will help to prevent inappropriate hospital admissions.
- Enhancing the extra-mural program by providing short-term home support services (up to 30 days) to allow individuals to return home while awaiting assessment. Without this enhanced service, some individuals who no longer require acute care services would remain in hospital because they have not been assessed for services, and because they would not have access to support services upon returning home.
- Increasing the maximum hours of care per month for home care. The provincial government currently subsidizes home-care for eligible clients, up to a maximum of 215 hours

of care per month to assist with daily living activities. Individuals who require additional supports to live at home will be eligible for additional hours of care, up to a maximum of 336 hours per month.

- Providing a \$16 a day supplement to assist special care home operators to continue to care for individuals while they await nursing home placement.
- Planning for renovations and refurbishment to the Drew Nursing Home in Sackville to accommodate 28 additional nursing home residents.



Part II:

A Renewed Long-term Care Strategy for Seniors

Developing the Strategy

The New Brunswick government made a commitment to improve our current long-term care system for seniors, making sure that it meets the needs of today's seniors as well as the needs of those who will be seniors in the years to come.



The development of the strategy began with information gathering. A series of statistical notes were prepared and used to provide analyses of socio-economic trends and the implications they may have for the long-term care system. Research was also conducted to examine best practices in the long-term care sector around the world. In addition, an extensive provincewide consultation process was conducted.

The official launch of the consultations was held on April 17, 2007 with a provincial stakeholder session being held in Fredericton. Regional stakeholder sessions were held around the province and included representatives from various in-home care service providers, nursing home representatives, special care home operators, Senior Goodwill Ambassadors, members of seniors clubs and the Third Age Centres. A meeting was also held with

representatives from the health sector, and other meetings took place with specific interest groups at their request.

The consultations provided participants with an opportunity to share their viewpoints regarding the values and principles that should underlie the long-term care system for seniors. Participants also discussed the roles and responsibilities of families, government and community agencies in the provision and financing of long-term care services for seniors. And finally, those who participated in the consultation process told us their views on what is working well in the current long-term care system, what is not working well, what services are missing from the current long-term care continuum, and how the system could be improved.

A community stakeholder forum was held on Nov. 8, 2007 in Fredericton with 55 participants. The objective of this session was to seek advice on actions that could be undertaken to address the issues within these themes that were raised by New Brunswickers throughout the consultations.

More than 200 New Brunswickers also provided input through the on-line consultation, 21 briefs were received and we responded to 89 letters and 45 e-mails. In total, about 1,100 New Brunswickers were engaged to provide us with advice. An overview of “What We Heard” can be found in Appendix 2.

The advice from stakeholders, along with the results of the statistical review and jurisdictional research, were used to guide the project team in the development of the renewed long-term care strategy.


Purpose

The purpose of the renewed long-term care strategy is to strengthen New Brunswick’s long-term care system for seniors, and address the needs of both the current and future seniors (persons aged 65 years and over). This strategy will ensure a continuum of care that is fair to taxpayers, equitable in its delivery, and sustainable for the future. This is a 10-year strategy to be implemented by 2018.

Overview

The renewed long-term care strategy represents a transformational approach to serving New Brunswick’s seniors. The new strategy reflects best practices in other jurisdictions and includes made-in-New Brunswick innovations to address the challenges faced by an aging population.

The strategy reflects a societal shift away from institutional care as more seniors want to be cared for in their homes and communities. The premise for the actions identified within this strategy is to focus efforts on keeping seniors out of the long-term care system for as long as possible. This means placing emphasis on promoting active, healthy living and providing support to family caregivers. These informal caregivers play a critical role in the sustainability of the long-term care system. By providing enhanced supports at the community level it is hoped that the need for more costly forms of long-term care services, such as hospitals and moving to a special care home or a nursing home will be delayed for as long as possible. Offering more service options to eligible clients and their families or other informal caregivers will help seniors remain healthy and independent. A consistent and sustainable mix of programs and services should be available in all regions of the province.



The strategy is based around five major themes that emerged from the information-gathering phase of this initiative. The themes are:

1. Informal Caregivers
2. Formal Caregivers
3. Affordability and Sustainability
4. Quality of Service Delivery
5. Quality of Care

Each theme outlines the high-level strategic direction that government will pursue to achieve the vision for a renewed system. A number of goals and actions have been identified under each theme.

Goals

Goal 1.1: To increase supports to families, friends and volunteers to help them care for their seniors.

Goal 1.2: To reduce burden on family members providing care for their loved ones.

Goal 2.1: To improve recruitment and retention of formal caregivers.

Goal 2.2: To improve training of formal caregivers.

Goal 3.1: To reduce the need for long-term care services.

Goal 4.1: To increase the efficiency and effectiveness in the delivery of long-term care services.

Goal 4.2: To increase the community's capacity to provide informal services to its citizens.

Goal 4.3: To improve the quality of assessment.

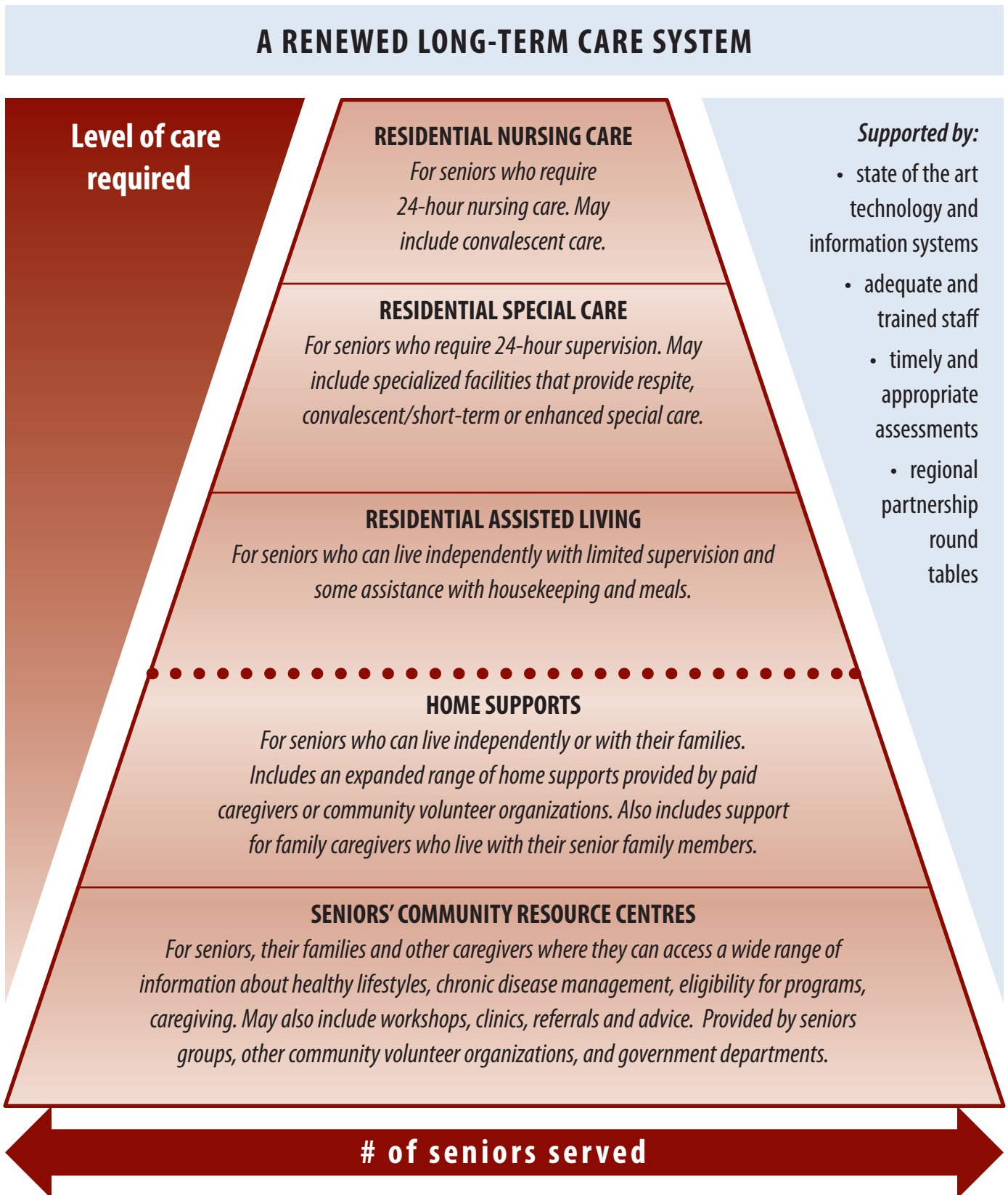
Goal 5.1: To increase the range of options to manage care at home.

Goal 5.2: To increase the choice of residential options for seniors.

Goal 5.3: To increase availability of services for clients with dementia and other mental health needs.

Goal 5.4: To increase the accountability of services.

Diagram of the Long-Term Care System





The Strategy

Vision

Our vision is one where New Brunswick is a world leader in the provision of long-term care for seniors. New Brunswick seniors are healthy, active, socially engaged and when required, are supported in safe and respectful environments. The long-term care system sees decreases in the demand for services through increased active healthy lifestyles, the promotion of wellness, and the provision of supports to encourage families to care for their seniors whenever possible. Seniors may choose from a blend of public and private for-profit and not-for-profit services that are provided based on need and delivered in the places they call home.

Values

Dignity and Respect – Long-term care services should promote seniors' self-respect and self-esteem. Seniors' life accomplishment, abilities, preferences, knowledge and cultural diversity must be acknowledged. Seniors have a right to privacy. Every senior should be treated fairly and equitably.

Independence – Long-term care services should enhance the ability of seniors to stay active and involved in their community and be engaged in the activities of daily living as much as possible. Seniors have the right to sufficient information to make reasonable choices about the risks they are willing to take, including the choice to accept or refuse care.

Supportive – A long-term care system should be designed to allow seniors to remain as independent as possible, without placing unreasonable burdens on their families. Seniors should be encouraged to create a support network which involves family, friends and community in the provision of their care.

Quality – Long-term care services should be responsive to the needs of individuals by being personalized and flexible. Those who provide long-term care services should have the required knowledge, training and skills.

Efficient – Long-term care services should be accessible, affordable, comprehensive and co-ordinated. Service delivery should promote a collaborative approach to care which ensures that seniors experience a smooth transition amongst services.

Sustainability and Accountability – The long-term care system needs to be financially sustainable and accountable to the public. Standards should be monitored and well-enforced.

Safety and Security – Long-term care services should enable seniors to live in a safe and supportive living environment, free from harm, fear and mistreatment. Seniors should have sufficient resources to meet their basic needs and lead full lives.

Theme 1: Informal Caregivers

Context

Informal caregivers include family members, friends, neighbours and volunteers who provide unpaid care, assistance or emotional support to seniors. Baby boomers have smaller families, resulting in fewer children sharing the responsibility of looking after aging parents. The high labour force mobility rate means that boomers' children are much less likely to be located near their parents than in previous generations. Those who are living near their families are generally working and raising families of their own. The added responsibility of helping to care for an aging parent places significant emotional and often financial stress on these caregivers. In addition, many seniors do not want their children to be responsible for providing their personal care nor do they want to further burden their children who are trying to make a life for themselves.

Strategic Direction

Families, friends and volunteers will continue to provide as much care and support as they can. Informal caregivers will be recognized as essential players in the long-term care system. Mechanisms will exist to assess the strength and limitations of unpaid caregivers and to intervene when necessary. Families will continue to act as mediators, advocates, and system navigators, ensuring that their seniors' care needs are met and that the care provided is of high quality. There will be supports and incentives to encourage families, friends and volunteers to care for their seniors.

Goal 1.1

To increase supports to families, friends and volunteers to help them care for their seniors.

Actions

- 1.1.1 Provide more options for respite services in each community such as adult day activity centers, friendly visiting, buddy system, telephone reassurance, meals on wheels, respite beds in special care homes and nursing homes.
- 1.1.2 Provide life line supports as part of a menu of long-term care services.
- 1.1.3 Collaborate with employers to encourage the implementation of more flexible work policies to support family members caring for seniors.
- 1.1.4 Assist families in learning how best to do the tasks of caregiving by making information and advice available when needed.
- 1.1.5 Develop a comprehensive caregiver assessment tool to identify services needed to support family members in their caregiving roles.



Goal 1.2

To reduce burden on family members providing care for their loved ones.

Actions

- 1.2.1 Explore options for financial compensation to family members.
- 1.2.2 Explore options to reduce property tax burden for persons who convert part of their home into an apartment to care for their senior family members.
- 1.2.3 Expand renovation and rehabilitation housing programs for families caring for their seniors to make their homes senior-friendly.
- 1.2.4 Work with municipalities to remove barriers (bylaws and zoning) to families adding living quarters for their seniors.
- 1.2.5 Explore options to assist seniors who are caring for their adult disabled children to help meet their children's unique needs once they become seniors.

Theme 2: Formal Caregivers

Context

Formal caregivers are paid professionals, who through formal training, education and experience, bring specialized knowledge and expertise to the care of the resident or client. The current supply and skills of the workforce that provide formal care to seniors is insufficient to address the needs. In addition, many trained caregivers are moving to take new jobs with better wages and benefits. The recruitment and retention of those who provide long-term care services is a major issue in New Brunswick. In some instances, long-term care workers face high levels of stress and job strain due to long shifts, low wages, and inadequate training and equipment.

Strategic Direction

Long-term care service providers will be able to recruit and retain employees. Caregiving will be recognized by all as a skilled and valued occupation. New Brunswickers will feel confident that those who provide their care will have the required knowledge, training, equipment and skills. Formal caregivers will be qualified, well-trained and understand the unique needs of seniors. This training will be accessible, affordable, and standardized. Service providers will recognize the link between recruitment and retention and adequate wages and benefits.

Goal 2.1

To improve recruitment and retention of formal caregivers.

Actions

2.1.1 Engage all partners to develop an attraction, recruitment and retention strategy, which will address the issues of career development and working conditions.

Goal 2.2

To improve training of formal caregivers.

Actions

2.2.1 Improve availability and affordability of training opportunities, including increased training opportunities in the New Brunswick post-secondary education system.

2.2.2 Ensure that curricula for all formal caregivers include training specific to caring for seniors as well as the use of new medical, assistive and rehabilitative technology.

2.2.3 Optimize the expertise of all long-term care partners by developing a collaborative approach to training.

2.2.4 Establish a standardized training continuum for the long-term care sector which recognizes prior learning and where training modules are progressive, with each module building on the previous level.

Theme 3: Affordability and Sustainability



Context

The delivery of long-term care services is an issue in nearly every developed country. Financial pressures are mounting as the baby boomer population ages and life expectancy increases. The increased numbers of seniors will mean that the cost of providing long-term care services will accelerate greatly over the next 20 years regardless of whether or not we add or improve services. Few New Brunswickers are taking adequate steps to prepare for the long-term care needs they may require in the future. Although clients served under today's long-term care system are primarily responsible to pay for their long-term care services, government assists when the client is financially unable to cover the cost of services. Even so, many seniors and families find it financially difficult to address long-term care needs.

Strategic Direction

Government will ensure that the long-term care system is financially sustainable. Emphasis will be placed on keeping seniors out of the long-term care system for as long as possible by encouraging New Brunswickers to practise healthy lifestyles and manage their chronic health conditions wisely. When care is required, services will be in place to delay entry to more costly higher levels of care. Financial assistance will continue to be provided by government to ensure that seniors receive needed services regardless of their ability to pay.

Goal 3.1

To reduce the need for long-term care services.

Actions

- 3.1.1 Develop a network of seniors' community resource centres to provide seniors with access to information (healthy lifestyles, chronic disease management, and program eligibility) and some services (foot care clinics, blood pressure clinics, caregiving workshops).

- 3.1.2 Promote healthy lifestyles in the population-at-large to support healthy aging.
- 3.1.3 Increase opportunities for seniors to adopt a healthy lifestyle, remain active and prevent social isolation.
- 3.1.4 Expand the provincial Wellness Strategy to include seniors.
- 3.1.5 Support the development of affordable independent living and assisted living housing accommodations to allow seniors to maintain their independence for as long as possible.





Theme 4: Quality of Service Delivery

Context

Long-term care services are for those who are limited in their ability to carry out normal daily activities on a long-term basis. These services are designed to complement and supplement informal caregivers and to assist eligible clients to function as independently as possible. A standardized assessment and uniform eligibility criteria determine the level of care required, and ensure that all seniors have the same access to the services they need. Long-term care services are provided within a complex and sometimes confusing network of both government and private service providers, that spans both the long-term care and health care systems. Seniors are generally able to access these services in or near to their home community, although there may be limited options in some rural areas of the province.

Strategic Direction

Long-term care services for seniors will be accessible, easy to understand and responsive to the needs of New Brunswickers. There will be a co-ordinated and consistent delivery system in which acute, chronic and long-term care services are collaborative, integrated and supported by modern technology. Government will work with the community and private sector partners, including private for-profit and not-for-profit businesses, volunteer organizations, and municipal governments to provide high quality services. Government will continue to conduct standardized assessments to determine the need for long-term care services, recognizing functional limitations and the ability to access informal care.

Goal 4.1

To increase the efficiency and effectiveness in the delivery of long-term care services.

Actions

- 4.1.1 Create regional co-ordinating teams comprised of representatives of all long-term care partners to encourage collaboration and excellence by sharing best practices, clarifying roles and responsibilities, planning service provision.
- 4.1.2 Examine roles and responsibilities of partners within the single entry point system to reduce overlap and duplication and inconsistencies of service delivery.
- 4.1.3 Investigate the feasibility of establishing a new/expanded role for nurse practitioners, licensed practical nurses and allied health care providers in providing services within the long-term care system.

- 4.1.4 Harmonize the rate structure for special care homes and nursing homes.
- 4.1.5 Review current legislation to ensure it supports the LTC strategy.
- 4.1.6 Improve the use of modern information systems and new technologies to support the management and delivery of long-term care services.

Goal 4.2

To increase the community's capacity to provide informal services to its citizens.

Actions

- 4.2.1 Develop community networks for better co-ordination and information sharing, to include telephone reassurance, friendly visiting, light home maintenance, volunteer centres, websites, information clearing house.
- 4.2.2 Collaborate with partners to enhance access for volunteers to needed workshops and other forms of training.
- 4.2.3 Develop options to increase volunteerism and to support the capacity of the volunteer sector in providing services to seniors.

Goal 4.3

To improve the quality of assessment.

Actions

- 4.3.1 Review the current assessment process to determine if it ensures that the right services are being provided at the right time in the right place.
- 4.3.2 Explore options to simplify the financial assessment process.
- 4.3.3 Introduce annual re-assessments of senior long-term care clients.
- 4.3.4 Explore the possibility of self-assessments for certain services.

Theme 5: Quality of Care



Context

A high quality of care ensures the best quality of life. High quality long-term care is about delivering the best possible care and achieving the best possible outcomes for people every time they deal with the system or use its services. Essentially, it means doing the best possible job with the resources available. It is likely that baby boomers will have greater expectations with respect to the quality of long-term care provided to their parents and themselves. In New Brunswick, long-term care is governed by legislation which establishes standards intended to ensure and improve the quality and safety of care. New Brunswick's long-term system generally offers a good quality of care, although seniors and their families have some concerns.

Strategic Direction

Long-term care services in New Brunswick will be comprehensive and of high quality. Seniors will be able to manage and direct their own care. Seniors will have access to a wide range of in-home supports to keep them in their homes for as long as possible. There will be new public/private partnerships to develop alternative and innovative models of respite, palliative and residential care. Market principles of supply and demand will operate, thereby increasing the quality of care by providing seniors and their families with a wider choice of care providers. High standards will be established, monitored and enforced. Nursing homes and special care homes will be homelike environments which provide seniors with opportunities for stimulation, exercise and activity.

Goal 5.1

To increase the range of options to manage care at home.

Actions

- 5.1.1 Provide clients with an option to receive funding that allows them to purchase, for themselves, a mix of long-term care services that best meets their needs.
- 5.1.2 Expand availability of long-term care services to include home maintenance/operations, snow removal, grass cutting, transportation.

- 5.1.3 Promote the use of new technologies to enable seniors' independence, including having sensors installed in their homes to monitor their health, Internet, lifelines, videophones, etc.

Goal 5.2

To increase the choice of residential options for seniors.

Actions


- 5.2.1 Develop public/private partnerships to create new and innovative models for residential care.
- 5.2.2 Increase the number of nursing home beds in the province by adding about 700 new beds over the next 10 years, with the bed requirement to be reviewed regularly to reflect demographic changes.
- 5.2.3 Develop a detailed multi-year renovation plan to address health and safety issues in nursing homes.
- 5.2.4 Expand the availability of new housing options for seniors, including assisted housing, flex housing, life leases and senior-friendly housing.
- 5.2.5 Work with health and community partners to provide seniors with improved options to palliate at home, in hospice, in nursing homes or in the hospital.
- 5.2.6 Expand the availability of beds for short-term emergency placements in special care homes to include convalescent care.
- 5.2.7 Require special care homes to provide a menu of activities that they will provide to residents.

Goal 5.3

To increase availability of services for clients with dementia and other mental health needs.

Actions

- 5.3.1 Increase the number of psycho-geriatric and dementia units around the province.
- 5.3.2 Extend mental health services to seniors living in special care homes and nursing homes.



5.3.3 Increase mental health services capacity at the community level, through training, support and consultation initiatives, within health service centres, community health centres, family physician offices, and the extra mural program.

Goal 5.4

To increase the accountability of services.


Actions

- 5.4.1 Revise standards for all special care homes and nursing homes to promote a homelike environment and the privacy and safety of seniors.
- 5.4.2 Develop living accommodation and care standards for assisted living facilities.
- 5.4.3 Conduct more frequent unannounced inspections of special care homes and nursing homes.
- 5.4.4 Enforce compliance with legislation, standards and policies in the delivery of home support services, and in special care homes and nursing homes.
- 5.4.5 Monitor client satisfaction with nursing homes, special care homes and in-home services.
- 5.4.6 Monitor effectiveness of services by establishing benchmarks and performance indicators and conducting regular performance reviews.
- 5.4.7 Provide public access to inspection reports of special care homes and nursing homes.

Appendices

Appendix 1: Quick Facts


- According to the 2001 Census there were 98,940 citizens aged 65 years and over in New Brunswick which accounted for 13.6 per cent of the total provincial population.
- Statistics Canada estimated that by the year 2011 there will be 118,900 citizens aged 65 years and over. This will account for 15.7 per cent of the total population in New Brunswick.
- Statistics Canada estimated that by the year 2026 there will be 188,300 citizens aged 65 years and over in New Brunswick which will account for 25.7 per cent of the total population.
- The 2001 Census indicated that 63 per cent of New Brunswick seniors 65 years and over live with their spouse while 29 per cent of seniors live alone. The remaining eight per cent either live with their extended family (six per cent) or with someone unrelated (two per cent).
- The Labour Force Survey estimates that 4,200 New Brunswick seniors aged 65 and over were employed in 2005. This means that 4.3 per cent of all seniors 65 years and over were employed.
- 70 per cent of those seniors who were employed in 2005 were between the ages of 65 and 69 years.
- The average total income, from all sources, for seniors aged 65 and over was \$34,100. The average total income for all ages was \$50,300.
- 32 per cent of seniors in New Brunswick have a total income of less than \$20,000.
- Recent data from Statistics Canada indicates that 2.9 per cent of New Brunswick's seniors are considered low income, after tax.
- Earnings from wages account for about 10 per cent of income for the average New Brunswick senior.
- 63 per cent of New Brunswick seniors had retirement income in 2004 which was derived primarily from employer-sponsored pension plans rather than private registered retirement savings plans.
- The 2001 Census reported that two out of three (65 per cent) seniors had not completed high school. However, education levels for seniors will increase dramatically over the next 20 years. By 2011, less than half of seniors (46 per cent) will have not completed high school.

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- According to the Canadian Community Health Survey conducted in 2003, 31 per cent of New Brunswick seniors rated their own health as “excellent” or “very good”. This did not change much from the 1994 survey. In comparison, 50 per cent of N. B. citizens aged 12 and over rated themselves in these categories.
 - 91 per cent of seniors who participated in the health survey were diagnosed by a physician as having a chronic condition such as arthritis, diabetes, asthma, high blood pressure, activity-limiting pain and/or depression.
 - In 2004, Statistic Canada reported that only 11 per cent of New Brunswick seniors were physically active.
 - In 2004, the life expectancy of a New Brunswick senior aged 65 was 83.7. A female aged 65 could expect to live about another 20 years to age 85.3, while a male could expect to live another 16 years to age 81.8.
 - In 2001, Statistics Canada reported that New Brunswick males aged 65 could expect to live 12.6 more years in good health to an age of 77.6, while 65 year old females could expect to live another 14.6 years in good health to an age of 79.6.

Appendix 2: ***What We Heard From New Brunswickers***

Theme 1 – Informal Caregivers

- Most seniors want to remain as independent as possible for as long as they can.
- Most seniors want to be able to remain in their own homes for as long as they can.
- Many New Brunswick seniors have fewer children and they don't live near them, and if they do, they are likely to be participating in the labour force while bring up their own children.
- Some seniors prefer that their children not provide them with their personal care. Other seniors would sooner have a family member looking after them as opposed to a stranger.
- Seniors want to be involved in the decisions about their care. They want to choose their care options and who provides their care.
- Families believe that the provision of long-term care is a shared responsibility.
- Families believe their role to be that of advocates, organizers of care plans, and providers of emotional and social support. They will run errands, drive them to appointments, as well as provide some home maintenance and meal preparation from time to time.
- There is a lack of respite beds, both planned and emergency.
- There is a shortage of adult day centres with programs adapted to the needs of caregivers, particularly those caregivers who remain in the labour force.
- Workplace policies are needed to allow caregivers paid leave or flexible working hours to accommodate the care needs of their senior.
- There is a lack of information in relation to what services are available and where to go for those services; about how to best do the tasks of caregiving; training programs; support groups.
- Many seniors feel that family members should be paid to care for their aging family member.
- The property tax policies for granny suites and apartments for seniors in a family member's home need to be revised so as not to penalize those wanting to move their senior in with them.
- More housing renovation programs need to be available so seniors can move into their children's homes.

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- The parents of disabled adult children are seniors who now need help in caring for their disabled child and planning for when the disabled adult child becomes a senior.

Theme 2 – Formal Caregivers

- Recruitment and retention are the most critical issues facing all long-term care providers, no matter what service is provided – paid and voluntary.
- Wages – too low, not in parity with wages of similar jobs.
- Working conditions – jobs in the long-term care sector have high levels of stress, involve long shifts, need to be respected.
- Benefits – health and dental important; compensation for transportation between clients for home support workers.
- Training needs to be standardized and must include a geriatric component, as seniors want staff to understand their stage of life.
- Training must also provide skills related to the use of assistive/rehabilitative devices. There is a lot of new technology which could help seniors remain in their homes, but workers need training to use it to its best advantage.
- Training needs to be affordable and accessible for workers.
- Overall, staff in all areas of long-term care is competent and compassionate. They are dedicated to the work, even when the work is difficult. They are committed to quality care.
- The supply of formal caregivers is inadequate, there are not enough trained professionals as many are moving to take jobs with better wages and benefits.


Theme 3 – Affordability and Sustainability

- Few seniors are making adequate preparations for their long-term care needs.
- If the financial contribution required for long-term care services is too high, seniors will refuse services, potentially putting them at risk.
- There was no agreement on who should pay for long-term care services. Some seniors believe they should not have to pay anything as it is an earned right. Others feel they should pay on a graduated scale based on their ability to pay (including looking at their expenses not just income).
- Long-term care services should be part of the health care system covered under Medicare.

- Some seniors agree that assets should not be considered when determining their contribution while others believe that some assets should be considered.
- Families should not be responsible to pay the full cost of long-term care services. However, whenever possible they should provide some care and support such as driving to appointments, etc.
- The cost to the family caregivers needs to be recognized by government.
- Some seniors find it difficult to pay for some of their long-term care needs. Medication costs should be considered, including over the counter items that are required.
- New Brunswickers need to know what is available regarding long-term care services and they need to know how to access those services.
- Seniors need activities that keep them healthy and active so as to delay the need for long-term care services for as long as possible.
- Seniors need more information to help them manage their health, and to promote wellness.
- Seniors want to remain as independent for as long as possible and prefer to remain in their own homes as opposed to moving to a nursing home.
- More options for affordable assisted living are needed in New Brunswick.

Theme 4 – Quality of Service Delivery

- Nursing homes could provide multi-levels of care including convalescent care; respite beds; independent living; assisted housing, etc.
- Long-term care services for seniors need to be accessible and more responsive to the needs of seniors. All partners involved in providing long-term care services need to work together to deliver.
- The long-term care system must be co-ordinated, consistent and collaborative.
- Government services need to be user-friendly and timely.
- Partners are not aware of all the long-term care policies.
- The role of the Public Trustee needs to be explained.
- Some policies need to be reviewed such as:
 - Number of hours of home care allowed for persons living in assisted housing.
 - Discrepancies in per diems.
 - Option of first refusal for nursing home placement.
 - Choice given to nursing homes in choosing residents.
 - Comfort and clothing allowance.
- There is plenty of good will but no formal mechanisms in place for partners to work together.

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- There is some overlap and duplication due to lack of communication, particularly in the area of hospital assessments.
 - Clients and their families or other informal caregivers need information – people need to understand what is available, how the system works and how to access services.
 - The functional assessment tool works well.
 - The assessment needs to consider the limitations of the caregiver.
 - It takes too long for the whole assessment process to be completed, particularly the financial assessment.
 - There is a need for more long-term care staff to speed up the process and to make follow-up visits.

Theme 5 – Quality of Care

- More flexibility is required in relation to the hours of care available for in-home support services.
- Government should focus on enhancing services and improving care rather than on building more buildings.
- Most seniors agree that a good quality of life is dependent on having high quality care and service availability.
- Many seniors cannot qualify for the home renovation programs and can't afford to pay for the renovations needed to keep them at home.
- The quality of care needs to be improved in all components of the long-term care system – in-home support services, special care homes and nursing homes.
- New Brunswick seniors want to feel safe and secure; live with dignity and remain as independent as possible.
- Nursing homes need to change to provide a more homelike environment rather than being an extension of the hospital – more privacy, better food, more than one meal time and flexibility in bed times.
- Mentally competent seniors want to be treated with respect – they want to make their own decisions about what to eat, wear, read, and how to be addressed.
- Nursing homes need more specialized services i. e. rehab/occupational therapy/activities.
- There is a concern about the adequacy of emergency plans to evacuate nursing home and special care home residents in the event of a disaster.

- Crisis plans are needed to prevent social admissions to hospitals.
- Nursing home physicians need to be more accessible to residents and their families.
- Palliative care is required in every nursing home.
- Behavioural issues are usually due to dementia and currently, nursing homes cannot cope with difficult residents, especially when they have violent episodes. More options are needed to address behavioural issues.
- Special care home residents need to be able to continue with their mental health services when they move into the home.
- Special care home residents should be monitored by a nurse so they don't become social admissions to hospitals when they are too difficult to manage.
- Special care homes need to have activities for residents, and better medication management.
- Home support agencies need to be better monitored. Sometimes workers come to the client's home but don't do what they are hired to do; they are often unsupervised and their performance is not evaluated.
- The quality of special care homes ranges from excellent to very poor. Government must enforce compliance to standards.
- Nursing home and special care home inspection reports should be available to the public to help them make good choices amongst service providers.