HANSARD

NOVA SCOTIA HOUSE OF ASSEMBLY

STANDING COMMITTEE

ON

HEALTH

Tuesday, November 14, 2023

COMMITTEE ROOM

Home Care and Community Care

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HEALTH COMMITTEE

John A. MacDonald (Chair)
Danielle Barkhouse (Vice Chair)
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Gary Burrill
Susan Leblanc

In Attendance:

Judy Kavanagh
Legislative Committee Clerk

Philip Grassie
Legislative Counsel

WITNESSES

Victorian Order of Nurses Canada
Jeff Densmore
Regional Executive Director, Central Western Zones

Carol Curley
Regional Executive Director, Northern Eastern Zones

Department of Seniors and Long-term Care
Tracey Barbrick
Deputy Minister

Nova Scotia Nurses' Union
Janet Hazelton
President

Canadian Union of Public Employees Nova Scotia
Nan McFadgen
President

House of Assembly
Nova Scotia

HALIFAX, TUESDAY, NOVEMBER 14, 2023

STANDING COMMITTEE ON HEALTH

1:00 P.M.

CHAIR
John A. MacDonald

VICE CHAIR
Danielle Barkhouse

THE CHAIR: Order. I call this meeting to order. This is the Standing Committee on Health. I'm John A. MacDonald, the MLA for Hants East and the Chair of the committee. Today we will hear from the Victorian Order of Nurses for Canada, the Department of Seniors and Long-term Care, the Nova Scotia Nurses' Union, and the Canadian Union of Public Employees Nova Scotia regarding home care and community care. A reminder to please set your phones to silent.

Now I'll ask the committee members to introduce themselves for the record by stating their name and their constituency, starting with MLA Young.

[The committee members introduced themselves.]

THE CHAIR: For the purposes of Hansard, I'll also recognize the presence of Legislative Counsel Philip Grassie and Legislative Committee Clerk Judy Kavanagh.

Today is home care and community care. I'd like to welcome all the witnesses. I'm going to ask them to introduce themselves, and then we'll start with opening remarks. We'll do introductions first, and then what we'll do is opening remarks will go left to right, closing will go right to left. I'll let Jeff Densmore introduce himself.

[The witnesses introduced themselves.]

THE CHAIR: For opening statements, is it Mr. Densmore or Mrs. Curley? Mr. Densmore.

JEFF DENSMORE: The Victorian Order of Nurses for Canada is a national not-for-profit home and community care agency accredited with exemplary standing. We have been providing home care to Nova Scotians for over 125 years through nursing, home support, and a variety of community support services. Today, VON in Nova Scotia operates out of more than 12 locations across all four health zones. In the past year, 2,000-plus staff and volunteers delivered over 2 million home and community visits and over 300,000 meals.

We work collaboratively with government to look at new ways to continue to support Nova Scotians who wish to remain in their homes and in their communities. We have strong partnerships with our unions - NSNU, CUPE, and NSGEU - the Workers' Compensation Board of Nova Scotia, AWARE-NS, and the Nova Scotia Health Authority. We are well-represented at health sector tables such as Health Association Nova Scotia, Home Care Services network, Continuing Care Council, and the Provincial Nursing Network.

Like the rest of the health sector, the health human resources crisis is our most significant challenge; however, we remain committed to safe, quality care and take pride in being a well-respected leader for home and community care in Nova Scotia.

Thanks for having us, and I look forward to the conversation.

THE CHAIR: Deputy Minister Barbrick.

TRACEY BARBRICK: I'm grateful for the opportunity to share with you some of the work that's under way within the Department of Seniors and Long-term Care. I have a few staff with me today: Janet Lynn Huntington is the senior executive director of Continuing Care; Kim Silver is the director of Home and Community Care; and Michelle MacDonald is a project executive who's also a registered nurse by training.

I'm also pleased to be joined by our partners from NSNU, CUPE Nova Scotia, and VON for Canada. I want to acknowledge and thank Janet, Nan, Jeff, and Carol for their continued advocacy in the continuing care system and the many suggestions they have brought forward to improve this system for Nova Scotians receiving this care and the people who work in it.

The solutions to address and meet the care needs of an aging population will not be found in an old way of thinking. It takes innovation and collaboration, and it takes focused attention, which is precisely why government has established the first-ever dedicated provincial department in Canada solely focused on the needs of seniors.

Our department is working to hire and train more continuing care staff; to support and take care of the dedicated people who are already working in the sector; to create pathways for people to advance their skills; to provide Nova Scotians with the care and support they need in their homes and communities; to build more long-term care homes; and to improve the quality of care for Nova Scotians who need continuing care.

Our goal is not only to stabilize the continuing care system. We want to position Nova Scotia as a leader in delivering the highest levels of care in the country, and to be a leader in age-friendly communities.

A great deal of our focus, and the focus of today's conversation, is about supporting people in their community as they age. We know that Nova Scotians want to stay in their own homes for as long as they can, but often they need specific support to help them do that. We are funding innovative projects to provide even more help in this area, exploring new models for home care delivery, day programs, and supportive equipment.

We know that participating in social and physical activity plays an important role in how fit or frail a person will become later in their life, and their ability to take care of themselves as they age. We're addressing this through programs like the Age-friendly Communities Grant, which provides grants for community-wide effort to create and promote healthy aging.

We're also expanding the Centres of Rural Aging and Health, with two newly opened centres in Nova Scotia Community College's Shelburne and Port Hawkesbury campuses for anyone over 55. These centres offer programs and workshops that benefit social connection, health, and well-being of seniors in communities. We're also testing new programs like the Community Aging in Place, Advancing Better Living for Elders program, CAPABLE, where teams will support seniors in community through education, small housing upgrades, and modifications to support safety and independence.

We're supporting innovative methods to deliver care, including nursing clinics, cluster care, and virtual care, and the list goes on. We're also investing more into direct funding to provide flexible home care supports for families to access additional options to support their loved ones at home.

While we know there is more work to do, these investments are making a positive impact. We will continue to work alongside our partners to test and deliver programs that provide Nova Scotian seniors with the services and supports they need.

I look forward to our discussion today.

THE CHAIR: Ms. Hazelton.

JANET HAZELTON: Good afternoon, everyone. Thanking the standing committee for the interest in community care. It's a very important part of our health care and doesn't often get the recognition that it deserves.

The Nova Scotia Nurses' Union represents 8,000 nurses in this province, including nurse practitioners, registered nurses, and licensed practical nurses, 1,000 of whom work for VON currently.

Today our focus is on community care nursing, a cornerstone of health care delivery that reaches into the very heart of our communities. Community care nurses, often the unsung heroes of our health care system, provide essential care in the homes of our fellow Nova Scotians. Their commitment to their patients is unwavering, but their voices and concerns are sometimes drowned out by the demands and the vital work of our acute care system. It is my duty today to bring their voices forward to those best positioned to influence law and policy in our province.

Through a recent survey of our community care nurses in preparation for bargaining, we uncovered several critical themes that demand our attention, three of which I will highlight for you.

Workload and work-life balance: nurses in community care frequently express concerns about their workload. Many bear heavy caseloads and find themselves working overtime regularly. Achieving a better work-life balance is a shared aspiration, with requests for more predictable hours, reduced evening shifts, and safer working conditions, especially during late hours. Full-time nurses who work more hours and more on-call shifts rated their work-life satisfaction significantly lower than both part-time nurses and nurses who do not take call.

Staffing and scheduling: issues related to staffing levels, scheduling, and the use of on-call shifts are prevalent in the comments we received. Nurses seek better and more predictable scheduling practices, self or team scheduling, and more equitable distribution of work, particularly regarding on-call and overtime.

The interface between Continuing Care and our community nurses: the interface between Continuing Care and community care can sometimes be problematic, creating barriers to nurses using their professional judgment. A nurse may want to return to a client's home because they need to monitor something - it could be a catheter they saw blood in, et cetera. However, this usually requires clearance from Continuing Care which, as a result, gets unnecessary delays. Nurses need more autonomy in their practice so they can exercise their professional judgement.

Further, Continuing Care seems to be under resourced with intake assessments completed over the phone instead of in person. This means VON nurses are filling in the

gaps on their first visit, and sometimes lack vital information of the situation they are walking into.

One of the most significant problems with community nursing and others that go into the home is safety and support. Safety concerns loom large for our community care nurses, particularly when working alone in a potentially risky situation during evening and night shifts. The home environment is often unpredictable, and nurses have very little control over enforcing rules around hazards like smoking, pets, firearms. Family members who may be in the home who are sometimes unknown to the nurse also possess a layer of unpredictability and added risk.

We all know that cell coverage can be sporadic in areas of our province. Nurses feel especially isolated and very vulnerable. Nurses desire more support, access to resources, and improved communications between themselves and the Continuing Care coordinators regarding their safety concerns and protocols.

In closing, I would like to express our sincere commitment to working collaboratively with all stakeholders to address these concerns, and to ensure that our Community Care nurses can continue to provide exceptional care to Nova Scotians. I'm here today to facilitate any dialogue and I welcome any questions or discussions from the committee members to further explore these critical matters. Thank you for your attention, and I look forward to our conversation.

THE CHAIR: Nan McFadgen.

NAN MCFADGEN: We represent approximately 22,000 members in Nova Scotia, and you'll find us in all sectors that are predominantly public, municipal, provincial, and federal. I want to thank the committee for looking into the question of home care and community care today. I bring you a very simple message. The conditions of work are the conditions of care for the clients we serve, and right now the conditions of work and home support are in a staffing crisis.

Why do I say that conditions of staffing are in a crisis? Well, one telling fact is that if you had asked me last year how many people we represented, I would have told you 500. This year, I will tell you 450 because we've lost 10 per cent, and the agencies have not been able to recruit replacements for these workers. These challenges that we will be discussing directly affect recruitment and retention of workers in this sector. Without the workers, it's impossible to provide the home support and community services.

Home support workers must have a personal vehicle in good condition to work in this sector. This is not a cost that other health care workers would have, and it acts as a barrier to the profession. Running a personal vehicle is expensive, and if there's a breakdown, it's all out of their own pocket. If you work, for example, in a hospital or a long-term care facility, you can take the bus, you can be dropped off at work. If your car

breaks down, what is expected from you if you're a home support worker? You're required to have a second car or pay for a cab to go from place to place all out of pocket. Yes, our members have negotiated mileage and a car allowance, but it's not enough. For example, car allowance at one agency is $15.24 a day, or $334 a month, and that is nowhere near what it costs to buy, insure, gas, maintain, or repair a vehicle. That amount won't even buy snow tires.

Our home care and community care system literally drives on a subsidy put into the tank by our low-paid, overwhelmingly female workforce. This is shameful and can be fixed easily by government increasing the amount funded for a car allowance.

[1:15 p.m.]

It's hard to sell and recruit a person to the home care sector. This is the case even if they have a personal vehicle and are willing to put it to use, and even if they're willing to absorb the higher gas prices every time gas goes up, all for the greater good of Nova Scotian seniors and other vulnerable clients. Recruitment to this sector gets even harder when the same worker is told they cannot have a regular schedule or even know that they will receive guaranteed full-time or part-time hours.

This is a representation of a conversation that goes with a candidate employee. The employer: Come work for us in home care. The employee: How many hours will I get? The employer: Between 20 and 40, it depends, but you need to be available for 40 hours in case we want to call you. The employee: No, thank you.

I ask each of you around this table: Would you sign up for that deal? At the same time, you can go down the road to a hospital or a long-term care facility and get a job with guaranteed hours, a pension, and not need to run your personal vehicle into the ground. This is a shameful situation, one that this government can easily fix by fully funding full- and part-time hours to agencies to guarantee hours. At present, the government only funds agencies for contact hours with clients.

Why do we do it this way? Government saves money by not paying home support workers if there's any downtime in the schedule where a client is not being visited. Of course, what this means in practice is that home support workers are paying for the system's flexibility through a reduced paycheque and a working life in poverty.

What makes the situation even more maddening is that government saves 5 times the cost of a long-term care bed and 20 times the cost of a hospital bed every day the client remains at home with home support. You might think that it would make sense to build the best system possible by taking some of those savings and reinvesting them into a home care and community care system that had excellent working conditions and care conditions, but government declines to take this path.

After our union has made this point repeatedly over the years to different governments and different ministers, it is difficult to come to any other conclusion than the government is happy with the majority female, low-paid workforce subsidizing the flexibility of home care and community care within our province. They do that when some weeks they go with 32 hours of pay, some weeks 27. Some weeks, when they're lucky, they get 40. I ask you: Does your paycheque vary from week to week? What stress would that cause in your life, especially if your car broke down and you needed it for work?

Regardless of whether you support unionized workers or not, if you support high-quality home care and support basic human decency, the funding formula must change. We know that good pay and benefits attract workers. This is not just CUPE Nova Scotia making radical statements. You would get the same recommendation from Morneau Shepell if you paid them $100,000 for a consulting study and asked them how to recruit workers to home support.

How would we fix this situation where workers who take care of the elderly and vulnerable get paid poorly? The solution is not all that complicated. The government could decide to fund regular working hours. It should not be a surprise to anyone that there is a crisis in home care and community care. My message today from home support workers has been that the crisis has been one of government's own making and at the root of the crisis is the poor working conditions in the sector right now.

THE CHAIR: Nan, just a question. You're at six minutes. I'm just wondering how much longer, because everybody would have been told to be a little over three.

NAN MCFADGEN: I'm at the conclusion.

THE CHAIR: Okay, finish up. Thank you.

NAN MCFADGEN: I apologize for that. There's a lot to be fixed. Let me just go to - I'm usually the shortest one. I do apologize for that.

Do we continue with a system that relies on this critical public service being delivered by the workers subsidizing their clients' visits out of their own pockets? We want every Nova Scotian to have access to home care and to retire in dignity in their own home. Because we have built this system which is predicated on an overwhelmingly female workforce with irregular, non-guaranteed hours, and a group of workers who will never be able to afford their own home at the present rate, do you know of a bank that offers mortgages to people who can't say for sure how many hours they work? I know a few support workers who could use that.

Regardless of whether you're supporting unionized workers or not, support human decency and do the right thing. Agree that home support workers and that this unjust situation must be fixed, and it must be fixed immediately.

THE CHAIR: Just to remind everybody how the microphones work, I'll recognize you and your microphone will go on. Don't feel bad, we mess it up too. Each caucus gets 20 minutes to speak, so at the end of 20 minutes, if you're speaking, I'll say, Order. It's not to be rude, it's to make sure we have enough time at the end, and I'll divvy up the three. We'll wrap up at about 2:40 p.m. It'll be the Liberals. MLA Regan.

HON. KELLY REGAN: Thank you very much for your opening statements and for coming out today. Can you hear me okay with the mask on? Okay, we have a new little family member, so just taking care.

We heard a lot there, particularly from our last two speakers. Ms. Hazelton, what are the staffing shortages like in the public home care sector for your particular union, if you could answer that? You may not be able to, in which case we'll go to the VON. Do you have vacancies in your union for home care too? If you could answer those.

JANET HAZELTON: There are vacancies in the whole system, and VON is not immune to that. Yes, we have both RN and LPN vacancies. One of the things I didn't mention that I think would be important is I believe VON should be funded to hire nurse practitioners. I think that would be very helpful for nurses because you have to have a primary caregiver to access the program. If you have it and you access the program and go into the hospital, then you have to access the program again. If in the meantime you lost your family care practitioner, then you can't get back into VON.

I think it would be really good to hire nurse practitioners who work for VON so that nurses can troubleshoot on the road. They can call the nurse practitioner and say that their client looks like they have a urinary tract infection. Then they can be instructed to do whatever they need to do in order to make sure that client doesn't have to leave the home and go to our emergency department with a UTI.

We have shortages, but that's across the system. I wouldn't say it's any worse for VON or long-term care, but it's certainly a problem.

JEFF DENSMORE: If we look provincially at the RN level, we have a deficit of 26 RNs in the province, and at the LPN level, it is 58.

KELLY REGAN: Ms. Hazelton, we've spoken about safety and nursing before. If I were to ask, What are the Top 3 things we could do to ensure the safety of nurses in this particular sector, what would those be?

JANET HAZELTON: Making sure that there's a proper home assessment done before the staff go in, and that is the responsibility of Continuing Care. Years ago, they actually physically went in and did it, but now they don't; they do it over the phone. That's a problem.

I know funding is an issue, but even if the first visit could be two people - it doesn't have to be two nurses. It needs to be a nurse and someone else, maybe the care person who is going to be working with that client, because you're always safe if there are two of you. Going into someone's home by yourself - I don't know how they do it because I don't know if I would. You don't know if there are dogs, and if you're afraid of dogs - they're told to put their dogs and cats away, but they don't often, or they do it the first time and then they don't do it after that. There are firearms in the house. Sometimes there are neighbours that might be there, or there are family members who may or may not be stable who are in the home. All of that's not accounted for.

In an ideal world, I would have two people visiting. Maybe someone doing the care and someone doing something else. We don't allow people to work alone in acute care ever. Yet they have access to hundreds of people with a phone call. These nurses do not. They go out at 11 o'clock at night. I just can't imagine going out into someone's home at 11 o'clock at night to do an on-call visit. It's dark, sometimes you're going to Barrington Passage where there's no cell coverage. I don't know why we have the thousand nurses we have, honestly, because I'd be terrified to take some of those personal risks.

KELLY REGAN: You mentioned cell coverage. Would that be Number 3, that you would like to ensure that we have cell coverage through the entire province?

JANET HAZELTON: I just spoke to VON recently about how B.C. has some sort of a tag that they have on all of their community care workers so that they can always find out where they are. If they have spotty coverage, I could go out at nine o'clock at night, and if I'm somewhere there's no cell coverage and I don't come back - you don't even know where I am. Yes, cell coverage is really important.

KELLY REGAN: In terms of wait-lists, what's the current wait-list for VON or community nurse services? Is there a wait-list?

THE CHAIR: Mrs. Curley.

CAROL CURLEY: For nursing services, there isn't a wait-list. If we have a capacity on any given day, there might be a delay in providing services on that day, but that's usually just very short term and it gets corrected within as quick a period of time as we can.

On our home-support side of things, with our continuing care assistants and our home-support workers, there is a wait-list across the province. The wait-list right now - I'm looking for my total number - we're just shy of 5,000 hours across the province.

KELLY REGAN: We know that the government's been trying to recruit more CCAs and other health care workers internationally. We heard in January that there were 50 new health care workers coming from Kenya who were going to join us, but when we

last checked, they weren't actually working yet. Do we know what the situation is there? I'm not even sure where to address that. It could be Deputy Minister Barbrick.

THE CHAIR: Who wants to raise their hand?

TRACEY BARBRICK: We do have some of our early recruits from those international recruitment trips who have now arrived in the province just recently. People are in the process of getting settled in their community with their employer and oriented to the position. I think we had three people from the Kenyan refugee camp just arrive a couple of weeks ago.

Early days, so the first year and a half of those international trips have really been about creating pipelines with communities and recruiters and the country, which has its own rules in place around exporting talent and building that pipeline. We expect to see in the upcoming years that that will start to pay off, so early days. We do have a few people here now.

JANET HAZELTON: I do want to emphasize, though, that it's going to be a challenge to have these nurses working in the communities. It's a challenge to get them in acute care, with the orientation that's required. There's a significant amount of orientation going on now. We have a couple hundred nurses from the Philippines who are in the system, and they're getting significant orientation, which is just not possible in the community. Often they wouldn't have a vehicle when they arrive.

Specifically, for community - and VON can correct me if I'm wrong - they just recently started hiring new nurses. Years ago, when we had lots of nurses - you had to have five years' experience before you worked in the community, because you're on your own doing these assessments. You have to know. You can't call another nurse to say: Will you come and look at this to see if I'm on the right track? That doesn't happen in community. I think attracting internationally educated nurses to the community is going to be a huge problem.

KELLY REGAN: I'm assuming that when the deputy minister says we have three who are here now, they're not working yet. They're not working as nurses yet. Is that correct?

TRACEY BARBRICK: I just want to draw a couple of distinctions on that. The Province has done several international recruitment trips - about six. There are lots of employers that are doing independent international recruitment that's outside of that. Certainly VON is very active in this space - if you're comfortable with that. They may have some additions.

[1:30 p.m.]

KELLY REGAN: I think during the Summer - I think it was in August - we heard that 16,000 new nurses had been registered from the Nova Scotia College of Nursing. I sent several FOIPOPs asking how many are actually working. I was told that they don't have that information. Does anybody here have any information on the 16,000 new nurses who were registered? How many are actually working?

TRACEY BARBRICK: That program was overseen and managed by the Department of Health and Wellness, so while Continuing Care might be a recipient of some of those recruits, we didn't actually manage the program. I don't have the current data on that.

KELLY REGAN: We'll go back to them for the third time. I think I need to pass this over to my colleague, even though I have way more questions, especially for Ms. McFadgen. Over to you.

THE CHAIR: MLA DiCostanzo.

RAFAH DICOSTANZO: I'm going to ask questions in regard to the patients. If I could ask maybe Deputy Minister Barbrick: How is the private home care sector monitoring the department - how is the department monitoring the safety and regulatory compliance to keep patients safe? What I'm hearing from the community and from my constituents is that they're allowed 12 hours a week for Home Care, and they barely get maybe seven to eight hours, because there are always cancellations last minute - a huge number of cancellations, especially the weekends. Home Care is not showing up on the weekends. Home Care is, again, always somebody new. This constituent was telling me she spends half of her three-hour respite or four-hour respite in training them for a half-hour to 45 minutes.

Who is monitoring the private sector that's sending those people?

TRACEY BARBRICK: We have 18 agencies that are in contract with the provincial government. When it comes to those 18 agencies, we are in regular engagement with all of the providers. There's an annual report due, there's a contract in place, we monitor cancellation rates across the province and fiscal management, number of hours of care delivered. Through our work with the Workers' Compensation Board of Nova Scotia and AWARE-NS, there's active monitoring around some of the safety issues.

There's absolutely no doubt that this is an area of work that is extremely challenging and extremely valuable. All the things that Ms. Hazelton has raised around the differences between facility-based care and home-based care are 100 per cent accurate. There have been a lot of investments in the last couple of years in safety. I'll talk about that

more later, but we are in very close contact with all of the 18 providers. Certainly, the VON could provide more on that if you want to talk with them.

RAFAH DICOSTANZO: It wasn't the VON. Most of the VON, I hear, are very well experienced and they're not getting more of the continuing care assistants - I call them personal support workers because I have parents in Toronto, and we use that. I found that in the city here, Halifax is small, so the distance that they travel isn't that big of a deal, but in Ontario it is. When you have CCAs or PSWs who are travelling only one or two kilometres, you can keep them. We've had a PSW who has been with us for six years for my parents because Saint Elizabeth Health Care in Halton only allows them to travel a certain distance, and that helps hugely for the CCAs to be able to afford, and to get there on time and to do things.

Have we tried something similar here, so that we limit the distance where they can travel, so they're not paying? Ms. McFadgen has mentioned how difficult it is for them to pay for travel, for this. They've tried it in Halton, and the same PSW has been with us for six years looking after my parents in Ontario. Do we have something like that here?

THE CHAIR: I assume that's to the deputy minister?

RAFAH DICOSTANZO: Correct.

TRACEY BARBRICK: I just want to make sure that I'm tracking that question accurately. Let me take a crack at it, and if I miss it, come back at me. We have 18 agencies. They are geographic in basis when it comes to home support. The nursing capacity delivered in the province is either by the VON or Nova Scotia Health Authority, so there are really only two providers of nursing. The VON is divided - and I don't want to speak for you folks - geographically across the province, so their workers are based in certain geographies. That's the same with the 18 home support agencies that cover a particular geographic area.

The workforce turnover that you're referencing, and having the same employee attached to your family over a number of years, is certainly one of the things that the investments we've made over the last couple of years are to try to stabilize. The CCA wage increase on the CCA side, the negotiations that have recently happened with the Nova Scotia Nurses' Union are really trying to stabilize and increase wages to keep stability.

The other piece is recruitment. That's continuous, ongoing recruitment, and we're starting to see some positive signals. It's early days because that investment was significantly needed, but we've got about a 10 per cent vacancy rate right now in the sector. It varies, of course, by employer and based on geography, but as a provincial whole, we've got about a 10 per cent vacancy rate. What that means is every organization is doing its level best to deliver the care that's needed in that geographic area.

The addition of the direct benefits that were created three years ago now, where we augment and support families to have the care that they need in their home, is where we basically determine the amount of care. It's for the lower levels of care, often housekeeping, some of those things that people can buy in community, so it's not drawing on the 18 agencies. It's a separate consumer-based arrangement that people have made. All of those efforts are to try to both stabilize the sector, as well as ensure that there's capacity there to provide the care that people need.

RAFAH DICOSTANZO: I'm going to move to a different question. I'm also concerned that as immigration increases, what we are doing to offer people like my in-laws who only - as you get dementia, you revert to your language. Ninety per cent of the problem is that they can't communicate. That is happening in long-term care. It's happening in home care. Every visit from home care required either my husband or his sister to show up to explain. What are we doing when we're expecting double the immigration? How are you going to service those people, especially in the languages that are most populated here? Are you looking at ways to service the immigrant population in home care and in long-term care?

TRACEY BARBRICK: I'll start at that. I know that the VON has been doing a tremendous amount of work in immigration efforts, as well as orientation, so I know you guys will have a lot to offer there if the timing is right. Part of international recruitment that's a benefit to us is that our immigration pathways into the province also are reflecting different cultures. The more we recruit internationally, the more we will be ready to serve the population that we hold here in the province. That's one of the things.

The other piece with international recruitment is that the onboarding process the employers are engaging in is a longer path than it probably has traditionally been to ensure that people are properly oriented as they come on the job. That will definitely be something that will need continuous attention in the upcoming years, as long as we desperately need that immigration pathway, both to support the workforce as well as the population of the province.

THE CHAIR: Does the VON want to take a stab with 40 seconds left?

CAROL CURLEY: We started our international recruitment just prior to the pandemic. We've been successful at bringing about 100 internationally educated nurses who are working as home support workers in the province. They're not working as nurses right now. That started our learning journey on what we needed to do to better understand the cultural difference of our workforce, as well as the population that we're serving.

It is very early for us, but it is definitely way up there on the priority to better understand the diversity of both our population and our employees, and if we have opportunity to match and if we can match with languages or match with . . .

THE CHAIR: Order. Sorry. Twenty minutes for Liberal - MLA Burrill.

GARY BURRILL: I wanted to go back, Ms. McFadgen, to the point you were making about how the numbers of your members in this work have declined so much in a year, and you related this to working conditions. One of the things you talked about was the impact of unpredictable hours - non-guaranteed hours. Could you explain a little more about this? Maybe take us through what a working week would look like for a home care CCA and how it's impacted by the unpredictability of time?

THE CHAIR: Ms. McFadgen - or Nan McFadgen? Which would you prefer? I should have asked you that.

NAN MCFADGEN: "Nan" is good.

NAN MCFADGEN: Further to MLA DiCostanzo's point about living in a city, Nova Scotia in fact is very much like Ontario in the rural areas. I live in a rural area. In the preparation for coming here, conversations were had with home support workers, because it's their voice that I speak with.

We have a member from Glace Bay who was a home support worker who very much - a lot of our home support workers are drawn to the work due to passion. Some, their passion is for long-term care. Some, their passion is for acute care. Home support workers are predominantly there because of the passion that they have for providing work in that kind of setting. That's where they want to be.

A conversation with a home support worker in Glace Bay, who - in fact it was costing them money to work, because they live in Glace Bay and they were finding themselves in places like Main-à-Dieu and Louisbourg. If you live in Glace Bay, perhaps geographically that's not really a connection for you, but it's a jaunt. I'm from Glace Bay. It's a jaunt from Glace Bay to Louisbourg and back for a different appointment that might be in Sydney or might be in Glace Bay or might be in New Waterford.

The short answer to the deputy minister is that they are in fact not adjusting for geography. If they were, we would see less loss.

In between those calls is dead time, so you're either sitting on the side of the road in your car, and it's Winter - we do Winter in Nova Scotia, so it's chilly - you're in your car with it running so you're not chilly, or you're finding a Tim Hortons, because there's no sense in going back home. All of those hours, they're not paid hours, and there is not a bank in Nova Scotia that will give you a mortgage if you say: Well, I'll work between 20 and 40. And they're like: But how many hours do you work? Well, between 20 and 40, but how many of those do you regularly get paid? Well, I don't have a regular pay. So banks are like, stay away from me. It's hard to get a loan for a car.

It's a difficult situation for the workforce, which is made obvious by the previous speaker, when they said they have a 5,000-hour deficit for home support with continuing care assistants - 5,000 hours. When you're talking safety of clients, those clients who are waiting - who's actually doing that care while they wait? Some of them are fortunate enough to have family, and some of them are going without. That's exactly what's happening.

We're in big trouble in home support. Government could fix that. We need the will and the desire to pay people a regular wage.

GARY BURRILL: The other key instance of this you were talking about was the business of needing to run your own vehicle. Could you speak in a little more detail about how this actually - practically, financially - affects the bottom line of a home care worker?

[1:45 p.m.]

NAN MCFADGEN: It affected it a lot less when gas was 48 cents a litre. When I came here, I thought, somebody's going to ask about that. Gas, as I was passing the gas station, was $1.59 a litre. The math doesn't work, in fact. It just doesn't. If you are in a city, you may fare a little better in the city because your distances are shorter to go. Anybody who's in rural Nova Scotia - and let's face it, HRM is huge. From one end of HRM to the other is huge, so perhaps I'm being unfair saying rural Nova Scotia only, because HRM is a huge district when you're paying for gas. I had to wait in traffic to get here, I don't know about all of you. That costs money to sit and idle in traffic. Members really struggle to make ends meet when you talk about paying for gas. One snow tire is $100 - one tire. The price of things is astronomical, and when you get your wage, which I would agree, government has increased - but then there are all these other costs attached to your work and all of that is just, well, good luck to you. It's really not working.

GARY BURRILL: You spoke about speaking with members about things that they would identify as central problems. What are some of the things that people doing this work are really putting at the top in saying these are the things that we need to bargain for, these are the things we've got to get in order to be able to do this?

NAN MCFADGEN: They want to see a better paycheque. That sounds good: We've increased your wages. But if you're only getting 20 hours a week then you're going to need to increase them again by the same to make a 40-hour week. If I make, for example, $25/hour but I'm only getting 20 hours, I guess I'm working at McDonald's for the rest of the time, I don't know. I just don't know. There's no other answer except for giving regular, dependable hours. Then you have regular, dependable continuing care assistants.

I come out of long-term care; I'm a nurse in long-term care. Why would I leave long-term care where I can get full-time work and go to home support where I can get what's called full-time work but is really sometimes 20 hours, sometimes 32? I don't know

a landlord in the province who's going to say: What, you only got 25 hours this week? It's okay, just give me half the rent, we're good - because that's not how the real world works. We need people to have regular, dependable income, and they don't in home support. Until they have that, you're going to have 5,000 deficit hours.

GARY BURRILL: You've spoken about how there have been improvements in wages, but I think we all know home care workers who are working for under the living wage. Could you say a little bit about what the impact of this is on the sector as a whole?

NAN MCFADGEN: If we're talking perfect world - and I'm pretty sure we're not in that - home support would be a public service. It wouldn't be doled out to 18 different agencies across the province. Home support would be a public service, which would put the same value on it that we put on acute care - and long-term care, while we're at it, would also be a public service. Government's paying for it anyway, you're just paying more because it's private. I get it, that's your jam, but public services are more economically feasible to the taxpayer who are footing the bill for all of it.

In a perfect world, home support would be a public service, and then we would be able to provide it in a way that public services should be provided which would mean meaningful hours of work and a more standardized process across the province.

GARY BURRILL: I wanted to ask Ms. Barbrick about that recommendation that came from the Auditor General about maintaining an integrated record of home support complaints. I think about the disposition of complaints. Has that outstanding recommendation been answered, dealt with at this stage of the game?

TRACEY BARBRICK: Yes, it has. There is a common complaint intake tracking system. The Nova Scotia Health Authority, through the 1-800 Continuing Care line, tracks complaints. We meet regularly as a staff with NSHA around that complaint database - themes, trends, things we need to follow up with our service providers. That has been in place probably for about 18 months.

I do want to flag, because it's relevant for a number of things - we could spend the whole day and night here in this conversation. AlayaCare is the digital system that about half of our care providers are now using. What that digital platform does is it has several different modules. One of the modules is staff scheduling. We agree that in many cases we're using an outdated method of scheduling, which is not a benefit to the employees or the clients. As we move into digital space, AlayaCare is the platform that is used in home care with success with about half of our agencies right now that are onboarding. I think the VON has it in their future, so they might talk about that.

That's one module. Another is family communications and employee communications. If I go into a home and the previous nurse who had been there makes notes on the record, then the next nurse who comes in would see that on their iPad with

their information provided. That's the future. It's time to go there in long-term care. That's interRAI - it's a very similar tool. In home care that's AlayaCare. We have now migrated half of our service providers onto that platform, and the rest need to come on. That starts to find some efficiencies in there. We're in a digital world now. It's much safer for nurses to be able to look at who was there last, or for the home support worker to be able to see what was there last and start to gain some efficiency.

There are several different modules in that tool, but it's absolutely the piece that we need to continue to roll out. It's a big change for somebody, a home support agency in Yarmouth or in Inverness that maybe hasn't used that kind of tool before, so we're onboarding folks slowly so that they have time to get it to be part of their regular business. It's a much more efficient way and it addresses some of the concerns that have been flagged.

GARY BURRILL: The point of the Auditor General seemed to me to be looking at quality control in this sector, and some indication that there was an inadequate system about this in terms of responding to things from the public. In our caucus some time ago now, maybe a year or so, we made a Freedom of Information application just to find out the total number of complaints. The number, going back over five or six years, was a couple dozen, which suggested to me that probably people were not aware of with whom they ought to be in contact if they had concerns. Is that a fair concern, and is it being addressed?

TRACEY BARBRICK: Every person of the 35,000 Nova Scotians we have receiving some level of home care has an assigned continuing care coordinator. It's the person who supports the intake as well as their primary contact about changing needs or escalating hour requirements and conflict resolution. There are lots of discussions that would happen at the individual case management with that care coordinator helping to resolve any issues either in the home, with the agency, or conversations with the agency about the level of care, and whether the care needs are being met.

That is separate from something that really would be a formal complaint. This cannot be resolved, we have a quality concern, it's gone beyond that continuing care coordinator. I don't know what numbers you might have seen, but it's possible that those numbers look low because there's so much general resolution that happens between the care provider and their continuing care coordinator and the person themselves. It could be that those issues you wouldn't see reflected. It's things that are escalated past that and can't be resolved.

GARY BURRILL: But it is not the case at the moment, is it, that there is publicly available information about complaints received, the type of complaint category, and the general resolution. Members of the public can't access in the home care world that kind of information now, can they?

TRACEY BARBRICK: Meaning a phone number, a call number to call? Or do you mean a record of those complaints and concerns? No, there's not a public report issued on that. In long-term care, there's the Protection for Persons in Care Act. If there's a complaint filed, it's investigated, it's deemed to be founded, there's corrective action instruction issued to the provider. There's a report that's issued on that right now monthly.

GARY BURRILL: I guess that's my question. Why would we find it helpful, from the point of view of quality control and care, to have that in long-term care but not have that information available about the world of home care? Isn't this what the Auditor General is talking about?

TRACEY BARBRICK: No, the Auditor General's comment wasn't related to a public process or report. It was generally that there should be a complaint line where people can call and log a complaint. That exists right now. The public report has not existed. There's legislation around the Protection for Persons in Care Act, and some pieces in place to make that mandatory. So far, the home care world's conflicts have been resolved generally with the care coordinator.

GARY BURRILL: Do you have a general sense in the department of the number of complaints that would have been received, say, in the last year? Dozens? Hundreds? Annual?

TRACEY BARBRICK: No, it wouldn't be hundreds. Kim Silver, whom I introduced you to earlier today, she's the director of Home and Community Care. She and her team meet regularly with the care providers. If there are themes or concerns that have been identified in their annual report or their quarterly service delivery, then they address those through those meetings with the care provider.

The cancelled visit thing that a few of you have raised, that's absolutely something that we're improving. Right now, while we hear a lot about cancelled visits - and it absolutely is legitimate. A much larger portion of cancelled visits come from the client. It's about 90 per cent of cancelled visits come from the client. One of the pieces that we're mindful of is that the client is aware of the implications when they cancel appointments. The cancelled visits that are from the provider are about 10 per cent of the time, but we do have work to do to make sure that everybody understands the implications of those cancelled visits, for sure.

GARY BURRILL: I want to just ask you quickly about with home care, income eligibility. Do you have a general sense of the last time this was updated? In the present inflationary situation, it's a big consideration.

THE CHAIR: MLA - sorry, Deputy Minister Barbrick. I just demoted you, almost.

TRACEY BARBRICK: Oh, I don't want your guys' jobs. (Laughter) Those are updated regularly. That was last updated maybe about a year ago. Interesting to note - and that's online, you can find that income table. I'm sure you've looked at it. About 75 per cent of our home care clients actually don't pay anything because they're below the income eligibility. That's one of the things that we're monitoring with inflation and the other aspects that influence a person's household income.

GARY BURRILL: In the department, is there any thought being given to indexing the thresholds?

TRACEY BARBRICK: We would have seen - and I think we've talked about it recently - the Seniors Care Grant we increased about $250 this year. It's not necessarily pinned to the Consumer Price Index, but definitely an increase recognizing the changing costs.

[2:00 p.m.]

The other thing I would draw attention to - lots of things outside of my wheelhouse - but I think one of the pieces that people don't fully recognize is the income tax rebate for seniors over 65 in the province. There was about $17 million returned this year that's reflective of the provincial income tax collected for - anybody who is GIS eligible is also eligible for that rebate. It can be up to $10,000 a year, but it's directly remitted to the client. They don't apply for it. That's one of the pieces that I think isn't well understood about a provision for seniors in this province that's a benefit.

THE CHAIR: MLA Burrill with like three seconds. (Laughter)

GARY BURRILL: Thank you very much.

THE CHAIR: MLA Barkhouse.

DANIELLE BARKHOUSE: I have a few questions. They've been touched on a little bit. These are for the department, but I want to open them up to the VON as well.

In December 2021, part of our initial investments was to support those working in continuing care, including $1.3 million to attract workers to parts of the province where staffing is most challenging. Can you tell us a bit about what that means for rural areas and for the home care sector?

THE CHAIR: I would guess that's to Mr. Densmore or Mrs. Curley?

DANIELLE BARKHOUSE: Yes.

THE CHAIR: Which one of you two want it?

JEFF DENSMORE: You were asking specifically to the staffing levels? I think we're challenged everywhere now with staffing. Through our international recruitment, we have seen an influx there to the rural areas, but I would say there is still a challenge in rural Nova Scotia to recruit and - I won't say retain so much, but just to recruit into those areas.

The population is getting better. I think the investments in tuition have drawn more people into the classroom. I think that will show eventually, but I don't think it shows today. The promise is that it is bringing interest to the continuing care sector as a career. It's just a matter of getting folks through the classes and into the workforce.

DANIELLE BARKHOUSE: Well, isn't that the thing - something that should've been fixed years ago can't be fixed tomorrow. I wish they could.

Our government has been working really hard for seniors and improving the sector since being elected. I know this as an MLA. I am a constituency MLA, but I also, as we discussed earlier, did the job for 17 years, which was passion, in all actuality.

This is for the VON, because earlier, someone on that side asked it but the department answered, but you guys didn't really have a chance. You had said that you were involved a little bit. What recruitment benefits have been seen as a result of international recruitment into the sector? How is retention going? Are there any positive stories you can share with us?

CAROL CURLEY: We're quite excited about our international recruitment efforts. As I mentioned, we started just before the pandemic and recruited primarily from northern parts of India and Nepal. Bringing folks into the province and having their feet on the ground took quite some time initially, but as we started, we were in bringing groups into three of our most pressing areas as far as the size of the wait-list and the vacancy rates. We focused our efforts in those areas.

I believe it was Janet, maybe, who mentioned earlier that there's a lot of effort that goes into orientation to get somebody not only familiar with the work that we do, and of course, our internationally educated nurses were then doing a home support job, so becoming familiar with the job and the scope of practice, but also becoming familiar with Nova Scotia, the culture, the settlement, and all those sorts of things.

It was very rewarding for our management staff. Our managers need to support the front line, and what we hear from our staff is if they feel they're really well supported, they will stay longer. We spent a lot of time preparing our management staff to prepare for international recruitment, and our supervisors and our other colleagues to support people once they began arriving. We buddied them up with other staff, which was, again, rewarding and difficult all at the same time. I think learning new cultures and learning how to support people differently was, and continues to be, a bit of a challenge for us.

Had we not brought those folks in, our wait-lists, I firmly believe, would be far higher than they are now. The benefits, I believe is your question. We have a much more diverse workforce. We're able to support a diverse clientele better. We're learning. It's really helped broaden our horizons as far as our work on equity, diversity, and inclusion and those sorts of things, and we're now supporting some of those staff who are interested in moving on to be nurses in the province. That's a really interesting and rewarding part of the work as well.

I think people are seeing a progression and an ability to progress. We're seeing families come over and opportunities in community for other employment and those sorts of things. The retention on our international recruitment is better than our general population of home support staff.

DANIELLE BARKHOUSE: That's excellent. Thank you for letting me know. We've talked about that. We talked a little bit about the wage increase and the post-secondary support. What can you tell us about the CCA-Practical Nursing Bridging Program for CCAs who have worked in the public sector for at least two years? I know when I was in that line of profession, I would have loved to have had that opportunity to bridge over, because it's expensive and it's time and energy. If the deputy minister could answer that, that would be fantastic.

TRACEY BARBRICK: Lots of others would have something to add to this. We're really excited about this. We want continuing care - home care specifically. We've got 90 per cent of the population who have said they want to be cared for at home. With our aging population - not just in Nova Scotia but across the country - that is going to take a concerted effort. We want home care to be an employer of choice. It absolutely needs to grow. We need to have people see themselves with an entire career, if they want to, in Continuing Care, home care, with pathways for themselves for either career growth or that works with different ages and stages of their families - that they can have choices about whether it's part-time hours or full-time hours, whether they'd like to progress as a CCA to an LPN to an RN.

This program is our first pilot that will take a group of CCAs specifically from Continuing Care and go through the training together to become LPNs. That's a partnership we've done with the Nova Scotia Community College and employers across the province that we intend to learn from and apply that more broadly in the upcoming years. We do see it as a way to grow with the person who wants to stay in this sector.

I do think that the VON maybe has at least one, if not maybe a couple . . .

CAROL CURLEY: Seven.

TRACEY BARBRICK: Seven people in that program. If that's something that you're interested in hearing, you guys would maybe have a different perspective than I would.

THE CHAIR: MLA Barkhouse, did you want to hear from the Victorian Order of Nurses?

DANIELLE BARKHOUSE: Yes, I really would actually.

CAROL CURLEY: We were really excited to see all of the bridging programs enhanced over the last couple of years. When we put the expression of interest out to see who would be interested in bridging from CCA to LPN, we had a tremendous amount of interest. It's typically - what's the number of people we can support through the program and try to contain it, because we often have so much interest. Of course, it was a limited number of people this year, and we were really grateful to be able to support seven people going through that program.

We had LPNs bridging to RNs as well. Every year we see those numbers increasing and there's lots of opportunity for them to go back to school, get funding support, and often come back and work for the VON again, which we are very grateful for.

DANIELLE BARKHOUSE: I appreciate all of your responses. I know that, again, we're moving along. We inherited quite a bit, so I'm just glad to hear that information. I will pass it on to MLA White for his questions.

THE CHAIR: MLA White.

JOHN WHITE: I just have a couple quick questions. It won't be long. I apologize, folks. Really, I think they're directed to the department. Maybe VON, but more the department. We were talking about retention earlier. You folks were talking about retention. You think about the physically demanding aspects of home care work. What are we actually doing to make the workplace safe?

THE CHAIR: Who do you want that to, MLA White?

JOHN WHITE: The department.

TRACEY BARBRICK: We can start with me. Certainly Janet, as a member of the Workers' Compensation Board of Nova Scotia, as well as in your role, and has been involved in leadership and safety initiatives for a long time - can't go without saying. But I will . . .

THE CHAIR: Do you want me to start with Ms. Hazelton, then?

TRACEY BARBRICK: I have a nice little list of stuff here. Let me just run through. Here's a little cheat sheet that might help. I'll start, and then Janet, if there are things to add there.

In the last couple of years, we've probably invested about $6.5 million in safety initiatives across the continuing care sector. We have bought a ton of equipment. One of the risks to people working in homes is if there's not proper life equipment, then people are - unsafe practices and find themselves injured. There's been about $2 million in additional equipment - different types of lifts and slides, and that sort of thing.

We have put in place an employee and family assistance program that hadn't been there previously to support families when they need support. We've done, and continue to do, with AWARE-NS and other partners, all kinds of training around proper lifts, workplace violence, things to support people in home. We put in place a return to work/stay at work program to support those who had a workplace injury who either want to stay on the job with modified duties or enter back into the job after they've been home with an injury. We're seeing good success there.

We've created an occupational therapy/physiotherapy support team that supports the home care agencies across the province by actually going into the home with, potentially, a VON nurse and giving them some tips and ways to lift differently or to conduct their work differently to reduce those injuries. We're hearing great success from those, which is really a train-the-trainer kind of model.

Of course, the behavioural support intervention investment - we've got four sites right now that are focused on different types of behavioural support with different types of clients. That may be dementia or some other things that can display some levels of violence, that people are needing to learn how to work differently as dementia numbers increase and more and more people, by the time they're seeking care, dementia can be part of the challenge.

With all of those safety efforts, we're seeing some good signs. We're seeing our number of injuries reducing for the first time in many years. The duration of that time off work is reducing for the first time in years. Our WCB premiums are showing a decline for the first time in years. So it seems to be that those investments are moving in the right direction.

There is lots of work left to be done. I 100 per cent agree with Nan and Janet about the different risks that are presented to employees working in somebody's home. It's a much less consistent work environment. We need to continue to work together with all of our partners to ensure that we reduce risks to workers every chance we get.

JANET HAZELTON: Yes, I agree. There's been a lot of work done. WCB - the highest rate of injuries in health care is in both long-term care and community. Acute care

got a handle on it early because they had more resources. They had the ability. Their budgets aren't as constrained as many of our long-term care and community care, so they had more money to deal with it.

The VON - I sit on the committee that's looking after that. WCB basically said to their partners: You've got to get a handle on this. Your rates are the highest in the province, and in some places, the highest in the country. That means we're injuring a lot of people in those two sectors.

The first thing the committee did was - AWARE-NS, which underfunded. I'll put a little plug in for them. They only have about three staff, four staff, but they do a great job. They went to all of our VON sites and did an evaluation of their safety, and did an audit. Many employers wouldn't share their audit results, but VON sat with us, shared the results, and we started working on, what are we going to do to fix it? Lifts, equipment, all that investment happened.

[2:15 p.m.]

The biggest risk is not knowing what you're going to see on the other side of the door, and that's really hard to mitigate. As I said, we've had clients where their family member was there when our nurses visited or others visited, and they were violent. I don't know what the answer is to mitigate those risks. I think we have to give - as I said before, Continuing Care has to give the VON more latitude to stop caring if that's what required, because it's not that easy to just stop care.

I hate to say it, but they have to sort of seek permission, and sometimes that's not necessary. If a nurse or another worker feels uncomfortable, they should just stop the care. I'm not saying VON or Continuing Care would say no. It's changing the culture of our nurses and others who feel like, oh, but I still need to go because that's a client, I need to change her dressing, I can't leave her. Our nurses will still go into houses where they haven't cleaned the snow off their steps. They're told they don't have to, but they still do it.

We're working hard to change that mindset, but we all need to accept the fact that if someone says: I don't want to go there because I'm afraid, then that's good enough. It stops right there. Sometimes you have to justify it, and it gets difficult for people because they feel guilty. It's not Nanny's fault - it's Nanny's son who's not appropriate. That's the reason why I don't want to go, but Nanny still needs care. We have to change how we think. Health care workers, we have rights too. Oftentimes, the rights of the patients and clients trump ours, and that has to stop. Blame the victim.

Lots of our violent situations - nurses and others are asked: What could you have done to prevent that? What? We're working hard to change it, but we have to change managers. We have to change everybody in the system, that there's nothing I could have done to prevent it. Don't ask me that, because it's insulting. Still, last week, that was the

response of one of our managers - not in VON, but still. It was like: Let's talk about how you could have prevented being kicked. I don't think we ask police officers that.

I think we have to start to think that the rights of workers are the same or more than the rights of residents and clients. It's not okay. I've been preaching this song for a long time, but the VON have done a lot of really good work on decreasing the risk to the workers, but you can never, ever get rid of that risk unless we send two people in.

JOHN WHITE: I'm glad you had an opportunity to answer that. I appreciate that. I'm thinking of some of the VONs I know at home, and they will do exactly that. I have some good friends who are VONs, and I'll tell you, they will do exactly that. They're going in there one way or the other. I appreciate it.

My next question, if there's time, will be back to the department. I'm going to ask you about the CAPABLE Program. When is it operational, and can you tell us a bit about what it is?

THE CHAIR: Deputy Minster Barbrick, with about a minute and 20 seconds.

TRACEY BARBRICK: I can make it quick. We're really excited about it. The VON is our partner in it, as it turns out. We did an expression of interest. The VON was the successful partner. It's a program that comes out of the Johns Hopkins School of Nursing. It is essentially an occupational therapist, a registered nurse, and a handyperson. Through a process of working with a family, CAPABLE identifies the goals of the family member, and through some adjustments to the home and some supports around a care plan and where people hope to get to for themselves, through a series of coaching support sessions, up to six per family or per household. The intent is to support people who live in their homes longer.

There will be three teams. Three hundred homes will be a pilot program that we are about to get into here this coming Winter, and we'll see how that works with the idea of supporting people home longer. Very excited. Nova Scotia will be the first province in the country to implement that program. We hope to learn a lot from the first pilot, and then upscale it in the upcoming years.

THE CHAIR: MLA White with 15 seconds.

JOHN WHITE: I never met a nurse who wasn't compassionate.

THE CHAIR: For the next round, it will be seven minutes each. We'll start with the Liberals.

HON. KELLY REGAN: Quickly then, Deputy Minister Barbrick, I did hear about AlayaCare and getting the workers to actually enter that data, but I heard some hesitancy

there. I know, for example, when the U.K. brought in One Person One Record, it didn't end up working, and they removed it because there wasn't buy-in. I'm just wondering what you're doing to ensure that there is, in fact, buy-in to make sure that people who haven't used this kind of a system before do that.

TRACEY BARBRICK: For those organizations that have migrated to AlayaCare, they already had some other form of product in place that they were using, so they were a little bit ahead of the game in that they were using some digital tools already. interRAI, I would say, is the tool being used in long-term care facilities that really enters all the specific care plan data about each resident so that we can both learn from that over the upcoming years. It starts to identify a much more customized care plan and staff plan for facilities based on what we learn.

That is a Canadian Institute of Health Information direction. It's a national organization that really has been promoting interRAI for the last few years. So Nova Scotia has now implemented - I'm going somewhere with this, I promise. What we knew in Year 1 was that it was kind of not going to be reliable data. Everybody's learning. They've never used it before. They're training. They've got some train the trainers on the floor. Everybody is learning a new tool. They're moving from paper-based charting to digital charting, and we know that takes time to improve the quality of the data.

AlayaCare will be exactly the same. You start out with an introduction orientation with supporting consultants out there teaching people how to learn them. You get a few people who show themselves to be data friendly. They start to lean in on the tool and become super-users to teach others, and over time it gets better and better. That tool really starts to get maximized at a year to a year and a half in.

Anytime you're migrating to a new digital tool, we've got a whole workforce to take along on that journey. We know it will get better with time.

KELLY REGAN: I just wanted to point that out because, in fact, in the U.K. when they brought in One Person One Record, it was at a cost of $4 billion. To take it out was multiples of that. I just want to flag that as a potential issue. I can see that you're on it.

My other question - and then I'm going to pass it over to my colleague - is about palliative care. According to the Auditor General of Ontario, there should be seven hospice beds per 100,000 people. We started moving in that direction when we were in government, but I'm just wondering: How is Nova Scotia doing in providing over 70 hospice beds here in the province?

TRACEY BARBRICK: I am so sorry, but hospice beds don't fit under our portfolio. It's the Department of Health and Wellness that actually owns those hospice beds and the contracts with the hospice organizations. I don't have the latest on that.

KELLY REGAN: I didn't realize that. I'm going to pass it over to my colleague MLA DiCostanzo.

THE CHAIR: I didn't acknowledge you yet, but that's okay - I like her. MLA DiCostanzo, with about three minutes left.

RAFAH DICOSTANZO: I know I had two questions and I had to choose between the two. I'm going to ask this one. In the meantime, we know that we have inflation, and right now, the caregiver benefit to provide home care for family members is $400. Is the government looking at increasing? We know $400 doesn't go very far nowadays at all. If you divided that by minimum $25 an hour, that doesn't give you too many hours. Is the government looking at that $400 and increasing it anytime soon?

TRACEY BARBRICK: All I can really offer is we're regularly looking at opportunities to improve access to various programs. I don't have anything specific I can share with you on that, but we are regularly looking at ways to support Nova Scotians.

THE CHAIR: MLA DiCostanzo, two minutes left.

RAFAH DICOSTANZO: All right. That gives me time to ask the other one on the Seniors Care Grant. How did you arrive at the amount, and how did you decide who can qualify? Do you think it goes far enough?

TRACEY BARBRICK: I think we've now supported about 85,000 people with the Seniors Care Grant over the last couple of years. We originally started at $500 a year. We've increased that to $750, and we increased in the second year the number of things that are eligible for it. We expanded it into things like massage, physiotherapy, various health care supports that maybe aren't part of a person's own ability to cover those things. We really have expanded it from basic kind of home support things - lawn care, snow removal, anything you might want to use it for - and then added in some additional health services.

The utilization rate has gotten better every year. We launched this year's program in September with an additional - from $500 to $750. We've got, I think, about 20,000 applications in now. Anybody who has been the recipient - I have lots of elderly people in my family on whose behalf I apply, so it's my email address attached to it. Anyone who has received it in another year automatically got an email letting them know that they're eligible for it again. It's very easy to apply for. It was a series of about five questions.

We've built in a feature this year with the Canada Revenue Agency that it automatically verifies your eligibility against that Line 146 in your income tax. It used to be that the risk would be if the person applied and then it was verified after the fact, it might have to be recovered, but now that's been smoothed out, so it's gotten easier for people. It really is four clicks on a computer. I know not everybody uses a computer . . .

THE CHAIR: Order. Thank you. Sorry.

GARY BURRILL: I'd just like you to continue with the sentence you were in the middle of.

TRACEY BARBRICK: For those who do not either use a computer or their family member doesn't do it on their behalf, there is a short application form that can be picked up in lots of different locations and submitted by mail.

THE CHAIR: MLA Burrill is always a gentleman.

GARY BURRILL: Yet it remains the case that our Seniors Care Grant is distinguished from the senior incomes benefits available throughout almost all the rest of the country in that it is available only for certain specific things. It is not a general income top-up, as is generally available. It is also true that although it does cover many of the things you spoke about, there are many seniors' health-related things - glasses, dentures, hearing aids, medications and so on - that it is not available for. This isn't the case for parallel programs outside of the province.

Being clear about that, I want to ask Janet and Nan: when we think about the clients whom your members serve and the pressures of the cost of living that your members experience themselves as being under, from your point of view, would a seniors' income top-up - as is available elsewhere in Canada, not specific to certain things, but simply if you get the supplement, you get this much more - is this the kind of thing that would recommend itself, from your experience?

THE CHAIR: MLA Burrill, I assume that's for Nan?

GARY BURRILL: That's for Nan and Janet.

NAN MCFADGEN: I would think that the more barriers that are constructed to access support for seniors is a negative thing. I just think that a lot of seniors do live in poverty. I did care for a lot of seniors in long-term care - many of them farmers only having access to OAS. I think that any supports that are available, the easier they are to access and the fewer barriers that exist, the better our senior population will experience that support.

JANET HAZELTON: I agree with Nan, and I think it's important that we look to some of the things that are covered, like dentures. People are going into their homes and people have lost their dentures, or broken their dentures, or broken their glasses. Glasses and dentures are expensive, and people need them. It's not unheard of that some of our workers will help, or bring something, or bring them food. That happens more than we think because they know how empty their fridges are.

[2:30 p.m.]

Often they may not have someone to help them. That's difficult. The job is difficult on a good day, but seeing those kinds of realities makes it even more difficult.

GARY BURRILL: I wanted to go back, Mrs. Curley, just for a minute - you were speaking about wait-lists earlier and some of the improvements that have been made around wait-lists. I'm wondering about when we think about not the nursing side, but the home care side. Where are we now on the average waiting time to receive care for the people who are on the list? I'm not thinking so much about the expanse of the list, but for those who are on the list, what changes are we seeing - or are we seeing them - and what is the average wait time for people?

CAROL CURLEY: I'll just speak to the process that we follow, and Tracey might have more statistics that could be helpful to answer that question. How we manage the wait-list is those who are coming out of hospital have very short wait times. We usually try to get those folks services right away, if not maybe a day or two delay at best. We have a priority category that we get from the hospital-based care coordinators - and we place folks on those lists based on that priority status. Those with the highest need and highest priority get services very soon. We find our very complex people maybe have just a few days' wait, but for those with very low needs and lower services, it's months.

I'll pass that on to Tracey.

TRACEY BARBRICK: Just to add some numbers to that, we have about 900 people on a wait-list for home support right now, not home nursing, to Carol's point. About half of those people would be getting some hours of care, but not the full hours that have been directed for them, and many of those would be receiving direct benefits while they wait to get full hours of care. Certainly lots of creative things out there.

VON - not to speak for you - nursing clinics we've been expanding so that anybody - in fact, I have an aunt and uncle - I have an uncle with a deep wound right now. They are going to one of VON's nursing clinics because my aunt drives, and rather than have VON come to the house, they actually don't mind the outing. A few times a week, they go and get their care there. That's reduced the time. There's also a bit of virtual care that we're piloting that's more education-based or follow-up if it's not hands-on care required but a check-in. There are some things happening in that space right now.

The other thing that we are working with right now is Shannex is delivering some home care in Shannex assisted-living facilities with some of their nursing capacities that we're trying on a very small scale just to see if there are things that make sense. If somebody is already in their home to provide them some other support . . .

THE CHAIR: Order. Next will be MLA Young.

NOLAN YOUNG: A question to Deputy Minister Barbrick: In your opening remarks you spoke about, through the Centre of Rural Aging and Health program, one of the places opening up will be in Shelburne. I had an opportunity, actually, to go over and see some of the exciting stuff in the CORAH program. I was wondering if you could touch on it just briefly for some of the members who might not be familiar.

TRACEY BARBRICK: CORAH is a partnership with Nova Scotia Community College that we piloted first in Middleton two years ago, and COVID-19, of course, caused a little bit of a rough start there. We're happy to say that we've now built the skills and can manage that. We've now launched two more locations in Port Hawkesbury and Shelburne. They are in NSCC locations, so they actually have programming. They have some of the students in the building provide supports and programs.

It's really designed for people over 55 who live in community and are looking for opportunities for physical activity, new skills, new learnings, as well as exercise classes. I think some of them have cosmetology students actually come down and do nail care one day a week. I think we've just recently gotten the numbers that last week there was something like - I'm going to get this wrong and Kim's going to roll her eyes behind me - there were almost a thousand things running last week across those three locations. What it's showing is that it's community connection for people.

There's a full-time person who is a coordinator in the program, and they're actually making connections for that person to other resources in their community. It's intended to create community connection, physical activity, cognitive challenge, all that stuff that's really good for all of us, as well as make connections to other people and other services. We've got three now in place. We had a chance to test and try one. We've added two more, and it is our intention that we will continue to scale that in the upcoming years.

NOLAN YOUNG: I'll pass it off to my colleague, MLA Palmer.

THE CHAIR: MLA Palmer.

CHRIS PALMER: First, I just want to thank all those who work in the home care sector and in community. I don't think there's any one of us around the table who hasn't had a caring, compassionate worker in the home of all of our families at some point. I know I have, and I just want to give a big shout-out to all those people. We've been talking about the conditions they go into. They do an amazing job.

I'm taking a lot of notes here today, and just a few comments have hit me. I think it was mentioned, better conditions at work lead to better conditions of care. I think I'm quite optimistic by the conversation today that I think there's good communication and conversations happening with workplace safety and different things that I think can be positive going forward. I just wanted to make those opening comments before I ask a

couple questions about maybe some community kind of program that is happening right now.

I'll ask this question to Deputy Minister Barbrick. Can you tell us a bit more about the Age-friendly Communities Grant program, and speak to any approved projects and their scope that are happening?

TRACEY BARBRICK: I'm going to just actually refer to some materials to make sure that I don't make stuff up and get myself in trouble.

THE CHAIR: I do it all the time.

TRACEY BARBRICK: This initiative started several years ago now. It really is intended for non-profit, grassroots, community-based organizations to have the chance to make application and be considered for things that work in their own community that are customized to their own community. They can be eligible for up to $25,000, and the applications are actually open now. For those of you who have community groups in your constituencies that you deal with, please encourage them to go on and take a look.

There are some really exciting things. They focus much in the space of CORAH, or what we call early intervention in community - not typically at the point where somebody needs care or nursing support, but rather more focused around things like physical activity, combatting social isolation, improving digital literacy.

Last year's applications, there were 37 awarded. Almost $500,000 was the total. The types of projects are really exciting in terms of keeping people well in community, and that's the focus of that. Just as a couple of highlights, Dance Nova Scotia did specific programming for seniors who have never been involved in a dance program before. We had the - just randomly choosing one - Meat Cove Development. Meat Cove did a project where they promoted storytelling in their community for their elder generations. Some of the younger folks couldn't imagine life in Meat Cove 70 years ago, so they promoted and videotaped those, and made them part of a digital library.

North Shore Senior Citizens Association - $10,000 on emergency preparedness in the home. They really did work with some of their seniors in community to make sure people knew what it was to be prepared for emergencies. South Shore Pipes and Drums - they ran a specific seniors' program to learn to bagpipe.

There are 50 projects that really are local grassroots, grabbing on to the leadership in people's community that's unique to their community. Again, if you have people in your community who might want to consider those kinds of things, the applications are open now.

CHRIS PALMER: There are so many other programs, like the Adult Day programs and the Enhanced Care Adult Day Programs - there are a lot of great things happening. I'd love to hear some feedback about that.

It was mentioned earlier about the concerns that people in the home care field have and who work in community around cellphone coverage. Just as a reminder, our government recently announced a $47 million investment in cell coverage infrastructure around this province. I think that's a very positive step for those in emergency services and home care people who are out working in community.

Again, thank you for all you've done. The information's been great. I think we have a lot to look forward to optimistically.

THE CHAIR: So no question. With three seconds, what we'll do is do a closing - I'll go right to left. Shouldn't be longer than two minutes-ish.

I will let Nan McFadgen go first.

JANET HAZELTON: You get 30 seconds. (Laughter)

THE CHAIR: I could have taken it out of her opening, but -

NAN MCFADGEN: We really do appreciate the invitation to speak. I do find it kind of bizarre that we're talking about things that don't involve secure hours for employment for members. Some of the questions asked were strange to me.

Glad to hear about the cell service announcement. We drop calls on Mount Thom, and that is not crazy rural. Good luck to us with that.

I would leave you with this. We have workers who are not getting enough hours to live in home support. That none of you asked any questions about that is not hopeful for our members who will be watching this. You've left them with not a lot of hope, and that kind of sucks.

JANET HAZELTON: Thanks for the opportunity. I think it's high time that we focus on community care. It's a very valuable service. We don't have rooms in our hospitals. Some of the positives, though - the clinics are a good thing. We need more of them. Many of our ambulatory care units in our hospitals just can't accommodate, because they're too busy with overflow patients who are supposed to be admitted, and that's where we're going. We need a lot more clinics.

Like I said before, we need our nurses in the VON to have a lot more autonomy to make independent decisions without having to get approval from Continuing Care. That's a barrier that needs to go away. Believe me, the nurses I represent do not want to go back

and visit if they don't have to go back and visit, but if they have to, they have to wait for approval. That has to go away.

I would say thirdly, strong consideration has to be given to hiring nurse practitioners in the community. People can't access if they don't have a primary care physician or nurse practitioner. They can't get in to receive the care. If we had one on staff, that would help get people - they'd be able to admit to the service, write orders, and make sure that these people stay in the community and don't go to our emergency departments when it could be easily solved in their homes.

TRACEY BARBRICK: Thank you for having us here today. I would say the investment and focus on the continuing care sector in the last two years has been unparalleled. We have come a long way and have a distance to go. There isn't anything here that was said today that I don't agree with.

[2:45 p.m.]

I think the positive news is that we are all on the same page around the needs to serve seniors in community, and we'll keep on keeping on to do that better every day. Thank you for having us.

THE CHAIR: Mrs. Curley.

CAROL CURLEY: Thank you to the committee and to the witnesses to be part of this conversation today. It was really very thoughtful questions and very thought-provoking conversation. As we all understand, home and community care is complex and it's unique in nature. Our work has been difficult but extremely rewarding. I know Jeff and I both have felt over the last couple of years that there is a real shift happening in the understanding and the focus and the attention for home and community care. We really appreciate that. That's demonstrated by the many investments that have been made and really strong partnerships that have been built over the last few years.

We're grateful to have the opportunity to be an active partner with many projects and initiatives. It's been a very exciting time. We agree with the nurse practitioner comments Janet has made. We're excited to be participating with a first cohort in the province of community nurses for RN prescribing, and we're really looking forward to that. There are a lot of exciting things happening. We're happy to be part of that and we're looking forward to the ongoing work.

THE CHAIR: Mr. Densmore, anything?

JEFF DENSMORE: Nothing from me, thank you.

THE CHAIR: I'd like to than you all for coming. It's been an eye-opener, I'm sure. We're going to take a three-minute exactly break before we come back to deal with some committee business. We're in recess.

[2:46 p.m. The committee recessed.]

[2:49 p.m. The committee reconvened.]

THE CHAIR: Order. We're going to deal with some committee business first, and then I know that MLA Regan has another motion.

The first issue is going to be the March 2024 meeting. Obviously it's scheduled for March break, which we're not going to do. The Chair would prefer after March break, because he's actually not here the week before. I don't know whether everybody else is agreed - no critique from Grampy Palmer. I'm wondering, is the rest - okay. If we do after, we have two options. We can do it Tuesday, March 19th. It would be in the morning at 10:00 a.m. because there's a committee in the afternoon. However, obviously, if the House is sitting, it will be at 9:00 a.m. We have no idea when the House is sitting.

The alternative to that I think was the 21st, which is a Thursday, afternoon or morning, depending on if the House is sitting. What's the will or wish? Does anybody have a preference? (Interruption) The 19th at 10:00 a.m., 9:00 a.m. if the House is sitting? It seems like everybody is in agreement. All in agreement?

This one will be really quick. The January 9th meeting will be agenda-setting. Please have your caucus send things to the clerk. (Interruptions) Whatever the clerk says.

The last thing: We had a motion sitting on the table from the last, which is attached in your documents - the motion that was moved by MLA Regan, and then amended by MLA Palmer. You want me to read this out loud for Hansard, I hear. No problem. The motion as written is, and this is from MLA Regan:

> "I move that the Chair write, on behalf of the committee, to the Minister of Health and Wellness, to the acting CEO of the Nova Scotia Health Authority, and the CEO of the IWK Health Centre, to let them know what we heard about the need for Mi'kmaw representation in higher levels of the health system and encourage them, as a starting point, to each appoint - each of the health authorities to appoint a Mi'kmaw adviser to the executive team of those health systems."

Obviously that was moved by MLA Regan.

From MLA Palmer at that meeting:

> "I'd like to make just a little amendment to this, if I could. What I'd like to propose is requesting a letter from the Department of Health and Wellness asking for an update on the hiring practices of what we discussed today - highlighting what we heard but asking for an update from what they're already doing about this."

Again, this was moved by MLA Palmer.

This was taken out of Hansard to try to get the motion. MLA Regan will give me a wink when she goes, This is why I love them in writing. I know she'd laugh at that. We're dealing with the amendment. Does the member agree that is what your amendment was? (Interruption) Okay.

HON. KELLY REGAN: I'm just not clear. Do you want that in addition to what we said? It sounds like it's not a little amendment, it's a big amendment. It is completely changing what we asked for in the original motion.

THE CHAIR: MLA Palmer, I'm going to ask you to comment on that, because it's your amendment, not mine.

CHRIS PALMER: Obviously, we heard from witnesses at that last meeting who had concerns, and the government wants to take very seriously some of the issues that were brought forward in the Mi'kmaw community. The difference between the motions was I believe we are not, as a committee, dictating to the Department of Health and Wellness to take any action steps around how they do their business. What I was suggesting - because they might be already doing things in regard to some of the concerns that the witnesses brought forward that day.

My amendment, motion basically, was: We understand the concerns, we hear them here at the table. My motion basically speaks to them addressing - because maybe they're already doing things in regard to some of those, and we are looking for clarification from the department to send us any of the action items that maybe already have taken place. That's my amendment.

KELLY REGAN: What we heard at committee was that while there are people being embedded in departments at lower levels, there's no one at the executive level, and the reason for my particular motion, was in fact that this is not at the executive level. They don't have advisers at that level. It's something that we actually did at the Department of Community Services when I was there, embedding an African Nova Scotian adviser right with the executive team. That was always at the forefront of what we were doing.

That was the reason why I didn't want an update on what they're doing because we knew from what we've heard at committee, they're not doing it. We already had the update

at committee - we know they're not doing it. That's why I asked them to take a further step beyond that.

THE CHAIR: Any other discussion?

NOLAN YOUNG: With respect to MLA Palmer's amendment, that would make sense though - to have to send out to the department to find out exactly what they're doing for information, and to see what steps they are doing. I'll support this amendment.

THE CHAIR: I'm going to allow MLA Burrill to speak on this first.

GARY BURRILL: Point of order, Chair. I've asked you to make a ruling on whether or not the amendment is, in fact, in order. An amendment which contravenes the intention of the original motion is not in order.

THE CHAIR: I believe last month when we were here, that question was asked. When I asked legislative counsel, they didn't see an issue. Now, I don't know if it was you or not. (Interruption) It was Gord? If legislative counsel has already - then your point of order is actually, in my view, out of order because it has already been answered. She'll check Hansard unless somebody else remembers, but I think I asked the question. I'll let MLA Regan speak while they check. Is that okay, MLA Burrill - while they check to see if it was ruled already?

GARY BURRILL: It certainly is.

KELLY REGAN: I would just say that I have no objection to us asking them what they are already doing, but I think it is important to highlight for them that there is nobody at the executive level giving them this kind of advice as executive teams are making - and we heard that from the witnesses. Asking them for an update on what they're doing is great, but we heard that they don't have this key thing that we heard from our witnesses is important.

THE CHAIR: Just one second. MLA Burrill, just so you know, the clerk did check, and that question was asked and answered. I'm just going to call it. They've already said it's in order, so we'll leave it at that. Sorry.

DANIELLE BARKHOUSE: Asking for an update on hiring practice and what we discussed today - so that would have meant that day. We discussed it, right? Highlighting what we heard but asking for an update - this is basically in my view and correct me if I'm wrong - is saying we discussed it that day, you understand the issue, what's going on now? I will support this amendment because it is getting to the bottom of it. I think we can move from there.

THE CHAIR: Any discussion, or do you just want to vote?

CHRIS PALMER: I would just say, Chair, that no one is suggesting we don't recognize what we heard in that correspondence from the Chair to the Department of Health and Wellness. We're not suggesting that, but I think it's been said.

THE CHAIR: We're going to vote on the amendment.

All those in favour? Contrary minded? Thank you.

The motion is carried.

Now we're going to vote on the amended motion.

JUDY KAVANAGH: Can we agree on the wording of the amended motion?

THE CHAIR: He agreed that's what that was. The way I read this would be, at the point of MLA Regan's representing higher levels of the - that's where we're asking for an update. In other words, instead of - and encourage them as appointing. That's the way I see those going together because that's the change - when I merged them, that's the way I would read it. MLA Regan, I'm looking at you. That's kind of what . . .

KELLY REGAN: (Inaudible) today about the need to appoint, yes.

THE CHAIR: At that point, that's what's coming off and adding his into it.

KELLY REGAN: Encourage them to appoint. We're not saying you have to do it. We're encouraging them.

THE CHAIR: What I mean is that his amendment is to basically ask for an update on the hiring practices. His amendment actually takes that out and says that's what he's asking for. Your first portion is there, his second - as opposed to encourage. That's the way I read it. I'm trying to do it quickly within 10 seconds.

KELLY REGAN: I do have another motion.

THE CHAIR: Hit me quick.

KELLY REGAN: It's a long . . . (Interruptions)

THE CHAIR: Just a second - on the amended motion. I've got to vote once more. (Interruptions) The amendment's carried. We just ran out of time.

[3:00 p.m.]

Order. At the next meeting, the first thing will be to deal with the amendment, which probably isn't bad because we'll be able to wordsmith it so people see what it is.

The next meeting is Tuesday, December 12th from 1:00 p.m. to 3:00 p.m. It's ER Closures and Doctor Retention, and witnesses from the Nova Scotia Health Authority, Doctors Nova Scotia, and the Department of Health and Wellness.

We're adjourned.

[The committee adjourned at 3:00 p.m.]