

HANSARD

NOVA SCOTIA HOUSE OF ASSEMBLY

STANDING COMMITTEE

ON

HEALTH

Tuesday, April 8, 2025

COMMITTEE ROOM

Continuing Care / Seniors and Long-Term Care Workforce Initiatives

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HEALTH COMMITTEE

John A. MacDonald (Chair)
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Rod Wilson
Hon. Iain Rankin
Hon. Derek Mombourquette

[John A. MacDonald was replaced for first half by Hon. Brad Johns.]

[Lisa Lachance was replaced by Lina Hamid.]

In Attendance:

Judy Kavanagh
Legislative Committee Clerk

Gordon Hebb
Chief Legislative Counsel

WITNESSES

Department of Seniors and Long-term Care
Janet Lynn Huntington, Associate Deputy Minister

Sarah Melanson, Project Executive

Nova Scotia Community College
Don Bureaux, President

Connie Fisher, Acting Dean of Health and Human Services

MacLeod Cares Victoria Haven Nursing Home
Penney Campbell, Director of Facility and Resident Care

Northwood
Charbel Daniel, President and CEO



House of Assembly
Nova Scotia

HALIFAX, TUESDAY, APRIL 8, 2025

STANDING COMMITTEE ON HEALTH

1:00 P.M.

CHAIR

John A. MacDonald

VICE CHAIR

Adegoke Fadare

THE CHAIR (Adegoke Fadare): Order. I call the meeting to order. This is the Standing Committee on Health. My name is Adegoke Fadare. I am the MLA for Clayton Park West and also the Vice Chair of this committee. I will be chairing today's meeting.

At some point in time the Chair might come in and we might switch. I just wanted to note that. This is also the very first time I'm chairing a committee so please reduce the pressure.

We're going to be hearing from witnesses regarding Continuing Care/Seniors and Long-Term Care Workforce Initiatives. At this juncture, I will ask if we could put our phones on silent so we don't have interruptions. Just in case your phone is not on workplace mode, I think you could put it there.

At this juncture I would also like to ask committee members to introduce themselves for the record, stating their name and their constituency, starting from my left.

[The committee members introduced themselves.]

For the purposes of Hansard, I'd also like to recognize the presence of Chief Legislative Counsel Gordon Hebb to my left, and Committee Clerk Judy Kavanagh to my right.

At this juncture, I'd also like to ask for the witnesses to introduce themselves - their name, their title, and also to begin with their opening remarks because I am told there are some opening remarks. Whatever way you want to start - from my left all the way to my right.

[The witnesses introduced themselves.]

THE CHAIR: Ms. Huntington, you have the floor.

JANET LYNN HUNTINGTON: Good afternoon. I am pleased to be here today to speak on behalf of the Department of Seniors and Long-term Care on initiatives to build and strengthen the continuing care workforce.

With me today is Sarah Melanson, a good friend and colleague and project executive at the department, as well as a number of my senior staff behind me. We are also joined by our colleagues from Northwood, the MacLeod Cares Victoria Haven Nursing Home, and the Nova Scotia Community College, three of our many excellent partners.

Our department was created in 2021 with a mandate of making sure seniors can live with dignity and get the right care when they need it. Caring for seniors is the driving force for what we do at the department. Supporting those who deliver that care is a big part of what we do every day.

Care for seniors in Nova Scotia is delivered by compassionate, dedicated people who go above and beyond every day in so many ways. They provide exceptional care and help seniors to live their lives to the fullest, with dignity and in comfort. They are hard-working people doing important work. While it is rewarding work, it hasn't always been an in-demand career choice. We know this. That's why, with our partners, we're focused on making a career in continuing care more desirable - a career of choice, one that offers opportunities for growth and advancement where staff feel valued and supported.

The timing of this has never been better. We went from low staffing to stabilized staffing in continuing care over the last three years. We now have an opportunity to do transformational work to build on a stable workforce to build a modern, world-class health care system.

To do this we are driving progress in a number of ways, all of which are focused on strengthening, training, and supporting the workforce. We believe in continuing care workers' abilities, skills, and talents. That's why we're providing training, so they can gain new skills and advance in their careers and ensure they can all work to their full scope of

practice. We believe that, like everyone, their workplaces should be as safe as possible so they can stay healthy.

We believe they should be supported by a strong network of others in their field. That's why we are training and hiring more staff, so those in the sector work as part of a fully-staffed team with a mix of experience, expertise, and skills. Together, this work is building a strong continuing care workforce, one that is evolving to meet the needs of seniors now and in the future, one that provides an environment where all staff can do meaningful work. It's paying off. I'll provide a few examples.

Government is covering the cost for registered nurses in continuing care to do training so they can prescribe some medications. This is providing faster access to care for seniors and reducing trips to the emergency room. CCAs working in long-term care and home care are being supported to be licensed practical nurses through our partnership with NSCC. This is allowing them to advance their careers. CCAs' wages were increased by about 23 per cent. More CCAs and practical nurses are being trained through free tuition, books, and other supports. Since free tuition for CCA students was introduced in 2021, 2,600 students have enrolled in CCA programs in the province, adding significantly to the continuing care workforce.

The Province's CCA training program has been updated so that it better reflects the complex care needs of seniors. The new six-month program is now being provided to all CCA students.

Workplace safety initiatives are contributing to lower injury rates. In 2023, we saw a 15 per cent improvement in home care and continued improvement in long-term care over the previous year. These are the lowest rates they have been since 1997.

A strong workforce is fundamental to a continuing care system that delivers high-quality, timely care to seniors. Our department is also focused on supporting seniors to age well in their homes, building and replacing more long-term care spaces, and supporting the delivery of high-quality long-term care. All this work is interconnected. It is resulting in better, faster care for seniors and easing pressures on our health care system. Work like this gives Nova Scotians confidence in the continuing care system that it will be ready to provide the care and support they need as they age.

While we are seeing a lot of improvements, our work is not done. We will continue this work with the same commitment and intensity as we have for the past few years.

Thank you, and I look forward to answering your questions.

THE CHAIR: Thank you. I also heard Mr. Bureaux has opening remarks. Mr. Bureaux, please.

DON BUREAUX: Good afternoon and thank you, Chair, and thank you to the committee members for inviting us here today to speak. At the Nova Scotia Community College, we are proud to deliver more than 130 programs in various fields of study at campuses across the entire province of Nova Scotia. However, support for training of the professionals who will serve in the long-term care sector, those caring for our seniors and most vulnerable members of our society, we believe - and I know you do too - deserves our focused attention and investment.

At the college, we've been so pleased - through our School of Health and Human Services - to respond to the numerous ways government has worked to add to the number of professionals in this field. For example, thanks to the government's continuing care tuition support incentive that will assist 2,000 students, we have seen a rise in the number of those pursuing a career in this important field. They are committed - I'm pleased to say - to remaining professionals here in the province of Nova Scotia.

We've had the opportunity to partner with the Department of Seniors and Long-term Care on two very exciting CCA to PN bridging programs where CCAs are supported in their learning journey to become licensed practical nurses while continuing to work as CCAs in continuing care settings in their home communities. The CCA-Practical Nursing Bridging Program can be accessed online from anywhere in the province, and then on a campus for a portion of the program for their labs and their clinical placements. We began this with a program pilot in Truro in 2024, and we started a second pilot in Amherst in January of this year.

We're about to complete the second of the two pilots of an accelerated curriculum for our CCA program where they have been located directly - and this is exciting - on the site of a long-term care facility. The first group have successfully completed their program and are now employed in the sector. We eagerly anticipate the successful completion of the second pilot group, who are currently finishing their mentorship placements. With the incredible support of our SLTC department partners and the ability to work flexibly with the curriculum and delivery, we can bring these important professionals into the sector faster, all while informing the provincial changes that are being made to the CCA program overall through these pilots.

At the college, I must say, we are very excited to offer an additional customized delivery of the new CCA program as soon as May of this year, offering the new provincial curriculum for the first time. This will be in partnership with a long-term care provider and a new construction build requiring CCAs to staff it when it opens its doors in November of this year.

This past January, we began the first-ever accelerated PN program at the Ivany Campus in Dartmouth. With the support, again, of our wonderful partners at SLTC for their tuition and fees, we are educating practical nurses who have a direct connection to an employer in continuing care and work in the sector upon the completion of their program.

Instead of the two full years, this has been accelerated - and this is an important point - to 18 months in terms of the completion time frame.

The school has been honoured to be part of the collaboration and development of the new CCA program, working with our colleagues to build a program that is a direct response to the evolving needs of the continuing care sector.

To the members of the committee: these are a few of the key examples of the new initiatives that we are part of at the college in helping to address the urgent needs of this critical and key sector. This is part of the mission of the Nova Scotia Community College. We believe in the instrumental connection with our partners to help individuals pursue great careers and we believe deeply in working with partners and helping to open doors to lead more professionals to this excellent career.

With the growing population and the expanding economy, we know we can't stand still. We must meet these opportunities with innovation, new delivery methods, more flexibility, and increased diversity in our classrooms by strengthening our current collaborative efforts, including supporting underrepresented communities, upskilling, creating new pathways from one occupation to another and augmenting current resources. By doing all this, we know we can move quickly and efficiently to reach the goals that we each hold in the communities that we serve.

Again, thank you for this opportunity to be here this afternoon and for the continued support of all parties in your communities for this very important work.

THE CHAIR: Ms. Campbell, do you have opening remarks?

PENNEY CAMPBELL: Good afternoon. It's a pleasure to be here. I'm Penney Campbell.

We are here today to discuss the benefits of workforce optimization. It has helped improve the sustainability of the long-term care workforce, creating stability and putting us closer to our goal of being a sector of choice. It has also contributed to quality resident care outcomes. Nova Scotians requiring the services from continuing care will benefit now and in the years to come.

I have been a registered nurse for 37 years, with many of my experiences in management and leadership roles. When I graduated in the late 1980s, there were very few employment opportunities in nursing. I had to move to the United States to find work, but when the job market improved here, I moved home.

I have been the director of Facility and Resident Care with MacLeod Cares Victoria Haven Nursing Home in Glace Bay since 2013. The MacLeod Group operates 14 locations in Atlantic Canada. Founded by the late Brian and Irene MacLeod in 1981, it has become a

recognized leader in high-quality retirement living and senior care, building on a solid foundation of family values and sense of community.

[1:15 p.m.]

For the past two years, I've been part of a committee chaired by Sarah Melanson. Our committee work has been powerful, profound, timely, and timeless. It challenged the norm and developed a framework with striking clarity, utilizing the advice of key stakeholders to navigate the journey ahead.

Victoria Haven took part in the CCA role standardization pilot utilizing a project management approach that mapped the framework for change. Every certified CCA, regardless of their previous training, would demonstrate the minimum competencies to practice to full scope of employment. This has allowed the licensed staff to focus on their responsibilities and scope of practice. This ensures the right person is delivering the right care in the right setting at the right time.

This has contributed to improved quality resident care outcomes, workplace culture, and a workforce that is sustainable and has stabilization. The CCAs now have role clarity and more responsibility. They have reported improved job satisfaction, feel more valued, and part of the nursing team. It has contributed to a positive workplace culture with improved trust, communication, and collaboration.

Throughout the journey, we demonstrated resilience. Change is hard, but building resilience has helped reframe the inevitable unease that accompanies learning and transformation. We learned to sit in the space embracing the uncertainty while showing up to work each day. We have emerged stronger and wiser, ready to navigate the next learning opportunity.

Thank you for the opportunity to be here today.

THE CHAIR: Mr. Daniel.

CHARBEL DANIEL: Thank you for the opportunity to be here today. It's truly an honour to be here to represent Northwood, an organization rooted in social justice and providing dignified living for seniors for over 60 years. Though we're here to discuss staffing strategies and recruitment strategies, I believe the discussion is a little bit deeper than that. Let me start with what we're really here to talk about today: people with purpose.

Over the past few years, we've navigated some of the largest challenges in continuing care, and we recognize that there are more challenges ahead. Some of these challenges lie around burnout, some of them around changing expectations. At Northwood, we don't see these challenges as stop signs; we see them as turning points where we can ask questions about: How do we do better? How do we care more deeply?

How do we create an environment where people don't just show up to work but fulfill a sense of purpose?

To do that, we have to create more than just job postings; we have to create a culture and a community with multiple pathways for fulfilling careers. We're doing this through the launch of the Northwood Career College. We're doing this through partnerships with the Department of Seniors and Long-term Care on several programs, like the CCA-Practical Nursing Bridging Program, RN prescribers, and CCA standardization. We're building relationships that begin in the classroom and extend into lifelong learning.

We know attraction gets people through the door - retention is what keeps them. That's why we continue to focus on leadership, mentorship, mental health programs, and most importantly, creating a culture where people are seen, heard, and respected every single day. This isn't just talk; the results speak for themselves. Recently, Northwood has been recognized once again as one of Nova Scotia's top 100 employers for the 10th year in a row. Last month, our HR team was recognized by being awarded as the HR Team of the Year by the Chartered Professionals in Human Resources. Northwood is also recognized for its leadership in diversity, equity, inclusion, and belonging by the Nursing Homes of Nova Scotia Association.

All of these accolades provide credibility to the work happening at Northwood. Last year, Northwood was named one of Canada's top 30 most innovative organizations, but at Northwood, innovation is not about apps and technology. It's about courage: the courage to challenge the status quo, the courage to lead with humility, and the courage to build programs that are rooted in dignity and not just delivery. What I've witnessed at Northwood has been nothing short of extraordinary. I've seen people return from retirement because their purpose didn't retire with them. I've heard stories exchanged in the hallways among generations that remind us of the importance of the work that's happening. I've seen over and over again how it makes people feel when they're part of something bigger.

We're not just filling roles. We're creating a movement - a movement of people who don't just show up to work because they have to but because they want to, because they believe in the power of the work that they're doing, and they know it's building a better future for all of us.

THE CHAIR: We'll move to the question-and-answer period now. I just want to remind people that we should wait for our names to be mentioned and then wait for the red light to come on before you speak so that it will pick you up on Legislative Television. I also want to say that each caucus is allowed 20 minutes each, so we'll start with the Official Opposition. The first one will be split 20-20-20, and then the subsequent minutes of whatever we have left will be shared 10 minutes apiece. We'll see how that goes.

At this juncture, I'd like to welcome the Official Opposition. MLA Wilson.

ROD WILSON: Thank you, everyone, for coming. I've been excited about this because my background in medicine has been mostly acute and primary care, so I'm looking forward to learning a lot about what's going on in the Department of Seniors and Long-term Care, especially since it's a new department.

We have a lot of questions. It's not meant to be a quiz. It's really just to understand what's going on. If we get into the weeds, we can follow up with notes later. I like to ask a lot of questions, to my colleagues' dismay. Again, thank you all for coming on this snowy day.

First question is a big-picture question. Most of my questions are for the Department of Seniors and Long-term Care. I realize this is a fluid, moving target, but approximately how many people in Nova Scotia receive care from the Department of Seniors and Long-term Care?

THE CHAIR: ADM Huntington.

JANET LYNN HUNTINGTON: We serve, in the home care side, around 40,000 Nova Scotians a year, and around 9,000 on the long-term care side.

ROD WILSON: Can you tell me - again, it's a fluid number, I'm sure - the approximate workforce to meet those people? I'm sure it's changing weekly and daily.

JANET LYNN HUNTINGTON: Right now, in continuing care in Nova Scotia, we have around 16,000 employees. That would include CCAs, dietary staff, OTs, PTs, allied health professionals. In total between both sectors, around 16,000.

ROD WILSON: Can you tell me approximately outside of administration staff, who I realize are important, how many clinical staff you have in each type of skill set?

JANET LYNN HUNTINGTON: I'd have to confirm the total number of clinical staff, but I can tell you of the 16,000 that 9,000 are CCAs. I'd have to follow up with the mix of the other health care professionals.

ROD WILSON: So approximately half are CCAs. Okay. The big question everyone has: How many vacancies do you have - approximately - today, knowing it will change tomorrow?

JANET LYNN HUNTINGTON: I'd like to take a little opportunity to talk about the work that we've done to actually get that number. When I came to the Department of Seniors and Long-term Care just over four years ago, one of the first questions I asked was: What was the vacancy data telling us? We didn't have the number.

As you know, long-term care and home care providers are individual employers. We are the funder, as the Department of Seniors and Long-term Care, but individual employers are responsible for the hiring of their workforce. We didn't have a vacancy survey that was reliable. There was one survey that existed; it went out every two years or so and it wasn't mandatory. It had about a 50 per cent response rate, so it didn't really give us the data we needed to make long-term workforce investments and planning.

I'm really pleased and proud to report that with Sarah's work and her team, she has developed a very thorough - and you can ask the providers here who fill it out because I'm sure it's quite frustrating sometimes - a very thorough vacancy survey that we've been collecting data on consistently for over a year, that's collected quarterly. We are allowed to actually see trends now. From a vacancy perspective - and correct me if I'm wrong here - I think home care is about 11.8 per cent and long-term care is 7.9 per cent.

ROD WILSON: Your metrics are music to my ears other than the vacancy rate. What I thought I heard you say is that (inaudible), as the funder, you have some standardized reporting back from the providers.

Can you tell me, highlight, what might be the key sections of the metrics?

THE CHAIR: Ms. Melanson.

SARAH MELANSON: The vacancy survey that goes out quarterly focuses on all the roles within the two sectors. There's a home care survey and a long-term care survey. We ask folks to let us know about vacancies, exit rates. It's all based on individual roles.

ROD WILSON: One of the questions I'm curious about - and I think long-term care uses the words travel staff; I've heard travel nurses, agency nurses - does Seniors and Long-term Care rely on, and if you do, what per cent of your staff are the contract or travel staff or travel nurses?

JANET LYNN HUNTINGTON: We've worked really hard, as you can imagine, over the last number of years through our workforce investment initiatives to reduce our reliance on travel staff in the sector. Every time travel staff has been approved in the past, it is through a rigorous process so it's not just an automatic yes. You get access to travel staff because we want permanent staff in those facilities. We want them working with those residents every single day.

A lot of the initiatives we're going to talk about today will support how we've reduced our reliance on travel staff. What I can say is that over the last number of years you will see significant drops from the sector in needing and utilizing travel staff. As of April 1st of this fiscal year, of this calendar year, we don't have any travel staff in Seniors and Long-term Care that we are funding or supporting at this point, which is really welcome news. It means stabilized staffing in long-term care.

ROD WILSON: That's a great accomplishment to reach that so congratulations.

In December 2021, there was a commitment to recruit CCAs by the government across Canada. I've certainly met some of folks who have come to Canada. Can you speak to how many people we recruited internationally in that program? Is the program still existing? Do we have any metrics as to how long folks are staying in our province?

JANET LYNN HUNTINGTON: As I mentioned earlier, employers are responsible for the individual recruitment of their employees so it would be best to speak to them about the total number of employees who have come from the international stream.

Certainly SLTC has a very vested interest in making sure that we have a stabilized workforce. We have worked with our partners at Health Association Nova Scotia - HANS - on domestic and recruitment opportunities. If our employers need some assistance with recruitment, we have a HANS team we support in recruitment and retention. I believe that number between domestic and international is just over 400 that we have supported our employers to match employees with the employers themselves. I would encourage you to speak to them specifically about some of the things they have done in that particular area.

[1:30 p.m.]

ROD WILSON: I guess I'll come back to you in a minute and then we'll talk about those questions. I was happy to hear, and I just want to understand, 2,600 enrolment in the CCA program?

JANET LYNN HUNTINGTON: Over the last number of years, we've had over 2,600 people enrol in CCA programs in Nova Scotia, with more coming. What I would say, and I think it's important to recognize, was when the free CCA tuition was rolled out a number of years ago, we had about a 50 per cent participation rate in our CCA training programs. People didn't want to participate in those programs, so we really had to make sure that we were changing the narrative on what it's like to work in continuing care, making sure people knew that it was a great career with long-term opportunities for advancement.

That's some of the stuff that we've been working on for sure. We are pleased that our target was 1,000 a year, and we exceeded that target. We hit 2,600 people.

ROD WILSON: In that 2,600, in 2021, there was \$22 million made available through government for the initiative. Has that fund been fully utilized, and do you need more money?

JANET LYNN HUNTINGTON: The initiatives that were announced in that initial investment have been utilized, but there is ongoing, continued investment. You'll remember we talked about free tuition for CCAs. Even though we've exceeded our target,

we are still offering and will continue to offer free tuition for CCAs in Nova Scotia as needed. We've also continued with some of the professional development fund and the innovation fund at HANS, some of those original investments that were made. Workplace health and safety was announced back as part of that, and that is an ongoing financial commitment.

What we are doing now, quite frankly, is looking at what we have - the resources that we have - and what we can do. It's a different game than it was three and a half years ago. We're looking at the resources that we have to determine what the next steps are and what we can do to make sure that yes, we've stabilized the sector. That's great news. We're not done, though, and we can't ever take our foot off the gas. That's a really important message I want people to understand: There's no start and stop to this. We always need to make sure that at the end of the day, we are doing all of the things that we can to make sure that Nova Scotians have a sector they can rely on, that they're proud of, that they have confidence in, and that health care professionals like you know that it is a desirable sector to work in, and it is a sector of choice amongst health care professionals.

ROD WILSON: With that confidence, during the last sitting of the Legislature, I received emails and phone calls probably every day from CCAs and nurses in long-term care. One of the concerns that was brought forward was that there were often staffing shortages and cancellations of home care or services the next day, often late at night. That brought stress to both the nursing staff and the clients. Can you tell me - and again, this may be on the provider, but I think it would be a good quality question - how many cancellations of services happen per month?

JANET LYNN HUNTINGTON: I don't have those figures, but we can get something for you. What I would say, though, on the home care front, is we are doing a really focused effort over the next number of years on transforming the home care sector. We know that Nova Scotians - and all the evidence and research would tell us this - want to stay home. They want to live comfortably in their home. We have an obligation and responsibility to make sure that we have a workforce that can deliver that service.

We still have more work to do - always pushing forward - but now that we've stabilized the workforce, we can start looking at what we can do to provide better care quicker and in a more efficient way, so that you're not getting those phone calls and that there are not cancelled visits, and that we're matching the care to what's being authorized. When I say that, what I mean is that while there are definitely cancelled visits from employers, from agencies that are unfortunate and nobody likes that - we need to do better in that area - what I would say is that we also have cancelled visits from clients. They don't necessarily want that service that day.

What can we do as a Province to make sure that if a client says, You know that? I don't want the service that's been authorized and approved for me on this day, what can we do to make sure that appointment is going to somebody else in a quicker way? These are all

the initiatives that we're going to be working on. I look forward to coming back and sharing the details with you on that, and some of the transformational work that we're just in the early stages on.

ROD WILSON: That would be helpful to understand how many cancellations there are, and then in the future what your goals are in terms of decreasing them and how they're met. With goals, we did a Freedom of Information and Protection of Privacy request back in December 2024, late last year, that showed that 49 long-term care homes were providing 4.1 hours of care per person. A couple of months later, can you tell me how many clients are receiving 4.1 hours? Is there a standard goal for care in terms of time?

JANET LYNN HUNTINGTON: The 4.1 hours of care initiative is as much about quality resident care as it is about workforce retention. When the government announced the 4.1 hours of care about three and a half years ago, it was a significant investment into the sector. It was also at a time when 400 beds were closed due to staffing, approximately. I remember working at the time when beds were closed, and we announced an additional 4.1 hours of care. I remember thinking to myself, How were we going to do this? All of the initiatives that we're talking about today have allowed us to get to the point where about 92 per cent of our facilities in Nova Scotia are delivering 4.1 hours of care.

That investment is quite significant for a whole host of reasons - obviously, from a quality of resident care perspective but also the reason that we're here today. It means an additional 549 FTEs into the sector. That's CCAs, LPNs, and RNs. When you are trying to attract people to come and work in the sector, an additional investment of 549 FTEs goes a long way. Nobody wants to work short-handed. They want a fully staffed organization, and 4.1 hours of care has allowed us to do that.

Again, I would encourage you to talk to some of the employers about that, who are at or delivering 4.1 hours of care. The intention would be that all long-term care facilities in Nova Scotia are delivering 4.1 hours of care - which, by the way, we're very proud of here in Nova Scotia as it's among the highest ratio of hours of care in the country.

ROD WILSON: I'm going to turn my questions, okay? A couple of questions for our colleagues from Victoria Haven and Northwood - how are your staffing ratios, and what are your goals and what are your major gaps in your workforce?

THE CHAIR: Ms. Campbell.

PENNEY CAMPBELL: At Victoria Haven, I have 59 permanent employees, 52 casual employees, and four management. Approximately 51 per cent are permanent, and 49 per cent are casual. We are at the 4.1-hour staffing level. We do a lot with recruitment. All of our Unifor employees, including casual employees, earn sick time, holiday time, and vacation leave credits versus getting paid out a percentage on their pay. They can earn up to and including 160 hours of vacation time during prime time and Summer vacation. We

encourage a work-life balance, and every employee gets time off. Last year, most employees got all of their time off, especially during prime time.

ROD WILSON: Mr. Daniel, I want to say welcome. I have been a long-time Northwood (inaudible), so you must be new into the role since Janet left? Welcome.

Can you speak to Northwood's challenges in terms of the staffing vacancies and challenges?

THE CHAIR: Mr. Daniel.

CHARBEL DANIEL: I'll speak to it from two different perspectives: home care and long-term care. On the long-term care side, with all the initiatives that have come through - free tuition, the adjustment in salaries - we were excited a few months ago when we hit zero vacancies at our Halifax location. That's the first time we have achieved that in 25 years, so a huge milestone for us. Of course, there's always a bit of turnover as we continue to work through those numbers, but a massive achievement. We continue to focus on how we attract and retain people, as I mentioned in my opening remarks, it's all about enhancing that work environment and creating a sense of purpose.

Earlier, you asked a question about the home care side and cancellations. Just to put it into perspective, and I know this from a previous hat, but last time I checked, I think there were about 200,000 responses per year by EMS for the province. At Northwood, we're doing nearly half a million home care visits a year, so it's quite substantial. Of those visits, 90 per cent that are cancelled are actually cancelled by the clients. What we do to ensure that we can continue to retain our teams is that we provide them guaranteed hours so they're not losing pay when these cancelled visits happen. We're maintaining their salaries and their income.

Overall, of that total number, it's a little bit less than 2 per cent of those cancellations that have to do with weather or sick calls or car breakdowns - another substantial improvement in comparison to the volume of work.

THE CHAIR: The honourable member for Halifax Armdale, with one minute 12 seconds left.

ROD WILSON: This is like *Beat the Clock*. Back to the seniors. There was a substantial raise two years ago to CCAs. How does the current CCA compensation compare to other provinces, and what are your thoughts going forward?

JANET LYNN HUNTINGTON: I can tell you when I was on the call where our Premier met with CCAs, on a call with over 300 CCAs, where they talked about the need for an investment in their wages. He heard - we all heard on that call - the important work

that they do, and the need for an investment in wages. Shortly after that call happened, the Premier made the announcement that they would get that significant raise.

What I would say is, that has gone a long way in helping us talk about some of the statistics that we're being able to share today. So, people then became attracted to becoming a CCA for wages, and for all of the other things that we're talking - workplace health and safety initiatives, free tuition.

THE CHAIR: Time is up. At this juncture we will recognize the second Opposition. MLA Mombourquette.

HON. DEREK MOMBOURQUETTE: Good afternoon to everyone. I'm honoured to be here. It's always great when a Cape Bretoner is on committee. Thanks for making the trip. I do want to recognize the staff in the department, who are familiar faces to me during our days at the Department of Education and Early Childhood Development. It's good to see you. I appreciate the quick response I receive for any questions I do get from the department in regard to seniors and long-term care. It's really good to see you all.

I'm going to start. Some of the questions, actually, that my colleague asked, were some I was going to ask. He likes to ask a lot of questions quickly. I'll have some questions for the department around infrastructure, because that's a big thing right now for the department. Announcements have been made over the years in multiple governments for construction.

There have been a number of investments government has made. I'm going to ask each of you who are not in government - I would like to hear from you what else government should be doing at this point that could help support the sector. That could be through education, that could be through training, that could be through retention. If there's one thing the government is not doing right now, that they could be doing, what is it?

THE CHAIR: Mr. Bureaux.

DON BUREAUX: Nice to see you, sir. It's always a tough one to answer a question: What's not being done? So, I'm going to reframe my answer a bit: What could be done more? It's not more from a point of view that it's lacking, it's just we have been very impressed and very appreciative with the innovation and flexibility appetite.

When we sit down, the question is: What is needed to be done to do it differently? We have had tremendous success with that kind of philosophy. Our hope - and there's no indication to indicate why it wouldn't - we want that to continue.

THE CHAIR: Ms. Campbell.

PENNEY CAMPBELL: That's a really tough question, because there's been a lot of innovation and a lot of funding in our sector. I think if we just follow the path that we're on.

THE CHAIR: Mr. Daniel.

CHARBEL DANIEL: Yeah, great question. I think it's important to recognize first, that where we're heading, the work that's happening in the sector, there's no destination of a place where we'll get to. It's the journey and it's the work that's happening and how do we continue to have this journey and enhance it?

[1:45 p.m.]

I'm very impressed with the amount of innovation that's happening with providing care in the comfort of the residents' own homes. When we look at - this is an initiative that started a little while ago with Care by Design, grouping physicians for on-call, integrating EHS with extended-care paramedics. And now, as it evolves to RN prescribers and soon to be delivering IV therapy on site, it solves things on so many different fronts. The first one we talked about earlier is: How do you attract and retain your teams? By allowing them to practise to their full scope is the Number 1 thing to keep them. That investment from government and the initiative to do that - I hope to continue to see that, because it makes our lives a lot easier to keep the teams that we have, when they feel that they are practising to their full scope and feeling fulfilled.

The other piece is that that investment also provides a high quality of care for those individuals who don't have to be subjected to going to the hospital. I can speak to that from my own personal experience as a former frontline paramedic. Having to do some of those transfers and realizing that these individuals can get care in their own homes is substantial.

The third, just as important, is the pressure that it's taking off the system of not having to tie up resources to provide that same quality care. From my perspective, I'd like to see that journey continue on. Maybe the next step is we start rolling out portable X-rays and doing X-rays at the locations. Who knows what's in the future?

These initiatives are extremely innovative and very pleasing to see.

DEREK MOMBOURQUETTE: I appreciate it. It's always nice to ask the folks who are on the ground doing the work. We see it first-hand in Sydney. There are some great folks on the ground doing work and supporting families in a number of different homes in the area.

Just on the funding piece - I'll ask this to the department. The Canada-Nova Scotia Aging with Dignity Funding Agreement, 2023-24 to 2027-28 - correct me if I'm wrong, but funding for 2023-24 included Grow Your Own CCA - \$2.875 million to cover the

salary of 115 students while they engaged in CCA training - and CCA Philippines Recruitment - \$500,000 to support the recruitment of 100 individuals for CCA roles.

How's the progress on streamlining credentials for internationally educated professionals through the funding that you've received?

THE CHAIR: Ms. Melanson.

SARAH MELANSON: Yes, we've been able to do quite a bit over the past few years with those initiatives. One of the things we've spent quite a bit of time on with my team is looking at pathways for folks to be CCAs. We've really spent a bit of time thinking about: Who else are care aides? At the end of the day, "CCA" is a term we use, but most places would think of it as "care aide." We've been looking at where the care aides are, and what it looks like to help transfer those credits.

We're doing quite well with that. That was part of that Philippines recruitment fund. We do know that there's a good path there. That funding exists for employers to access.

DEREK MOMBOURQUETTE: The next one I was going to ask about was the \$945,000 that was allocated for the HR innovation fund for initiatives such as education programs and recruitment and retention of health care workers in continuing care. What are some of the programs that's covering under that \$945,000?

THE CHAIR: ADM Huntington.

JANET LYNN HUNTINGTON: Ms. Melanson can help me with this answer. She'll have more details than I do.

What I can tell you about some of those dollars is that we really did allow the flexibility for employers to decide what they wanted to do and what they needed. We heard from them on some of the initiatives that they wanted to see some investment in.

You mentioned earlier around the Grow Your Own CCA initiative. I'd like to take a minute to talk to you about that. It's important because the Grow Your Own CCA initiative actually came from - the idea - the Cove Guest Home in Sydney, which you would know about. The Grow Your Own CCA initiative - again, these are the things that we really value - our relationships and our partners and our partnerships with our providers. We have free CCA tuition in Nova Scotia. We've had it for a number of years, and it's worked. We're very proud of it. What do we have to do now, though? What is the next step?

We had an employer in Sydney at The Cove Guest Home come to us and say, We did a thing with one of our staff to make sure they had a great career and here's what we did. Are you okay with it and do you think you should do it in other opportunities?

What this particular CEO did was she worked with the dietary staff; somebody who has worked at the Cove for many years, who loved the residents, had a great relationship, wanted to be a CCA. This individual has a full-time job; they have bills to pay. They could not afford to leave their workplace, leave their career and go take the free CCA program.

The employer worked with the individual to offer some wraparound supports to say, Okay, how does this sound? We will support you. We will provide wage replacement for you to continue to go and study to be a CCA. You have to come back and work at the Cove. You have to come back and work for us for two years. Will you do that?

That was a beautiful example of a long-term care provider listening to what their staff needs and wants. They shared that example with us. That is an idea that we have taken and run with. We always give our credit to the Cove Guest Home for that idea because it was brilliant. We have, I think, close to 200 people who are enrolled in the Grow Your Own CCA initiative. That comes from some of the funding that you're talking about, MLA Mombourquette.

What that means is employers can then apply for funding to support wage replacement. If you have a staff member who really wants to be a CCA, from a retention perspective we want them. If they are already working in a different role in their long-term care facility, we want to be able to have options and opportunity to support them. This wage replacement opportunity allows them to access the free tuition, continue to work in some cases. If not, if they can't work full-time, then they'll get wage replacement so they can continue to live their life while they are studying, which is so important and pay their bills. Then they have a full-time job afterwards.

From a retention perspective, that employer already knows, I'm going to invest in this individual. They've already worked here. They are in a different role - maintenance, dietary aid, you name it. The residents love them. They have a great relationship with the staff here and now they're going to become part of the care team. That was just one idea from one employer, from an innovation perspective, whom we listened to and it has now become a program available to employers in Nova Scotia.

DEREK MOMBOURQUETTE: I was actually at the Cove for the child care announcement, which is also something that probably will help with retention down the road, too, if we can expand child care into the facilities. As we see in the health care sector that's a big barrier for folks. They are trying to access child care and the Cove is really innovative on that, too, working with the YMCA to open a new centre. I encourage everyone to keep pushing that. It's important.

I want to get into infrastructure. You probably know what part of this question will be, but I'll get an update publicly. There have been a lot of announcements over the years, as I've said. I was proud to be in Glace Bay with my colleague who couldn't join us today, former Premier Iain Rankin, to announce a number of long-term care facilities to be

constructed in Glace Bay - Carefield Manor; R.C. MacGillivray Guest Home was announced then and there were some others. Just an update from the department on how the infrastructure is going.

I know a number of buildings are well on their way. We've been in discussions, of course, about the MacGillivray, if you want to give a comment on that as well. Are you confident that all the construction is coming in on time and on budget?

JANET LYNN HUNTINGTON: When I come here today to talk about recruitment and retention of workforce, building modern facilities that people want to work in is a key commitment and cornerstone of that recruitment and retention initiative.

We have what I would describe as a generational investment in long-term care infrastructure in this province: 50-plus projects, 18 currently in construction and - with the exception of today's weather - now that it is Spring, we expect more of those projects to continue in the weeks and months ahead.

We are working with our providers on the replacement builds and their new builds, to ensure that we are getting what they want in a modern, long-term care facility. They have certain requirements in the community. We want to make sure they are getting what they need to deliver high-quality care.

It really is one of those things, as you can imagine. It's a conversation. It's a phone call. It's several meetings. Particularly, the boards that are working on these projects are giving hours and hours of their time to really build what they would say is their legacy facility.

We have an obligation at the department to ensure that we're providing clear, accurate information to them about what the expectations are. We have a budget. We understand that construction fluctuates, so we have to look from within first and foremost to manage that budget. Our commitment at the department is to ensure that every one of those builds continues, and continues with budget in mind, but, also, at the end of the day, to make sure that the residents - particularly those in Cape Breton. You said there was one Cape Bretoner at the table; there are two Cape Bretoners at the table. I will remind you of that, respectfully. (Laughter)

I know that the MacGillivray Guest Home is a cornerstone of that community, and I know that they need a new facility. The department is 100 per cent committed to working with that board who have given hours and hours of their time to make sure that facility gets done as quickly as possible because the residents deserve that.

DEREK MOMBOURQUETTE: Yes, you are from Cape Breton. I apologize. I should have known that, all the years we were in school together. No, I appreciate that, and I mention it on the record. I do want to say this through you, Chair, that I appreciate the

comments from the minister, as well, because the minister and I have had a number of conversations about MacGillivray. There was a commitment made to meet with the board who are very active and engaged in this for years, as you've said. For many of these, these are community organizations that are represented across Nova Scotia, who are really steering the ship on these things, working closely with the department.

It's also a lot of trades. Are you running into any trades issues as you're - you said there are 18 under construction right now. Are there any delays happening because of trades or labour shortage?

JANET LYNN HUNTINGTON: While there are definitely some time challenges that we've had with the build, it's not necessarily due to trades. It can be due to anything related to weather, permits, and all kinds of things. What I would say, though, is I think as a department - and anyone who has ever built anything knows that we have to take into consideration construction delays in a new project for a whole host of reasons that I've just mentioned, not just due to lack of trades. We are hearing that there are opportunities for trades, and we know that our partners at NSCC are working on that front as well.

We have opened Villa Acadienne in Meteghan. We've opened Kiknu in Eskasoni, and we've opened Mahone Bay Nursing Home. That's two 96-bed facilities and a 48-bed facility in Eskasoni. We have four new facilities that are expected to open in the next 12 months: Mountain Lea Lodge in Bridgetown, Rosecrest Communities, Moody Hall in Halifax, and Carefield Manor in Dominion that you mentioned.

We know that workers are out there. They're working hard, they're building high-quality, safe facilities for our seniors. We will continue, as always with every project, to monitor the timelines, monitor the budget, and work with community when we can to make sure that these facilities - it's 5,700 beds. It's 2,000 net new. It is, as I said, a generational investment. We will work to make sure they get built as quickly as possible in the safest way that they can.

THE CHAIR: MLA Mombourquette with two minutes, 56 seconds left.

DEREK MOMBOURQUETTE: Okay. Two minutes. What can I ask in two minutes?

Listen, I appreciate that. I think that you talk about the big builds that we've all been involved with over the years, whether it was the college in Sydney or the hospital redevelopment or anything else. I think that people don't realize the amount of work that goes into these new builds for long-term care. This was something that we talked about with the construction sectors when we actually made the announcements on a lot of these. There's a lot of opportunity for trades, and there's a lot of opportunity for folks to be exposed to the trades through these projects themselves.

I appreciate the response on the infrastructure side. I'm not going to have - we might have another round of this, but I will pivot to wait-lists. You may not have the information today, so I can appreciate that if you can send it through. Do you have a breakdown of the wait-lists per zone?

[2:00 p.m.]

JANET LYNN HUNTINGTON: I should be able to provide that information for you after committee. What I can say, though, is that, when a bed is available in the system, on the long-term care side, we have placement time rates. We have the facilities themselves - and they can speak to you about that; they have a certain amount of time after that bed becomes vacant to ensure that we're matching individuals, appropriate individuals for those beds. Our facilities are meeting and exceeding those timelines.

I'm also pleased to announce that as of April 1st of this year, we are moving to seven-day admissions in long-term care. In the past, admissions - because "admissions" sounds like just an admission, and it's a letter. It is a very complex process to match an individual with a long-term care facility. There's family. They have to be notified. They have to be involved, and they want to welcome their family member into a long-term care facility.

It's quite a labour-intensive and really important process, and that was always happening Monday to Friday. We recognized that we shouldn't have a vacancy on a Saturday or a Sunday in long-term care. We worked with our providers to roll out a seven-day admissions policy and process. We're obviously in early days. It's only early April, so that process is new. But that will ensure that people are getting access to those beds quicker.

In addition to the 5,700 beds that I talked about, and the net-new beds, the 2,000 beds, we are also looking and working with providers, when opportunities exist, to add additional capacity to the system. So, if there is a provider - and we've done this in the past - that has assisted living, that maybe they're opening a new . . .

THE CHAIR (John A. MacDonald): Order. Sorry. The 20 minutes for the Liberal caucus is over.

MLA Fadare.

ADEGOKE FADARE: I couldn't ask questions as the Chair, but I can ask as Vice Chair, so that's good. I really have been impressed by some of the things I've heard today. I'm going to be directing these to the ADM. Before our government started a Department of Seniors and Long-term Care, the former government had closed beds due to staffing shortages. Can the department speak to some of the things they have been doing to get the beds back up and assure that there's continuity without disruption in the system?

THE CHAIR: ADM Huntington.

JANET LYNN HUNTINGTON: I referenced some of the things earlier in my remarks, but what I would say is, when I came to the department from the former Department of Education and Early Childhood Development, I met with our deputy minister at the time, Deputy Minister Barbrick. I said to her, What is the Number 1 thing that you want me to do? She said, You need to get people interested in a career in continuing care.

I met with our minister, and Minister Adams is a passionate advocate for Seniors and Long-term Care. And I said, What is it that you need us to do? Her response was, You need to build sector pride. You need to create an environment where people know that they have career pathways, options, opportunities, and this is a great career for them.

So, we quickly developed plans and processes in place to ensure that those 2,000 seats were filled. We offered free tuition. Again, I spoke earlier about the investment of the 4.1 hours of care. I cannot overestimate the importance of that investment at that time, and today: \$35 million, 549 FTEs, direct care staff invested in the sector, 23 per cent raise, ongoing commitment to workplace health and safety - and that's a really important one, because every employee in Nova Scotia deserves to work in a safe environment.

So, if we're going to modernize a long-term care and a home care sector in Nova Scotia, there are certain requirements that we need to have, basic things like the Employee and Family Assistance Program. That was never offered or paid for by the Province before. We made that investment. That goes a long way in supporting employees' well-being.

We also developed what I would call a career pathway. So, I'm going to tell a little story about a person who we have never met before at the department, but who inspires us daily. We call her Molly Manor, and I'm being serious. This is an individual - when we talked about the free CCA program a number of years ago, we envisioned - and as I said, I am from Cape Breton - so, I'm always taking that rural lens when we're doing program or policy development. This particular individual wants to live in rural Nova Scotia, in her home community. She was born and raised there. She is 18 years old. She wants to stay and live - her mom and dad are there; her grandparents are there. She doesn't know what she wants to do, and her parents say to her: The manor down the street is always hiring. Great. By the way, the Province will pay for your free tuition. Even better.

Molly - Molly Manor we call her - goes and takes the CCA program. She completes the course. She's successful. She gets a full-time permanent job in her home community. She's working. She's doing great. The residents love her; the administrators love her. It's a wonderful opportunity. She's now 25. She has a car payment, maybe an apartment. Does she want to do this particular role for the rest of her life? Maybe she does, and we welcome that, and we're thrilled that she wants to work at the manor for the next 25 years, but maybe

she wants to do something else. What are we going to do to make sure we don't lose Molly Manor?

That's why we're talking about the career pathways. We talk about CCA to LPN. That sounds like just an initiative. You can be a CCA, then you move to an LPN. That program is designed intentionally to attract and retain the Molly Manors of the world. If there are CCAs who want to do it for 25 years, we are thrilled about that, but we can't just assume that that's the case. We have to always be planning and preparing for what's next.

That CCA to LPN pathway that the NSCC is partnering with us on is a cohort of continuing care assistants who work in continuing care right now. They know what it's like. They know the sector. They know their residents. They are going to then take this program through NSCC with support from us, and then they're going to become an LPN. We need LPNs. We need our licensed staff. They're going to come, they're going to work in long-term care or home care in Nova Scotia, and they're going to stay with us. Now we've retained her.

We say something, and it's a little clichéd, but we often talk in the department about CCA to CEO. What do we need to do to ensure that we have career pathways in place to support individuals who want to go from CCA to CCO to CEO in a long-term care facility? We are creating the pathways to do just that.

ADEGOKE FADARE: Such an amazing - I'm really impressed, to be honest. You've sold me. I just want to ask my last question. You mentioned that you ensure that all staff work to their highest scope or standard of practice. Can you elaborate on how, and probably give examples of how you're able to achieve this with the staff who work with you?

JANET LYNN HUNTINGTON: I may ask Sarah to help me out on answering this one. I'll start off by saying we know - and I think Mr. Daniel referenced it in his remarks - when people can work to their full scope of practice, they are more engaged, they're interested in staying, and we are retaining the workforce. With CCAs in particular in Nova Scotia, we knew that they had roles and responsibilities and tasks that they did. We met with our sector partners early on to say: Can you tell us what roles, responsibilities, and tasks your CCAs do? You as a CCA, what do you do? They shared all of those things with us.

Then we would meet with their partner down the street, and we would say: Can you share what roles, responsibilities, and tasks you do? They would. Sometimes they were the same, and sometimes they were different. We started to understand and look at: Why is it that some of these things are different? Through no one's fault, but sometimes, people assume that they can't do things. Sometimes it's just based on historical practice. I'm going to give you an example of CCAs who are trained to deliver eye drops, ear drops, some topical ointments, and nail trimming.

Some facilities and home care agencies have allowed that because they are well within their trained opportunity to do that. They can do that. Others just haven't been doing that, and there's no reason why. It's because they made the assumption through historical practices that they couldn't do that or they didn't have the training to do that. CCAs came to us and said: We can do this. We can do more. Let us.

That was inspiration for us to look at the CCA standardization model that we're talking about. I wish we had something more innovative than the words "CCA standardization," because it sounds kind of boring. In fact, it's the complete opposite; it is transforming the CCA workforce in this province. We are saying: You are trained to do this. You have the capacity and the capability to do this. You told us you can do it. If you need some help and you need some refreshers, we have training modules. We will do all of those things and wrap our arms around what the individual needs to be successful.

What that means practically speaking is, if you are a CCA working, and you know how to do these things, and you can now do them, and you weren't before, it means the licensed staff, the RN and the LPN who was providing the ointments, the ear drops, the eye drops, the nail trimming, is now freed up to do more complex care planning. That's all about what we're trying to do here: to create a stabilized workforce, but at the end of the day, to make sure that the people who are relying on our services are getting the best care, in the best place, by the best professionals.

THE CHAIR: MLA Corkum-Greek.

HON. SUSAN CORKUM-GREEK: Thank you to all of you. We are all navigating a world right now that feels very heavy and very uncertain. While it has been acknowledged, and it's always important to acknowledge that there is more to do, we have to also embrace our victories and embrace where we are making progress.

No wonder Minister Adams is always champing at the bit to get before the microphone or to get a question. I love Molly Manor. It's such a visible in all of our communities. I feel like we've all known a Molly - or a Manley Manor? - I mean a Maynard Manor. (Laughs) I love that, and I love what it represents, because first and foremost, we need to show to people - not just young people but broadly across society - that there is a compelling career here.

Then when they taste those opportunities, they have a resonance; they have an aptitude. We talk about members of the clergy having a calling, but it has always been apparent to me that that is more broadly true of many, many career paths and certainly within the health care field.

The ability to continue lifelong learning and options and opportunities. My brain is a scrambled egg, I make notes all over the place - people with purpose. I love - this speaks so strongly to the culture that has been created here.

In that opportunity space of the CCAs who, having shown a passion and an affinity, a connection to residents - I'm sitting here and I'm thinking of my late mum. My late mum was bipolar in her latter years. Her sadness and depression were much more prominent than the other end of her scope. She was miserable, and visits from her compelling, hilarious eldest daughter didn't always cheer her up.

But there was one gentleman, a CCA, who went so far as to dress in drag. He showed up looking like Klinger from *M*A*S*H*, for those of us old enough. I'll tell you about it later on. (Laughter) Someone like that to be able to stay, as you say - if that level is where they are happy, follow your bliss. To have the ability to have the trajectory I think is so important.

My question after that too-long preamble is to Mr. Bureaux. I'd like to understand better, because in that space, we have the CCA-LPN bridging program. We also have the accelerated LPN. I'd like to understand a bit more the difference between the programs and the opportunities that are represented in each of them, if you would.

THE CHAIR: Mr. Bureaux.

DON BUREAUX: Thank you for sharing the story about your mum and the special professionals who provided care for her. My mother, too, spent her last years in a long-term care facility and received amazing care from CCAs, so thank you.

Chair, with your permission, I may ask my colleague, in a moment, to answer this question, also - our dean of Health and Human Services. I am going to start off by commenting on what I've seen has been a profound change - and I've heard this word today - in the narrative of what it means to pursue a career as a health care professional in this province. That's something of great interest to the Nova Scotia Community College, because we take a broad look at industry in this province. Many of those industries require a narrative change, whether it's shipbuilding - there was a time when people thought what a shipbuilding career to be was only a career in which you had to get very dirty, work in dangerous conditions, and it wasn't a pleasant place to go to work. We now know that the modern version of building a ship includes a lot of automation, a lot of artificial intelligence, and a lot of safety protocols. The same is true with the skilled trades sector.

We're seeing a different narrative there. To hear the commitment of our partners, who are looking to change the overarching narrative of different professions, is something that will put us on the world map. Many, many years ago, when I began my career, Nova Scotia often competed with the rest of the world in low-skilled, low-wage positions. Come to Nova Scotia. There are lots of people willing to work for minimum wage. Those days are done. We can now compete with the best in the world because of our skills and our knowledge and our abilities. This is one example why we're proud to partner.

[2:15 p.m.]

Now, to answer your questions about the specifics, about specific programs, with your permission, Chair, I'll ask my colleague to answer those particular questions.

THE CHAIR: Ms. Fisher.

CONNIE FISHER: The CCA-Practical Nursing Bridging Program, the accelerated PN program are really exciting, really transformational programs that we have been able to develop in partnership with the Department of Seniors and Long-term Care to allow a CCA to see their trajectory, their pathway forward. The CCA-PN bridge was a very exciting opportunity that we began. We first started in 2024 with a session in Truro. When we had our first preliminary information session with CCAs around the province and employers, there were hundreds and hundreds of interested CCAs. The idea of becoming an LPN and of free tuition in a format that allowed them to continue to work, remain in sector, remain in their community - the response was phenomenal, more than we could handle actually, just for the first section. We did capture those interested names and reached back out to them when we were able to offer a second offering of that CCA-PN bridge this year in Amherst.

There is actually a story of a student who is like Molly Manor, and she's a real-life person and gave her permission to share her story. Her name is Catherine, and she lives in Sheet Harbour, Nova Scotia. She works as a CCA and is a mom of two and was encouraged by her employer - that's part of the magic of these programs if they incorporate employers into the learning, so that there's partnership all the way through. Her employer encouraged her to apply to the CCA-Practical Nursing Bridging Program. She said that she would never have considered it, didn't have the confidence, didn't think it was for her or that it would be possible just in terms of accessing a program. She was encouraged to apply and successfully got into the program. Her inspiration was her grandmother, whose final years of life were in a facility there in Sheet Harbour. She now stays able to study online, remain at home, continue to do her employment, do shift work, support her children, and sees herself as being able to continue on and potentially even go on to do her Bachelor of Nursing.

The idea of an individual who would never have considered that as an option but was very much drawn to the caring profession - these are the individuals whom we're accessing through some of these programs. It really is transformational and inspiring. It's very inspiring to hear them and hear their stories.

In terms of the accelerated PN, that's another example of innovation that we developed with our partners at the Department of Seniors and Long-term Care. That really was the idea of: With supports, is there a way to be able to manifest a faster outcome for the Practical Nursing program? So, we looked not at changing any of the standards or outcomes within the hours and requirements of the program but rather at a manner of

delivery. The delivery itself has become shorter by eliminating breaks. Our typical academic year programs end in June.

That's part of the way we're looking to do more flexible alternate offerings of coursework - to look at when we can schedule our programs. This is an example of - in our very busy Dartmouth campus, at Ivany Campus, our hours are scheduled in the afternoon and evening in the lab, making full capacity of that lab. They're a very busy lab in Dartmouth. That allows us to both schedule it differently alongside some of the other programs that are happening and complete that with a return of service, so they will work in continuing care as an LPN when they graduate and complete their national exam.

The model for these programs is - it's piloted. There's a lot of built-in feedback and evaluation throughout and really seeking to learn a lot through the process so that we can apply what we learn future forward - that's what we're eager to do - and continue to be able to support any kind of flexible alternate-type programs and approach to supporting the health care crisis.

THE CHAIR: MLA Corkum-Greek with 50 seconds left.

SUSAN CORKUM-GREEK: Fifty seconds - man, my preamble really did take too much time.

If I can ask Ms. Campbell about the IV pilot, which I think is tied to Victoria Haven?

THE CHAIR: Ms. Campbell.

PENNEY CAMPBELL: That's a great question. The pilot is under way. Our staff and medical director are very excited about this pilot. A change-readiness survey has been conducted and all of the staff agreed or strongly agreed with the benefits of the program. It really shows that the staff are ready.

This will allow residents to remain in long-term care and receive IV therapy for things like infection and hydration. Currently, when a resident requires IV therapy . . .

THE CHAIR: Order. Blame the anvil, not the Chair.

For the next round it's six minutes each. MLA Wilson.

ROD WILSON: I have one question and then I'll turn to my colleague.

It's my understanding there's been some consideration of extending the scope of the CCA to dispensing prescribed medication, not just over-the-counter medication. Is that under way? How is it going?

THE CHAIR: ADM Huntington, I'm assuming.

JANET LYNN HUNTINGTON: What we are doing - and I think we just talked about it with the IV therapy pilot - we are looking at what options and opportunities exist within our sector and with our staff and our employees to optimize the roles that they can do. This particular pilot is currently being explored and looked at.

What I can tell you is that we know it is done in other jurisdictions in Canada, so we are getting best research on that, looking at what the art of the possible is, and whether or not this is something that can be done in the province and done safely.

THE CHAIR: MLA Hamid. Did I say that right? It's the first time I've said it.

LINA HAMID: You're absolutely right.

I'm going to direct my questions to Mr. Bureaux and Ms. Fisher - NSCC questions. First of all, it's amazing, the adaptability of NSCC to be able to accommodate what is needed in the market. I just want to first of all commend that.

Could you tell me how many continuing care students have graduated from NSCC in the last year, and how does that compare to previous years? Is it growing? Has it grown and plateaued? Is it decreasing? What are you seeing?

THE CHAIR: Ms. Fisher.

CONNIE FISHER: An exciting story around our enrolment is that since free tuition has been implemented by the Province, our enrolment has gone up 76 per cent. We were in a decline, combined with the pandemic, and then the timing of the free tuition as well as the new narrative around what it is to be a CCA and come into the continuing care sector - we've seen such a significant change in the desirability of the program.

On Friday, we had an information session or webinar for incoming students - anyone who's interested in coming in - and we had over 300 individuals register for that, which is extraordinary. Typical numbers are fewer than a hundred. The interest level is changing.

In terms of our current Fall numbers, we're looking very close to - we have five campuses now that are wait-listed, so there are about 45 folks on the wait-list. There are still some vacancies in some of the other campuses, so we're working hard on getting to full capacity. We're currently at around 70 per cent.

LINA HAMID: My understanding is it seems that it's increasing and continues to increase. That's great. This is sort of a continuation of the previous question. The CCA-Practical Nursing Bridging Program that's been launched along with the accelerated

program: I know they are newer, but what are plans in terms of evaluating their actual impact in a year or two?

CONNIE FISHER: As I had mentioned, as part of the pilots, we do have evaluation built into those. It's about really understanding what the student experience is when we're doing acceleration. That's an important factor for us. How is it landing with the students and how are they doing on their clinical placements? What is the feedback? There are a lot of feedback mechanisms built in, as well as both PN and CCA programs have exams at completion. CCA has a provincial exam, and LPN has a national exam. We're monitoring what those rates are and being very cognizant of ensuring that we're providing the feedback as we review, on any kind of future programming that we do, and doing our best to incorporate the feedback and input and any change that needs to happen.

LINA HAMID: I will ask: In terms of the enrolment, I want to get some clarification. You had mentioned that there's a wait-list of 26, but there's also a vacancy in one of the five campuses. Can you clarify that part for me, please?

CONNIE FISHER: We have 12 different locations where the CCA program is offered. There are five campuses in the system that are wait-listed because they are full - at capacity. At the remaining campuses, there still is space. Essentially, that's what we'll move to, to get all of them to full capacity.

THE CHAIR: MLA Hamid, 20 seconds.

LINA HAMID: I don't think I can ask a question and get an answer in that time. I'm going to say thank you all very much for your time. I really appreciate it.

THE CHAIR: MLA Mombourquette.

HON. DEREK MOMBOURQUETTE: I'm going to go to staff on this one. It's around the caregivers. There's the Caregiver Benefit program that people can apply to for support, but it's over 20 hours. We all know a lot of people - I was given some statistics. They're providing 75 per cent of unpaid care in Nova Scotia at the current time. Across the country, caregivers - some of the stats I'm looking at, caregivers in Nova Scotia provide hundreds of millions of dollars in unpaid care every year, stepping up to help loved ones.

There's been a call for a refundable tax credit for caregivers. The benefit program is \$400 a month. We all know the costs of living. Are there qualifications around that when it comes to how many hours a week - it's got to be 20 hours?

THE CHAIR: MLA - oh, they put it back on. I didn't turn it off.

DEREK MOMBOURQUETTE: Sure, you didn't. (Laughter) Sure. You didn't like my question.

My question, through you, Chair, to the staff: Are you looking at any changes to that program to try to beef that up to help support people who are caregivers across the province supporting families?

THE CHAIR: ADM Huntington.

JANET LYNN HUNTINGTON: Thank you for the question; it's a really important one. Caregivers are the backbone of providing care to family members in Nova Scotia. Anybody who has been a caregiver or knows a caregiver knows the incredible amount of stress that can go along with becoming a caregiver. What we need to be doing is absolutely looking at all of the ways that we can support caregivers. We have a really strong relationship with Caregivers Nova Scotia to understand and hear from them. They work directly with caregivers across the province on what supports and services they need. To answer your question, we will always be looking at opportunities to further support our caregivers.

[2:30 p.m.]

Other ways to do that would be including things so that they have all the resources they need: Our respite beds in Nova Scotia are open, they have access to home care when they need it, they have staff who are going to show up to support them, they have access to funding when they need it for specialized equipment. These are a whole host of things that we do as a Province and as a partner to ensure that Nova Scotians have access and caregivers get the breaks that they need. We rely on caregivers. We support them. They are the backbone. We are always looking at additional opportunities to support caregivers.

DEREK MOMBOURQUETTE: I (inaudible) everyone here. We all want to do whatever we can to support caregivers. A refundable tax credit would be something that would be really beneficial, I think, to the folks who are doing that work. It's something that advocates have been calling for. The Canadian Cancer Society, I believe, has been calling for this as well. It's one of those things where it's over \$1 billion to provide care across this province and across the country - free. Each year, as I said, they can apply for the Caregivers Benefit program, but I heard stories from my colleague from the South Shore today and others. People are providing that care at home and they're providing that care to a family member.

It's an easy thing that the government could do - to provide a tax credit to those folks who are doing that. That's my on-the-record plug for an initiative that I hope the government will look at. To my colleagues, please take a look. It would help a lot of people. How much time do I have left?

THE CHAIR: Two minutes and 28 seconds.

DEREK MOMBOURQUETTE: Does that include the time you're going to cut my microphone off too?

THE CHAIR: I'd never cut yours off.

DEREK MOMBOURQUETTE: My next question - and I appreciate that - is around turnaround time. A CCA goes through the program - it's something we support, free tuition. Something similar in child care was looked at as well. My question goes to retention. We talked a lot in committee about funding that's around retention and the programs that are offered. What is the turnaround? You have CCAs coming through the program. Are the retention rates staying high? Are you seeing a turnover? Do you have any statistics around how many go into the profession and leave in the first 24 months or 36 months?

JANET LYNN HUNTINGTON: As I've said, we have supported over 2,600 CCAs in the free tuition program. Those individuals do sign a return of service with the Province, with employers. What they can do, though, is - they're not necessarily tied to an individual employer, as long as they commit to working in the continuing care sector. If you're a CCA and you want to move from long-term care to home care, you're able to do that.

Our vacancy data tells a really good story. It's not a story that we are going to just accept, though. We're going to always be making sure that we reduce our turnover and our vacancy rates. We are going to always need staff in long-term care and home care in Nova Scotia. When I talked earlier about having our foot on the gas, I really did mean that. We cannot find ourselves in the situation in this province where we have beds closed to staffing ever again.

Whether it's free tuition, whether it's the CCA to LPN pathway - we didn't get a lot of opportunity today to talk about the RN authorized prescribing program and the impacts of that in the sector. This is a group of registered nurses in Nova Scotia who work in long-term care and VON home care nursing services who are now able to prescribe a standard set of medications to their residents. The impact of that is quite significant. Many older people in Nova Scotia suffer from, for example, UTIs. If you are in a long-term care facility, and the nurse who is there every day and who knows you, who works with you, knows your care plan, understands your needs, notices that something's off and that their patient . . .

THE CHAIR: Order. Sorry.

MLA Hilton.

NICK HILTON: Thank you, everyone, for such exciting information on the progress that we're making. I've been an LPN for 21 years. I graduated from NSCC Burrige Campus in Yarmouth. I can tell you nothing but good things about the experience

that I had there and the education that I received, and where it's led me in life: 20 years as an LPN working across the spectrum. I finished the last seven years with continuing care, helping to set up nursing services for the NOAP program, and working alongside the VON in Yarmouth in the Western Zone.

This has been really exciting for me - probably the most exciting day I've had since being elected to government - getting to share good news stories about the things that are happening in health care. That's specifically the reason I chose to run in the last election - because I felt that over the last three years, we weren't just changing the narrative, we were changing the way people felt about health care. We were changing the morale. We were changing the atmosphere. Those were all the things that were missing in the last decade that when I started - when you were working night shifts, when you were having laughs, when you were feeling positive about the care you were giving - those were the things that have changed and that we're now seeing again in health care. That's exciting for me.

The people with purpose really stuck out for me. It's something I'll take from today. To feel heard, to feel seen, to feel respected every single day, when you say that to your staff - when they feel that - you don't have to worry about the care your clients are giving because they'll give that in return. That's exciting as well - to be able to work to our full scope of practice.

I'm actually going to ask a question about the registered nurse prescribing program to Mr. Daniel. I'm interested in learning a little bit more about the impact of the registered nurse authorizer prescriber role. Can you explain how that role has changed the way you support your residents?

THE CHAIR: Mr. Daniel.

CHARBEL DANIEL: As I mentioned earlier, it's really serving us on three different levels - three very impactful levels. The first one is around retention and ensuring that these skilled professionals - this isn't a new skill; it's allowing them to practise to the level of scope that they already have. It's all part and parcel of a maturing and evolving system that we have here and we're very proud to be part of.

When it comes to the quality of care provided, again my former years as a paramedic and having done transports for patients, you're exposing them to environments that otherwise they wouldn't have to. I mean, it's April 8th. Imagine transporting them today in all the snowfall outside - individuals who are part of a very vulnerable sector - when you can bring that care to exactly where they are, to their home, to their residence, and provide them that same quality.

This isn't a sacrifice of quality. This is an increase in efficiency and ensuring that they are receiving this high level of care more quickly and timely.

The last piece, which I think is also something substantial and we should talk about, is the pressure it relieves on the system - that transport to and from the residence to the hospital - the time spent at hospital, all that time where it can be done more efficiently and not tying up resources, and providing the same quality level of care in the comfort of their own home. I think it's something we should continue to celebrate, evolve, and continue to move in that direction.

It's exciting and we continue to build on it, as I mentioned, starting with Care by Design and how that's grown and where we are now. The IV therapy feeds right into this exact type of model by being able to hydrate patients or residents in the comfort of their own home.

NICK HILTON: You answered my next question. It was going to be around the IV therapy pilot program. Just one comment about that. Working with continuing care and working with outside organizations to set up that specific care, we're talking hours and hours a day that will save. I'm not trying to figure out how to get an outside provider into a home to provide something. When you can work to your full scope of practice, you can do that.

I'll ask another question maybe to Ms. Campbell. You're getting a replacement facility, I hear. How are you feeling about staffing that and the overall experience?

THE CHAIR: Ms. Campbell with 35 seconds.

PENNEY CAMPBELL: We're very excited about our new facility. We do have an increase in beds. I currently don't have any staffing issues. I've never had to utilize agency, and our staff get whatever time they want off, generally speaking. I can't think of a time when I've had to refuse someone vacation. We really focus on a workforce balance. I have been doing succession planning with my staff . . .

THE CHAIR: Order. Sorry, Ms. Campbell. I blame the guy whose mic messed up. That's all I'm saying. (Laughter)

I would like to thank everybody for coming here. I'm not sure how the previous Chair did it, but I'll start right to left if anybody has any closing statements.

Mr. Daniel.

CHARBEL DANIEL: I just want to thank the committee for inviting us here today. We're very happy to share the successes and the progress that's happening in this sector. Again, it's not a destination. There's not one point in time we're going to get to and say the work is done. It's a journey. It's the progress that's been happening, and all the substantial improvements that have happened across the entire sector. We're proud to be part of it.

Northwood has always had the reputation of being a place of firsts. We're proud to partner on a lot of these projects with the department, trialling these projects, and continuing to be a place of firsts. Thank you.

THE CHAIR: Ms. Campbell.

PENNEY CAMPBELL: I just want to thank the committee for the invitation to be here today.

THE CHAIR: Ms. Fisher, anything?

CONNIE FISHER: As well, I just want to say thank you. It's really an honour to talk about this exciting field and the changes in it. Thanks for having us.

THE CHAIR: Mr. Bureaux.

DON BUREAUX: Thank you for the opportunity to be here today. At the Nova Scotia Community College, we have a very simple mission: to build the economy and quality of life of Nova Scotia through education and innovation. I think about the growth in innovation in the health care sector. It's being driven by technology, but it's being defined by humanity. I heard that over and over today. My ask of you as elected officials is keep that up.

THE CHAIR: ADM Huntington.

JANET LYNN HUNTINGTON: Thank you for the opportunity to be here to share with you some of the important work we're doing on behalf of seniors in this province. We are revolutionizing and transforming the continuing care sector. Those are big words, and that's a big task. But it's not one we take lightly.

I know every ADM and DM in government will say their team is the best. I'm proud to report that mine is. We have a group - on behalf of Sarah and me, my team behind me, and everyone at the office and across the province who are working every single day to deliver high-quality care and services to Nova Scotia seniors. We are really fortunate that we have such an engaged sector.

I wanted to take a minute to acknowledge both the home care and long-term care sectors, which are on this journey with us. These are meetings. These are conversations. These are conversations with the Cove Guest Home about one program that they did and that is now a provincial program. That's how you build relationships. That's how you inform change.

Our training sector partners - NSCC and other training institutions - have been along with us on this journey throughout the entire transformational system changes that

we're going through. We're not done - foot on the gas pedal, and we look forward to continuing to support Nova Scotians now and in the future.

THE CHAIR: Last but not least, Ms. Melanson.

SARAH MELANSON: Thank you. J.L. spoke to it.

THE CHAIR: Okay perfect. Well, I want to thank you all again for coming. What we'll do is take a quick three-minute break to allow the guests to leave, and then we'll get into our committee business.

We're in recess.

[2:44 p.m. The committee recessed.]

[2:48 p.m. The committee reconvened.]

THE CHAIR: Everybody in their seat. The meeting is back to order. We're going to deal with committee business.

Witness substitutes for the May 13th meeting on Gender-Based Violence - the Department of Justice has suggested ADM Cynthia Carroll in place of DM Jennifer Glennie because the deputy minister will be out. I know that MLA Rankin is the one who put it forward. I did talk to MLA Rankin. He was aware. He doesn't have an issue with this. Is everybody fine with this change? Perfect. It's done.

For the June 10th meeting on Barrier-Free Access to Contraception and Sexual Health Services including PrEP for Nova Scotians is tentatively scheduled, pending witness availability. Most have confirmed, some have not. However, Dr. Kyle Wilby of the Dalhousie University College of Pharmacy will be in Toronto that day. He wants to take part but would have to do it virtually. Is everybody in agreement that the doctor can do it virtually? Yes, perfect.

We have some correspondence. The committee was cc'd on January 7, 2025, an email from Oliver Aygun - and I probably got the name wrong, sorry - to the Nova Scotia Office of the Ombudsman regarding wrongdoing and final notice of public disclosure. Is there any discussion on his correspondence? Okay.

I received - which I just got to the clerk because it came just as the House rose - an email from Darrell Dexter regarding Pulmonary Hypertension Association Canada. I'm going to let the clerk say something on this because I can't remember what was in the email.

Ms. Kavanagh.

JUDY KAVANAGH: I think Mr. Dexter was just writing on behalf of the association and saying that he or they would be interested in meeting with members of the committee either privately, individually, or perhaps at a public meeting. Just wanted to make the committee aware of this and let members decide what they wanted to do with that.

THE CHAIR: Are the members in agreement that will be held off for the next agenda setting and we'll let Mr. Dexter know? Agreed? Agreed. You guys are all agreeable today. Loving it.

Next meeting: Tuesday, May 13, 2025, from 1:00 p.m. to 3:00 p.m. Gender-Based Violence, pending - oh, I'm not going to say that because we already agreed to it. Witnesses: the Department of Justice, Nova Scotia Advisory Council on the Status of Women, Lynn Gallant Blackburn, Lucy Bowser, Transition House Association of Nova Scotia, Willow House, Adsum for Women and Children, and Bryony House.

No other business?

We are adjourned. Thank you.

[The committee adjourned at 2:52 p.m.]