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COMMITTEE

ON

VETERANS AFFAIRS

Tuesday, June 19, 2018

Legislative Committees Office

Federal-Provincial Camp Hill Agreement

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VETERANS AFFAIRS COMMITTEE

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[Chuck Porter was replaced by Brendan Maguire.]

In Attendance:

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Legislative Committee Clerk

Gordon Hebb
Chief Legislative Counsel

WITNESSES

Nova Scotia Health Authority

Lindsay Peach,
Vice-President, Integrated Health Services

Department of Health and Wellness

M.J. MacDonald
Executive Director, Continuing Care

House of Assembly
Nova Scotia

HALIFAX, TUESDAY, JUNE 19, 2018

STANDING COMMITTEE ON VETERANS AFFAIRS

2:00 P.M.

CHAIR
Bill Horne

VICE-CHAIR
Ben Jessome

THE CHAIR: I call this meeting of the Standing Committee on Veterans Affairs to order. I'm Bill Horne, MLA for Waverley-Fall River-Beaver Bank.

We are receiving a presentation from representatives of the Nova Scotia Health Authority and the Department of Health and Wellness regarding the Federal-Provincial Camp Hill Agreement.

I'll ask our committee members to introduce themselves, for the record.

[The committee members introduced themselves.]

THE CHAIR: I'd like to remind those in attendance today, everyone here, that their phones should be off or on vibrate. Also, the washrooms are just out the door to the left and then to the left are the washrooms. In case of an emergency, you should go out this door and then turn left and go out to the main hall and out that door onto Granville Street and head towards HRM's area, the Grand Parade.

I'll remind the members and witnesses to please wait to speak until after the Chair has recognized them. I would like to make the presentation available and ask the presenters to introduce themselves.

[The witnesses introduced themselves.]

THE CHAIR: Excellent. When you're ready, you can start your presentation.

M.J. MACDONALD: Good afternoon and thank you very much for the opportunity to join you today. For the Department of Health and Wellness and the Nova Scotia Health Authority, it is a true privilege to be able to care for veterans who have given so much in service to our country. On behalf of the Department of Health and Wellness and the Nova Scotia Health Authority, we're very pleased to be able to join you to speak about one of the ways in which we provide that care through long-term care.

This discussion is in follow-up to our last appearance in July 2016. As I know there are some new members on this standing committee, we thought that providing some background information might be helpful. As you may know, we are not able to speak on behalf of Veterans Affairs Canada; however, what we are able to share with you is the relationship that the Department of Health and Wellness and the Nova Scotia Health Authority currently has with Veterans Affairs Canada and, more specifically, how that applies to the Camp Hill Veterans Memorial Building.

While I understand that your interest relates to Camp Hill specifically, we believe that this is best understood within the broader context of service to veterans in Nova Scotia. To that end, we thought we would begin with some context and perspective, followed by a general overview as to how the veterans in Nova Scotia currently access long-term care services. From there we'll move into a discussion on the role of the Nova Scotia Health Authority in providing long-term care to veterans and then into a specific discussion regarding Camp Hill, including the new agreement reached with Veterans Affairs Canada.

Following this, of course, we would be very pleased to answer any questions you might have.

Briefly just a little bit of an overview in terms of the responsibilities and the role for the Department of Health and Wellness. We have three basic categories or areas of responsibility: the first one, of course, with respect to long-term care is system planning; second, setting strategic policy and standards for the sector; and third, licensing and funding for the long-term care services that are provided. We currently provide licenses and fund all nursing home beds in Nova Scotia that are available to all Nova Scotians through the single-entry access system.

In terms of other services or, indeed, the gamut of these services - they are provided to residents of all ages. Oftentimes, we have a belief that it's only in relation to seniors, but in fact, there are many of all ages who may require services in a long-term care facility or residential care facility. As well, we provide funding and services that range from community-based care, home care, as well as what we're talking about today, which is long-term care.

Veterans, like all Nova Scotians, are eligible for a long-term care bed that is licensed and funded by DHW. They may also be available for other services that we might

provide through the Continuing Care Services such as home care based on their eligibility of their particular unmet needs.

As mentioned earlier, Camp Hill Veterans Memorial Building falls under the purview of the Nova Scotia Health Authority. I would now like to turn the conversation over to my colleague, Ms. Lindsay Peach, so that she can frame up the Camp Hill agreement.

THE CHAIR: Ms. Peach.

LINDSAY PEACH: Before I get started, I thought it would be helpful to offer a few points to give some context and perspective to the rest of the presentation this afternoon.

Veterans Affairs Canada financially supports veterans in long-term care facilities throughout Nova Scotia. That includes contract beds at Camp Hill, but that's only one of the facilities where we provide those services. Those are also provided at facilities across the rest of the province, which I'll reference.

Veterans Affairs Canada also supports individuals who are living in community nursing homes in communities across the province - so individuals or facilities very similar to those that we would provide access through single-entry access.

As of December 31, 2017, there were 424 veterans in Nova Scotia who were in long-term care. Of those, 220 - 52 per cent - were in contract beds. The remaining 204, or 48 per cent, are in community beds. That's a similar breakdown to when I last presented in June 2016.

VAC also provides long-term care in the Province of Nova Scotia through a number of providers. The Nova Scotia Health Authority is only one. There are four in total, and I'll describe those a little bit later as well.

As MJ said, the eligibility for these services is determined - both for these services as well as other programs offered by Veterans Affairs Canada to veterans - is determined by Veterans Affairs Canada. Provincial policies for long-term care placement don't apply to the Veterans Affairs contract beds.

While we're not able to speak to the specific policies of Veterans Affairs Canada and we're not able to speak on their behalf, we are able to speak to the relationship that we have with them and how that functions as one of their contracted service providers, which is the role that the Nova Scotia Health Authority plays.

Regarding access to long-term care services for veterans in Nova Scotia, as I said, we can't speak to the eligibility criteria - that's determined by Veterans Affairs Canada -

but I can share with you the factors that they look at when determining eligibility. They include things like the individual's health care needs, what their service-related disability is, their particular income, as well as their military service. Those are the components that Veterans Affairs looks at when they're making a determination around an individual's eligibility for service.

As I mentioned earlier, Veterans Affairs Canada supports veterans in long-term care facilities throughout Nova Scotia. They do that in two ways. The first way that they do that is through community beds, which are located in long-term care facilities in communities right across this province. They provide care to veterans, as well as community clients in Nova Scotia. As I said, as of December 31st, there were 204 veterans receiving care in this way. For veterans receiving care - VAC funds, 100 per cent of the cost of care with a contribution from the veteran for meals and accommodations.

The second way in which VAC provides support to veterans in long-term care facilities in Nova Scotia - and this is more commonly referred to - are the contract beds. These are designated beds located in community facilities that provide priority access for eligible war veterans; again, eligibility is determined by the VAC. Access to those beds is coordinated by Veterans Affairs Canada and as of December 31, 2017, there were 220 veterans receiving care in this way in the Province of Nova Scotia.

I referenced earlier that the Nova Scotia Health Authority is only one of several providers. In total, in Nova Scotia, there are 334 Veterans Affairs contract beds. Of those the Nova Scotia Health Authority operates the majority - 314 - but there are beds located at High-Crest Springhill in Springhill, St. Anne Community and Nursing Care Centre in Arichat, and Wynn Park Villa in Truro.

For the Nova Scotia Health Authority specifically, the following list gives you a breakdown of the contract beds that are available in Nova Scotia and their location. Most commonly individuals are referred to Camp Hill but there are, as you can see, beds located throughout the province. The total budget for these beds from Veterans Affairs Canada is $42 million and the per diem ranges from a low of $287 to a high of $397 per day that's provided through Veterans Affairs Canada.

To provide you with an update on bed utilization - I know your specific interest is in Camp Hill, but I thought you might be interested in the picture of how this looks across the entirety of the province. You'll see this breakdown by facility. In total there are, as I said, 314 Veterans Affairs contract beds across the province. As of June 6, 2018, 208 of those beds were required for use by Veterans Affairs Canada, which means there were 106 beds that weren't required by Veterans Affairs Canada.

At the time, the Nova Scotia Health Authority was using some of those beds for temporary transitional accommodation of individuals, mostly related to access and flow from acute care. Often when we have bed pressures within the acute care system and

capacity within our Veterans Affairs Canada contract beds, we do have the ability to use those for temporary transitional accommodations which we sometimes take advantage of.

Moving into a specific discussion about Camp Hill, the Camp Hill Veterans Memorial Building was transferred to provincial jurisdiction from federal jurisdiction back in 1978. Since that time, Veterans Affairs Canada has continued as both a collaborator and a funder of services at Camp Hill. In 1992, there were negotiated agreements that were established between the province, the Nova Scotia Health Authority's predecessor organizations, and the facilities to provide long-term care. These agreements can be terminated or amended under terms that are mutually agreed to by both parties.

Camp Hill delivers long-term care services to veterans. It's important to acknowledge that although "hospital" is often referred to in its title, Camp Hill is not an acute care hospital - it is a long-term care residence providing service to veterans. It includes 175 long-term care beds, as I said, that are located on seven units. The budget specifically for Camp Hill is $25.4 million.

In addition to nursing care provided at Camp Hill, it also provides a broad interdisciplinary support team to veterans who live there, including respiratory therapy, physiotherapy, occupational therapy, recreation therapy, social work, psychology, and spiritual care. It also enjoys tremendous support from local Legions and military organizations and a number of veterans' support organizations and volunteers. We hear frequently of the activities and social events available to veterans living at Camp Hill, and that is largely due to the support they receive from community organizations.

Camp Hill is accredited by Accreditation Canada as part of the Nova Scotia Health Authority accreditation process, and they utilize the long-term care standards. As I mentioned before, it is not a licensed long-term care facility by the Department of Health and Wellness, but we do hold ourselves accountable to the standards through Accreditation Canada.

An update on where we are with the new agreement, as we refer to it. When I presented back in the Spring of 2016, we were in the early stages of this new agreement and provided some information back to the committee but this is really an opportunity to give you a fulsome update two years in.

In the Spring of 2016, we were experiencing a number of sustained vacancies at Camp Hill at the time. We had about 25 vacancies in our contract beds. At the same time, we were hearing - as was Veterans Affairs Canada - from veterans eligible for care in a community bed, regarding their interest in being placed at Camp Hill. So we undertook some discussions with Veterans Affairs Canada regarding how that capacity could be used to meet the needs of other veterans.

[2:15 p.m.]

In late June 2016, we reached a new agreement with Veterans Affairs Canada to expand access at Camp Hill. The first veteran eligible under the new agreement was admitted later that month, June 29, 2016. That initial agreement had a targeted bed allocation of 15, so three months in - in October 2016 - we had achieved that target of 15. Almost a year into the agreement, in May 2017, we had conversations with Veterans Affairs about increasing that capacity. So we increased the targeted bed allocation to 25 plus one respite that are covered under the new agreement.

How does the new agreement work? It really functions in much the same way as the agreement that we have with Veterans Affairs Canada for contract beds at Camp Hill. VAC completes the assessment of the needs of the veteran and determines their eligibility for service. In this case, eligibility is those veterans who are covered under the veterans health care regulations for care in a community facility. It's important to reference that veterans under this new agreement receive the same high standards of care that other veterans do at Camp Hill, so there is no differentiation of service that they receive.

The update on the new agreement - June 24, 2016, that gives you a snapshot in time of where we were. Of the 175 beds available at Camp Hill, we were using 150 for contract services to veterans. Of the vacant beds, we were using a number of those. You'll remember at the time, there was work underway around the Dartmouth General redevelopment and so we were using a number of those beds to provide some capacity during that redevelopment, and we had a number of beds unoccupied.

As we entered into that new agreement and experienced the first few months, you'll notice over time we certainly saw an increase in the number of beds that were occupied by veterans, in large part because of the veterans that were admitted under the new agreement policy. The number of beds that we were using for other reasons started to drop as other acute care beds were being brought into the system. For a period of time, we actually had no beds that were unoccupied - we were completely at capacity at Camp Hill.

Two years later, now June 6, 2018, where are we? We've seen a decrease in the number of contract beds required by Veterans Affairs Canada, so we're now at 107. The new agreement beds, as I said, were at capacity for 25 with the use of that respite bed on a fairly regular basis.

Because of some of the acute care pressures that we've experienced in Central Zone, we are at 18 of those - the vacant beds are being utilized for other reasons. We do have 25 beds that are currently unoccupied at Camp Hill.

What outcomes have we achieved? The new agreement that was established with Veterans Affairs Canada had a number of goals that we were hoping to achieve. Certainly since the new agreement was reached, we've expanded access. Since June 2016, we've

admitted 46 veterans under the new agreement - so 46 veterans were given access to Camp Hill that would not have ordinarily. We did see, as I said, some initial improvement in the occupancy - although that has recently decreased as the demand for contract beds has decreased.

The initial agreement in place with Veterans Affairs Canada was for a two-year period, so it covered June 2016 to June 2018. Based on our experience to date, we've had conversations with Veterans Affairs Canada, and that agreement has been extended until June 2019, and we'll continue to monitor the impact and the experience.

I think with that, that gives you some context on where we are and where we've been. We'll turn it over to questions that you might have of Ms. MacDonald and me.

THE CHAIR: Mr. Halman.

TIM HALMAN: I want to thank you both for your excellent presentation. Certainly, Camp Hill is a place near and dear to my heart. My late wife worked there for many years, so certainly I got to know much of the nursing staff and the great quality of care that's offered to our veterans.

I have a lot of questions, but my first question will be of a technical nature. With respect to Accreditation Canada through long-term care standards - again, just for my own personal knowledge - what are those key standards for accreditation? If you could just maybe highlight or overview some of the key standards.

LINDSAY PEACH: Thank you for the question. The long-term care standards that are part of Accreditation Canada, so Accreditation Canada is a comprehensive quality improvement program that's offered nationally. Health care organizations participate in it nationally and the standards are determined based on the services delivered in a particular area. For the Nova Scotia Health Authority, for instance, there would be quality standards in relation to governance, leadership, various programs - so long-term care would be one of those areas, as would continuing care from a care coordination perspective.

The long-term care standards most specifically look at things like the quality of care provided to residents within a particular facility. They would also look at good standards of practice, so the required organizational practice related to falls prevention. We just recently, within the last year or so, there has been increased attention nationally around suicide risk assessment and prevention within the long-term care setting, so that would have been part of our most recent standards.

When the surveyors do the onsite visit, they look to the extent to which we engage both residents and their families in the care, so it would be a comprehensive look at both our own staff's self-assessment of how we're doing, as well as the individuals we provide

care to and their perspective on how we deliver services to them. They're available online as well.

THE CHAIR: Mr. Wilson.

HON. DAVID WILSON: Thank you for your presentation. Just quickly on the new agreement, you indicated the original one was two years, it would be up this month, and then there's a one-year additional extension. I'm just wondering why - one year in politics is, by the time you blink you're back negotiating for another contract. It seems like that's short. Is that something the federal government had in place? Or did the province ask for a one-year extension? Or if you could just give us a little bit of background on why one year?

To me, that's awful short and we might need to have you back here in a year to update the committee again on maybe a new agreement. Why one year, why not a little longer or a long-term agreement that I think might be in the best interests of veterans in Nova Scotia?

LINDSAY PEACH: The original agreement we had in place with Veterans Affairs Canada was for two years, with an opportunity to monitor impact with an extension for one year, so the parameters around the terms were established in the initial agreement. I understand that was influenced by Veterans Affairs Canada in terms of the timeline.

I think from their perspective - again, I can't speak for them, but I understood they wanted to take the opportunity to review and understand the impact.

HON. DAVID WILSON: I know I've been on this committee for many years and I recall several years ago that there was something put out by the federal government that they may be looking at getting out of the business of funding - and this goes back a few years, when I was Minister of Health and Wellness - that they might be looking at getting out of funding Veterans Affairs beds in the province.

We know there some 314 right now. Has there been any discussion in the department or at the Health Authorities on if that is something they are continuing to look at - any update on them potentially looking at stepping back? That would not be a great position for us as a province, because of the sheer cost of having to fund those 314 beds if that was the position of the government in the future.

M.J. MACDONALD: We acknowledge and certainly when you see the statistics when you do your demand projections as they have been doing and indeed, the province has also been doing, that it does lead you to a certain conversation around what you do for the future.

We have engaged with the federal department with our colleagues over the last few months to initiate some of those conversations. They certainly help us inform both the

department, as well as the NSHA with respect to bed planning, as well as health services planning. Those conversations, as you can imagine, are complex and they are ongoing. We don't have a specific timeline at this stage to be able to share, other than that we are certainly engaged actively in those discussions.

HON. DAVID WILSON: Could you at least confirm that within those discussions the province's position would be that the federal government should look at expanding the criteria for eligibility for veterans? A lot of the pressure now we hear - of course they have the agreement around pre and post Korean War and the new veterans that we're seeing that have health issues.

There is a certain responsibility that we feel as a caucus, that the federal government needs to step up to the plate and ensure that they continue to support their veterans under the old agreement, under the old classification, but most importantly under what we would consider current day veterans and the service that they provide.

Are you aware of any discussion? Is it the position of the government that the federal government should be broadening or at least looking at how they continue to support current day military personnel when they retire and the responsibility that should be with the federal government?

M.J. MACDONALD: We haven't developed a formal position at this point in time. We have engaged in exchange of information and understanding and planning for the future needs, as you mentioned.

We can't speak for Veterans Affairs Canada, but they do have a very big policy question - and to your point, what the interest is of the province. Those conversations are ongoing and we don't have a formal position that we can share at this point in time.

LINDSAY PEACH: The other component that I'd add to that is, it's also about choice. One of the areas that Veterans Affairs has identified in the conversation that they've been having with us is, for some veterans they're choosing not to live in veteran-specific facilities - for a lot of different reasons. It may be choice of being together with family. It may be proximity to other family. So it's also important to have that balance, and so that's part of the conversation that we're having with them as well.

THE CHAIR: Ms. DiCostanzo.

RAFAH DICOSTANZO: I was just writing a couple of the figures and I believe in your presentation you mentioned $25.4 million is the amount that we're getting federally. Is that covering all the cost and is the cost of beds - if you can just tell us a bit more about the cost of beds and where is the money coming from and how is it distributed?

LINDSAY PEACH: The total budget for Camp Hill is $25.4 million. That budget in its entirety comes from Veterans Affairs Canada. We receive that budget from them regardless of the occupancy. So that is the total comprehensive budget for the facility, and that includes all components from food service to maintenance staff, right through to the care staff, so that would be all included.

RAFAH DICOSTANZO: Is that normally used - the whole amount - you've used it every year? Depending on occupancy, do we still need the same amount, and what are the programs we're offering in order to supplement?

LINDSAY PEACH: We do have a process with Veterans Affairs Canada. It's called a reconciliation process. They review the expenditures that we have for a particular program area against the budget that they've provided to us. So that is an opportunity to have some discussion with them. There are times obviously when the budget is not fully utilized. We have vacancies and positions that we can't fill, for instance. There are other times that we have conversations with them about using the funding in a bit of a different way - if there is a different need within the resident population that we happen to see.

We do, as good stewards of resources, take into account where we do have vacancies in beds that aren't fully utilized, and make sure that we're using those resources as best as we can. That's a regular conversation that we have with Veterans Affairs.

[2:30 p.m.]

THE CHAIR: Mr. Jessome.

BEN JESSOME: Just in hearing some of the conversation about that element of choice as a consideration or whether any veteran would like to be in a veteran-specific situation versus kind of out in the community, is it within your purview to conduct consultation with veterans or with I guess active military personnel? Where does that consultation piece fit in, so we can either have the data to influence the federal government or is that something that can be quarterbacked through the federal government?

THE CHAIR: Who would like to speak? Ms. Peach.

LINDSAY PEACH: Thank you for the question. In terms of veterans and their ability to access services they might need, for a veteran, for instance, who would have a preference to access service in the local nursing home that may not have veteran contract beds there, they would enter into the system in the same way that any other Nova Scotian would, so contacting Continuing Care, assessment by a care coordinator and then placement on the long-term care wait-list. That would be the process for them and again, based on choice.

We would see some individuals who come into service with us through acute care, for instance, who may have been a veteran with service who haven't accessed any services and supports through Veterans Affairs Canada, so for some individuals it's exploring what services and supports they have available to them. For some individuals they don't know.

I think Veterans Affairs Canada would also state this, they often don't know where veterans are located, even to be able to have those consultations and conversations with them. So I think for some individuals it's when they reach out for service that that first conversation starts.

I think we have a role to play in having conversations, just as we would with any Nova Scotian and it's then supporting them to be able to navigate the systems of support that they have available to them. For this particular population they also have available services through Veterans Affairs Canada that we navigate with them.

BEN JESSOME: Considering there are currently beds across the province that I'll say have been kind of outsourced - maybe outsourced is not the right word, but veterans' beds in various regions of the province, the province has the ability to place veterans outside of Camp Hill if there is a choice that is made to do so. Can you confirm that the current structure of our system enables us to react to circumstances like that?

LINDSAY PEACH: We have contracted bed capacity, so Veterans Affairs Canada contracts with us to provide that service in facilities across the province. It may not be in every single community so sometimes families make that choice, but for an individual who wanted to be placed in a particular community they would have the ability to go through the single-entry access system and then a portion of the costs associated with their care would be covered by Veterans Affairs Canada.

THE CHAIR: Mr. Halman.

TIM HALMAN: There are urgent needs for our veterans, we all know that. Based on your experience, what are some of the gaps? What more could we be doing to support veterans?

LINDSAY PEACH: Do you mean specific to long-term care or more broadly?

TIM HALMAN: Specific to long-term care, specific to Camp Hill, what more could we be doing in terms of programming and things of that nature?

LINDSAY PEACH: I think we've got fairly comprehensive programs and supports delivered to veterans within long-term care. As I said, they really benefit from the support not only of the staff in each of those facilities, many of whom see the service and care that they provide to residents in those facilities as a great honour to be able to provide that care and support, but they also benefit from the support of community organizations like

Legions and other community-based organizations that provide the support to the community as well.

I think from a comprehensive, interdisciplinary team they also benefit from having the rehabilitation and recreational therapy support. In the case of Camp Hill, benefit from having the support of a psychologist, which would not be common in long-term care, but recognizing the population that we're providing service to there and the volume of beds located in that facility, there are different levels of support that we provide through Camp Hill.

With regard to the broader veteran population, I think we all need to plan for changes in the way we provide services and supports to veterans differently than we have perhaps thought of our role in the past. I reflect back to a conversation that I had with Veterans Affairs Canada years ago that said over time we'll be talking less with you about your role and responsibility related to long-term care and continuing care and more about your role in relation to mental health and addictions and I think we're all seeing that and need to be part of those conversations together with Veterans Affairs Canada.

THE CHAIR: Thank you. Mr. Wilson.

HON. DAVID WILSON: If I have it correctly, the Camp Hill Veterans Memorial Building, that's a $25.4 million budget. Is it correct that the bed utilization and the number of VAC beds contracts around the province, the 314 - did I hear correctly, $42 million from the 314? Okay, so if we go to the number of beds not utilized, and we're at about 106, do we use those beds for patients within the community if they are vacant?

LINDSAY PEACH: Of the 106 beds that were not required by Veterans Affairs Canada in June, we were utilizing 33 of those. We do have the ability to utilize those, as I said, for temporary transitional care and so traditionally they are used for individuals who may be in hospital waiting discharge to the community or waiting placement in a community-based nursing home, so a similar level of care and support. These aren't acute care hospitals, they are long-term care units so we need to make sure that we are caring for individuals with a similar level of need.

We do use those on a temporary basis but they are not part of the single-entry access system and not licensed so they are not a permanent option for placement for individuals.

HON. DAVID WILSON: So are those patients assessed and do we charge them a daily rate? Does the province recoup financial costs of those - you said 33 beds? So you get an assessment, do some people pay $100 a day out of whatever financial resources they have, so do we charge those patients for those beds when we're using out of the 106 beds?

LINDSAY PEACH: That would vary, depending on the individual circumstances. For some individuals, no, because they may be in those care settings awaiting transition

back to their home. For other individuals who are in acute care facilities and don't require acute care and are awaiting long-term care placement, they do contribute towards the cost of their care. I wouldn't know the specifics about those situations.

I would say that individuals are often placed in those settings on a very temporary basis so they could actually be placed in that setting and then relocated either to the community or another care location, so I'd need to look into the specifics.

HON. DAVID WILSON: If you could get us the breakdown, I mean you are not refunding Veterans Affairs Canada so the province is getting the money from Veterans Affairs Canada, if I am correct, if they are vacant we don't get the money from Veterans Affairs Canada? I need two questions, if I could. Does Veterans Affairs Canada pay for the non-vacant beds or are they open and there's no money coming in? Do we charge patients when we're already getting money for those - are those beds funded through Veterans Affairs Canada? If we do, why isn't Veterans Affairs getting money back - maybe a little clarification for me?

LINDSAY PEACH: Happy to give the clarification - it is a good question. The global budget that we receive from Veterans Affairs Canada for each of those facilities covers the costs that we incur if those beds are not required by Veterans Affairs Canada. That includes whether they're occupied or unoccupied.

If we make a decision or need to occupy those beds for an acute care reason - say we have a particular redevelopment initiative and require access for a month or two of 10 of those beds to be able to provide temporary accommodations for individuals who would ordinarily be in hospital - that is part of the reconciliation process that we have with Veterans Affairs Canada, so they don't pay for those beds when we're occupying them for that reason.

THE CHAIR: Ms. DiCostanzo.

RAFAH DICOSTANZO: I think you answered the question I was going to ask about mental health and how much you're seeing the difference now compared to the old way. You mentioned that, but I also wanted to ask about - at the end of the day, do you have surveys or ways of measuring the satisfaction of the people in Veterans Affairs and what do you do to know how well you're doing?

LINDSAY PEACH: It's a great question and actually connects with one of the previous questions in relation to the Accreditation Canada survey that we do. As part of the accreditation process, we're required to do satisfaction surveys not only of staff, but also families and clients. That would be part of the process for the facilities - any of the Veterans Affairs contract facilities that the Nova Scotia Health Authority operates. Because we're accredited, they would also be participating in those satisfaction surveys.

We would also have residents and family counsels in each of the facilities, so an opportunity for individuals and their loved ones to express any concerns that they have with the care that's provided and our ability to respond to it in a more timely fashion.

RAFAH DICOSTANZO: What percentages of satisfaction are you getting? Do you have numbers to give us?

LINDSAY PEACH: I don't have those numbers with me unfortunately, but we could get those for you if you're interested.

THE CHAIR: Mr. MacLeod.

HON. ALFIE MACLEOD: Thank you for being here again - appreciate it. In your discussions with the Department of Veterans Affairs and the federal government, have you brought up the idea of a walk-in clinic for veterans and the support of a walk-in clinic for veterans?

M.J. MACDONALD: The province has received a proposal for a clinic. It is under review and those discussions are ongoing.

HON. ALFIE MACLEOD: The discussions are ongoing internally or with the federal department?

M.J. MACDONALD: My understanding, and it's not related to long-term care - so my particular area of responsibility, if you will - my understanding is that they're going on with our federal counterparts.

THE CHAIR: We don't have any requests at the moment, is there anybody else who would like to speak? Mr. Wilson.

HON. DAVID WILSON: There is a little mention of the redevelopment of the Dartmouth General with some of the beds that were affected by the renovation we're over-utilizing in Camp Hill. I believe currently we're using 18, it says. Maybe you did this already - I think you described some people who are in hospital in an acute care setting - could you maybe describe who those 18 patients are? Are they women, men, veterans, civilians - a little bit on just the 18 who are currently at Camp Hill?

[2:45 p.m.]

LINDSAY PEACH: I can do my best. I don't have details on all of the 18. As I said before, it's important, recognizing that the utilization of vacant beds in contract veterans' facilities, that it is still a long-term care facility. We want to make sure that we're utilizing that capacity to provide services to individuals with consistent care needs.

I don't have the breakdown of gender-specific information or age for that 18. My understanding would be that the majority, if not all, of those individuals would be in hospital waiting transition elsewhere, most often to another level of care - long-term care or residential care facility - that might just not be available at the time. It could also be individuals who just require a little bit more time before they are able to transition back home again, but a very similar population to what you would traditionally see in long-term care facilities. If we have bed capacity in Veterans Affairs contract beds, we wouldn't have anybody there who would be eligible for a Veterans Affairs contract bed, but there might be other individuals who would have other eligibility through Veterans Affairs.

HON. DAVID WILSON: Some years ago, the system transitioned into single-entry access. Around the province, I have heard that it has been good, and it has been bad. On the bad side, or the negative side, it's the flexibility that some of the nursing homes used to have, especially dealing with individuals from the community that they know. The more rural you get, the people who work in those facilities and the people who run them know who the residents are, and they know the community. There has been some criticism around the ability to be more flexible when there is a vacancy.

If you don't have it now, you could probably provide it. Can you give us a breakdown on vacancies and the timeline on how quickly we get people in those beds? Really, the main question is, is single entry still the best? Is it serving Nova Scotians the best, having that single-entry access to long-term care?

LINDSAY PEACH: I don't have those details with me in fulsome detail - perhaps not surprising. I haven't heard recent commentary in relation to single-entry access. I was actually just at a meeting with long-term care and home care providers this morning. I haven't heard that come up recently.

The conversation that we have been having with them is about the things that we can do together to better inform and support the transition of individuals coming into long-term care, whether they're coming into care from the community or they are transitioning from hospital. What are those things we can do to make that process easier for the facility, for the individual, and for their family? Those are the sorts of conversations that we have been having with the long-term care sector most recently.

The other conversation that we're having is around transfers: individuals who settle in a long-term care facility who might be outside of their community. Family sometimes makes a different decision than what they had originally thought before that placement happens. Sometimes, they decide that the best permanent placement is outside of their community. We appreciate that that sometimes creates pressures or the perception of access in an individual community. That's something we monitor and keep an eye on.

I don't know, M.J., if there was anything you wanted to add.

M.J. MACDONALD: I would just add that in terms of single-entry access, the provincial system allows us to be more efficient. For design system effectiveness, if you would, that overarching goal is being achieved. The piece you mention about that community flexibility, the placement policy does allow for preferred choice. Sometimes you might not get it depending on transfers and things like that, but you are then on a list to transfer back.

The overarching theme or imperative is around the balance around utilization of a very precious resource in our system, as well as choice and client service. We need to ensure a good placement in a timely fashion as well as making sure that things aren't sitting vacant. I don't have the vacancy data with me either. We can certainly get that. The last time I checked, it was very, very low. It's very, very low. We're happy to provide extra.

HON. DAVID WILSON: I would be remiss if I didn't ask this. I know over the last couple of years, there has been a lot of discussion around the number of long-term care beds in the province and the current government's priority to invest in and really promote home care, which is extremely important. But there does come a time when home care is exhausted, and people find themselves in hospitals and needing long-term care placement.

There are still a lot of people on the wait-list. Yes, the wait-list has been cleaned up a little bit over the last few years. I would agree to that. But there are still a lot of people who need long-term care. Do we have a sufficient number of long-term care beds in the province? I would be okay with any kind of answer or deflection or "Please ask the minister the next time you see him."

M.J. MACDONALD: I think that question might have been directed towards me. That analysis is ongoing, absolutely. There is a keen interest from system design and planning to have a good understanding of health needs, locations, conditions of our assets, and then indeed where we may need additional beds. That work is ongoing. I'm not able to comment on it today except to say that that work is absolutely ongoing.

THE CHAIR: Mr. Jessome.

BEN JESSOME: I would like to return to my initial line of questioning around placement outside of Camp Hill. One of the things I heard in the initial response to my question was that Veterans Affairs would support a portion of the cost that's required to support a veteran at a site that's away from Camp Hill. Can you clarify for the committee whether that amount is consistent with the per-individual funding that a veteran would receive if they were in Camp Hill?

I'm trying to understand - when you say a part, that makes it jump out to me to ask, are veterans who make a choice to stay in their home community receiving a comparable or consistent amount compared to those who would be receiving services at Camp Hill?

LINDSAY PEACH: Veterans Affairs Canada pays for 100 per cent of the cost of care, but there is a contribution from the individual for their meals and accommodation. I believe that applies regardless of where they're placed. I think there is a portion of that contribution that is with the individual.

BEN JESSOME: That's helpful, thank you.

THE CHAIR: Follow-up?

BEN JESSOME: Yes, kind of a different line of question if it's okay with you, Mr. Chairman.

Has there been a lens for veterans that has been incorporated as part of the QEII redevelopment plan process?

LINDSAY PEACH: The Camp Hill site location isn't specifically within the scope of the current QEII redevelopment project. I wouldn't be able to speak to the details of any other considerations that might have been a factor in that planning. I haven't been directly involved in that.

THE CHAIR: Ms. DiCostanzo.

RAFAH DICOSTANZO: The way I understand it, you're getting $25 million. I'm assuming every province gets a certain amount. Is it based on the number of veterans there are in each province? How are we doing in comparison between this province and others? How often do you meet and compare what we're doing here, compared to other provinces?

M.J. MACDONALD: I actually don't have a comparator for the frequency with which Veterans Affairs Canada might meet with other provinces. We meet on a fairly regular basis, depending on what's happening - I think you tend to meet a little more frequently than not.

Certainly recently, given the extension and the need to do system planning, we've initiated a series of meetings which will be ongoing probably for the next few months as we move forward.

I'm not able to really share unless - Lindsay, you might have a different perspective or knowledge on that, but in terms of how that might compare then across Canada, I'm actually not sure, we've had to ask them.

LINDSAY PEACH: I can't speak to long-term care services, we haven't been engaged in any national conversations with Veterans Affairs Canada with other partners across the province. It is delivered differently so sometimes those services are delivered by

community-based nursing homes and may not be delivered by the Health Authority, for instance, so I think in that respect we might be a bit unique.

What I can say, though, is in relation to that, the Nova Scotia Health Authority is also contracted by Veterans Affairs Canada to deliver the Operational Stress Injury Clinic - I believe that's one of 11 in the country - and meet on a very regular basis with that network of providers to talk about best practice, how the services are being delivered, what the research associated with it is and how we're progressing, so a very intentional connection and community practice across all of those providers nationally.

RAFAH DICOSTANZO: I understand that a veteran in Nova Scotia gets a different service than a veteran in Ontario or B.C. Is that the norm? There is no comparison? I'm surprised to hear that. Everybody has the same standards - do they receive similar standards federally? They must give you some kind of standard that you have to meet, right, but it could be that the delivery is different in each province, is that what you are saying to me?

LINDSAY PEACH: Just to clarify, how the service is delivered might look different but Veterans Affairs Canada would have very similar expectations for how the service is delivered on their behalf. The structure around what that looks like would really be a question for them.

THE CHAIR: Since I don't have any other questions, I'll ask one myself, mostly on the staff that's required at Camp Hill and how they are pursuing looking after the patients. Maybe you can just comment on the staff and if it's quite stable, or are there part-timers? Ms. Peach.

LINDSAY PEACH: I would say we have a mix in terms of staffing, so we would have some permanent staffing and some other casual staff that would be contributing to that mix. As I said before, Camp Hill benefits from a broad, multidisciplinary team so in addition to the nursing care that is provided, we also have other allied health disciplines that contribute to the care that's being delivered to veterans.

I think what I would say from the perspective of the staff and observing them and providing the care, many of them view it as a call of duty to be able to provide that care to the veteran population so you see many of them contributing of their own personal time and their families' personal time to augment the services that are delivered to the veterans. They truly do see that as an honour to be able to provide that service and support.

We would, as we would any of the staff, ensure that they have available to them any professional practice supports they might need to support them in their role.

THE CHAIR: Just to follow up, about security for Camp Hill, how is that looked at and how aggressive is it, so that some of your patients don't escape? Ms. Peach.

LINDSAY PEACH: It's a good question. Camp Hill, like any of the long-term care facilities that we deliver, takes the safety and security of the residents - we consider that quite highly. It varies what that service component looks like; it varies by facility. There would be on-site security at Camp Hill, for instance, but other facilities would use technology like WanderGuard systems, similar to what you'd see in any other nursing home, so it does vary a bit, depending on the size of the facility.
[3:00 p.m.]

THE CHAIR: Are there any other questions? Not hearing any, I'll ask both of you to sum up any other comments you would like to make. Ms. Macdonald.

M.J. MACDONALD: All I would like to say is to thank the committee for their interest in this important topic. If there is, at any time, any additional questions that we may assist with, we would be happy to help. Again, we thank you for the opportunity and we thank you for your time.

LINDSAY PEACH: I would just echo Ms. Macdonald's comments. We really appreciate the interest and the time that you've given. I appreciate that it's sometimes a complex system to understand and navigate, so I really appreciate the opportunity to provide some of that clarity and context. Thank you.

THE CHAIR: Thank you both. It was very interesting and certainly informative on what's happening at Camp Hill and other long-term care facilities that you may be using. Thank you very much.

We're going to take a break for a couple minutes and then we have some correspondence.

[3:01 p.m. The committee recessed.]

[3:05 p.m. The committee reconvened.]

THE CHAIR: We'll get our correspondence done. We just have the one response from a request by this committee on February 20th to our federal minister on VETS Canada. You should have a copy of the response from Seamus O'Regan. One question - Mr. Wilson.

HON. DAVID WILSON: I just want to be on the record that I am disappointed that they're only looking at a six-month extension. By the time our committee meets again, they'll be a month away from maybe losing that funding. I guess maybe we could address it at the time if we hear from them, but I just want to indicate that I'm somewhat disappointed that it's just a six-month extension.

THE CHAIR: Are there any other comments? Mr. MacLeod.

HON. ALFIE MACLEOD: I would just like to support Mr. Wilson's comments on the crisis funding because I think we all know from experiences we've seen here in Nova Scotia that this is not a situation that has a timeline on it. It's something that needs to be proactive and they need extended times. I think it's a crime that, indeed, it's only a six-month increase.

I, like Mr. Wilson, will be looking forward to seeing what is in store for us, but I think all of us should be quite concerned about the fact because, as I say, recent events in Nova Scotia have shown the crisis situation in veterans - especially modern-day veterans - is becoming more and more of a challenge and an issue.

Mental health services in Nova Scotia for veterans and non-veterans is very limited at the very best of times, so I think this is really something that we as a committee should keep a really close eye on. This is the only province in Canada that has such a committee keeping an eye on our veterans. If it wasn't for the veterans, none of us would have the opportunity or the privilege of sitting here, so let's make sure that we keep an eye on this.

THE CHAIR: Good advice. I believe that negotiations are probably still going on to expand it to a later date. September seemed like a good one to them for the moment, but I'm hopeful that it will certainly be improved for a longer period of time.

Are there any other comments?

HON. ALFIE MACLEOD: In light of that, maybe we should put forward a letter to them that we are, indeed, disappointed and would like to see this extended. I know we've got one answer already, but I can see no harm in reinforcing the fact that we're disappointed.

BRENDAN MAGUIRE: I don't think there is a problem with sending a letter off to inquire about why the short extension and the fact that we'd like to see this worked out. Obviously, we support our veterans and we want to make sure that they have the best possible care. I think we'd be very supportive of the member's motion.

BEN JESSOME: I'm with everybody. Let's do it. (Interruptions)

THE CHAIR: We have agreement. I think the meeting has come to an end. Thank you.

[The meeting adjourned at 3:09 p.m.]