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COMMITTEE

ON

VETERANS AFFAIRS

Tuesday, February 16, 2021

Via Video Conference

Camp Hill Hospital: Challenges Faced Due to COVID-19

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In Attendance:

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Legislative Committee Clerk

Gordon Hebb
Chief Legislative Counsel

WITNESS

Nova Scotia Health Authority

Heather White
Director of Veterans' Services and Geriatrics

House of Assembly
Nova Scotia

HALIFAX, TUESDAY, FEBRUARY 16, 2021

STANDING COMMITTEE ON VETERANS AFFAIRS

2:00 P.M.

CHAIR
Rafah DiCostanzo

VICE-CHAIR
Ben Jessome

THE CHAIR: Good afternoon, everyone. I call this meeting to order. This is the Standing Committee on Veterans Affairs. Today, we will hear from Heather White, the director of Veterans' Services and Geriatrics with the Nova Scotia Health Authority. She will give us a review of the challenges faced due to COVID-19 at the Camp Hill hospital.

All members, the witness, the Committee Clerk, and Legislative Counsel should keep their video on during the meeting. Just the microphone on mute, please. There are a few housekeeping things I'm supposed to do before we start the meeting. All other staff, their audio and video should be turned off, please.

If you have cellphones, please put them on Silent or Vibrate so that we don't hear them in the background. If you have any technical problems, please phone or text the clerk. Heather is here with us today.

I will start with introductions. We can start with Mr. Jessome.

[The committee members introduced themselves.]

THE CHAIR: Next I will introduce the witness, Heather White. Give us your opening remarks, please.

HEATHER WHITE: Good afternoon, Madam Chair and Committee members. My name is Heather White and I am the director for Camp Hill Veterans' Services and Geriatrics at the Nova Scotia Health Authority.

I'd like to thank you for the opportunity to meet with you today to discuss some of the challenges experienced at Camp Hill throughout the COVID-19 pandemic. Camp Hill Veterans' Services is a 175-bed long-term care facility with 153 beds for veterans and 22 newly licensed Department of Health and Wellness long-term care beds.

Like all long-term care facilities throughout Canada and the world, we have been greatly affected by the COVID-19 pandemic. The population that lives at Camp Hill is frail. Many experience complex health conditions, and with an average age of those at our facility being approximately 92, those who live here are among the most vulnerable to the risks of COVID-19.

Our focus throughout the past 11 months has been to do all we can to protect our vulnerable population by preventing COVID-19 from ever entering our facility. We are grateful that to date, these efforts have been successful. Throughout the pandemic, we have closely followed the expert advice and guidance of our colleagues in Public Health and Infection Prevention and Control Nova Scotia, and we are appreciative of the direction they have provided.

While we have implemented strong and effective facility protocols for infection prevention and control, we have always known that our experience at Camp Hill was greatly dependent on the virus activity in our province. As such, we are deeply appreciative of the swift and decisive actions of Dr. Strang and the Premier, as well as the collective commitment of all Nova Scotians to abide by public health measures. This has kept the community virus activity at a level that has allowed the vulnerable population that live at Camp Hill to stay safe.

This past week marked a significant milestone for our facility. I'm happy to share with the committee that our staff, our designated caregivers, and now just over 88 per cent of our veterans and residents have all received their first dose of the vaccine. Immunization will add another important layer of protection for our community. There have been many smiles and more than a few tears of joy and relief as veterans, residents, staff, and designated caregivers have rolled up their sleeves to receive their shot.

While we have confidence in the preventive measures that we have put in place in our facility, we also recognize that the stealth nature of the COVID-19 virus is such that despite our best efforts, there is always a chance that we may still experience an outbreak within the facility. We will remain vigilant, and we have developed the contingency plans

needed to allow us to quickly respond to an outbreak should one ever occur. While we are hopeful that we'll never have to put these plans into action, we're confident that if we ever did have to respond, we are ready.

While COVID-19 has not entered Camp Hill, its presence in our province this past year has deeply impacted the lives of those who live and work here. The risk that this virus poses to our population has necessitated strict restrictions which have impacted almost every aspect of our daily routines. Most profound of all has been the impact of visitor, gathering, and outing restrictions. These restrictions, while necessary, have been very challenging.

For almost a year now, veterans, residents, and families have not always been able to participate in some of their valued daily activities such as gathering in a group, going out into the community, or spending time with families, friends, and loved ones in a manner with which they might wish. While we know these measures have helped keep COVID-19 out of our facility, we also acknowledge how very difficult it has been for those who live at Camp Hill, their families, and those who care for them.

Camp Hill is very much a community. We deeply value the social and emotional connections that veterans and residents have with their families and with the broader community. We've always worked hard to foster these important bonds. This past year has highlighted just how important these connections are to the well-being of the residents and veterans who live here. We are amazed at the creativity and resilience we have witnessed in maintaining these relationships.

When restrictions in the first few months of the pandemic did not allow for gatherings or any in-person visits, our staff responded by reimagining our program delivery in amazing ways. There was also considerable effort that went into developing our technological expertise as families, veterans, residents, staff, and community partners all learned how to make virtual connections through Zoom, FaceTime, telephone calls, emails, cards, and virtual well wishes.

In June, when visits were able to happen - first outdoors and later indoors - our teams worked tirelessly to try to meet an overwhelming demand for visitors. In September, we were grateful to see the recognition of the role of family caregivers and we are pleased to now have over 220 designated family caregivers at our facility, all of whom have been trained in infection prevention and control practices and facility protocols.

When I speak with veterans and residents, they remark that the ability to have designated caregivers back into the facility in September was a very welcome moment after almost six long months of separation. The ability to implement small bubble cohorts of group activities has also been very welcome. It allowed for more frequent opportunities to socialize with peers and participate in regular therapeutic activities.

The need to keep circles of contact small has meant we have not been able to welcome our community partners into the facility as we traditionally have. We are so appreciative of the many innovative ways that our partners have continued to reach out to show their support for the veterans, residents, and staff at Camp Hill.

Whether it was the Snowbirds flying over our facility, the Veteran Farm Project bringing in fresh-cut flower bouquets for the staff and the veterans, the Veterans United Nations/NATO Canada organization bringing their motorcycles by for a Show and Shine event; the Royal Canadian Legion and current and past-serving Canadian Armed Forces members making generous and thoughtful donations, the personalized messages and donations of a Christmas tree by His Honour the Honourable Arthur J. LeBlanc, Lieutenant Governor of Nova Scotia, the Halifax Mooseheads naming us the Canadian Forces Family of the Game or the Stadacona Band of the Royal Canadian Navy holding a virtual 'Til We Meet Again Remembrance Day concert, each and every gesture has been extremely meaningful and a welcome boost during difficult times.

[2:15 p.m.]

Camp Hill is home to many remarkable and resilient individuals who have served our country. The year 2020 was a year full of important milestones in our nation's history. While we could not gather with our community to recognize the 80th anniversary of the Battle of Britain and the 75th anniversaries of the Battle of the Atlantic, the Liberation of the Netherlands, Victory in Europe, and the end of World War II in the way we might have wanted, our commitment to remember remained steadfast. With creativity and innovations, our teams and communities found new ways to let those who live at Camp Hill know their contributions and sacrifices will never be forgotten.

Those veterans, who have already lived through so much, met the challenges of this past year with grace. We are inspired by the example they have set, and we want you to know we are doing and will continue to do our very best to provide the excellent quality care they deserve throughout this very difficult time.

Many veterans, residents, and families over the year have taken their time to share feedback and suggestions, offer words of encouragement, and express their thanks to the team at Camp Hill for their dedication.

I'd like to close by quoting, with permission, from a message I received from two members of our veterans council, both of whom have offered us wise guidance and support throughout the pandemic:

> "We wish to show our appreciation for the wonderful care we received from the staff. Even though COVID is out there and they have their families, they are taking wonderful care of us. That is because of the professionalism and the quality of our workers."

Thank you for the opportunity to attend today. I look forward to the discussion.

THE CHAIR: Thank you very much, Ms. White. That was wonderful.

I will keep a list here. If you don't mind just putting your hand up, and I will start the list, and we can start with Ms. Lisa Roberts. Go ahead, Ms. Roberts, and I see Barbara Adams. Thank you.

LISA ROBERTS: Thank you for your presentation. In 2019, at an earlier meeting of this committee, a representative of Veterans Affairs Canada explained that Nova Scotia is the only jurisdiction in Canada that does not contribute to the care of veterans in long-term care, and I'm just wondering if you can clarify if this is still the case, that the province doesn't contribute to the care of veterans in long-term care.

HEATHER WHITE: I guess I can just speak from my knowledge base, and that is that the Nova Scotia Health Authority is contracted by Veterans Affairs Canada, so we do receive an annual budget to help run and provide the care and the service here.

LISA ROBERTS: Again, from that testimony from 2019, in other jurisdictions, veterans are treated as other residents are but Veterans Affairs sort of tops up and contributes up to $1,000 a day, whereas at Camp Hill, the full cost is paid by Veterans Affairs Canada. Can you shed any light on why that situation is uniquely the case here in Nova Scotia?

HEATHER WHITE: I do know that has been the historical commitment, I think, of Veterans Affairs Canada, so I'm not certain how that came to be, but I do know that is certainly how we receive the funding for the care of veterans here.

THE CHAIR: We move on now to Ms. Adams. You're on mute, Ms. Adams.

BARBARA ADAMS: I've worked in the Camp Hill Veterans Memorial Building with the veterans as a physiotherapist, so I enjoyed that time there greatly.

Last year, I had introduced some legislation called the Health Authorities Act, Bill No. 252, to keep veterans and their spouses together. A couple of weeks ago, the government announced that they were intending to do that. I do have a constituent whose father is in the building and whose mother was there in an overflow bed, and she was able to stay there for almost the whole year. Then there was a concern a couple of weeks ago that she might have to be moved out before these new rules took place.

I just wanted to confirm now whether that family member will be able to stay with her husband in that facility, even though the changes that the government had agreed to do might not take effect in the next couple of weeks.

HEATHER WHITE: I can confirm that we now have 22 licensed Department of Health and Wellness long-term care beds here at Camp Hill, so that does then allow for our colleagues at Continuing Care with placements to apply the criteria, the priority placement criteria, to keep spouses together. We do have the ability now to admit non-veterans, provincial residents, into these Department of Health and Wellness licensed beds following the priority guidelines as they exist within Continuing Care and they'll evolve with the new legislation on March 1st, which is exciting for us, because it does allow an opportunity for spouses to be together.

BARBARA ADAMS: I know these family members are thrilled to be together. I know that the Camp Hill Veterans Memorial Building has 175 beds for veterans, so if we're shifting 22 of them over for long-term care, we're not creating new beds. We're just allowing non-veterans from Nova Scotia to take up those beds. Is there still a commitment to keep all of the other beds there for veterans?

HEATHER WHITE: At this point in time, we have the 22 that are licensed for the Department of Health and Wellness, and then the other 153 would be allocated to veterans. We do have an agreement with Veterans Affairs Canada should there not be a veteran awaiting that bed or in need of that bed, then we can use it as we have in the past sometimes to support overflow for individuals who may be awaiting placement.

THE CHAIR: We move on now to Mr. Ryan.

MURRAY RYAN: Ms. White, first of all I want to thank you so much for being here this afternoon. Please pass along my personal thanks to all of your colleagues there at Camp Hill for everything that you're doing for our veterans whose care you've been entrusted with.

I have a 102-year-old veteran of World War II at home, and I fully appreciate how important it is, the needs and the challenges that they face on a day-to-day basis, COVID notwithstanding, which has only compounded things.

To that end, I'm wondering in relation to Camp Hill, what do you think has been the biggest challenge in the last 11 months for our veterans, and as a result for the staff there?

HEATHER WHITE: I think the restrictions that have needed to be in place have been the most challenging, and the impact that's had on people's daily lives and the ability to be with family and friends and loved ones in the way that they would like to, or to be able to go out into the community. I think while people recognize that those have needed to be there and be in place because of the risks of the virus, I think it has to be acknowledged just how very difficult that has been for people who live here.

MURRAY RYAN: Just touching back on what I was just saying, it's been such a confusing year for all of us, and for our elderly - especially our veterans - even more so. I'm

just wondering how the residents have responded. For a lot of them, you were saying the average age of veterans is 92. For a lot of our elderly, not just veterans, but the continuity and the consistency of a day-to-day routine is so important, and I'm just wondering how the veterans have responded to the challenge as far as the need for social distancing and all of that that has taken place and all the procedures and protocols you've had to bring into place.

HEATHER WHITE: I think it has been difficult, because things have needed to change. I think I'm really proud of the expertise, the compassion, and creativity of our staff to try and meet the needs of people, to help find ways to make what doesn't feel natural in terms of social distancing and things feel a little bit more comfortable. Just in how we set up our dining room spaces, how we run some of our activities, things like now doing hallway bingo, and trying to make routines that allow for the infection prevention and control measures to be in place, and yet still retain some of the regular routines.

Certainly, it's difficult for people, especially when they're visiting with family and friends. It does not feel natural for people necessarily to be wearing masks at all times or to maintain that distance - though I have to say people have adapted amazingly in terms of the resilience that we've seen or how people have adapted to the challenges.

THE CHAIR: We'll move on to the Honourable Gordon Wilson.

HON. GORDON WILSON: Ms. White, also as Mr. Ryan said, certainly, I hope not a lot of your staff are hooked on Legislative Television, but certainly we do hope that a lot of them are watching also, but truly it is probably one of the most trying groups of people that have gone through some very difficult times in this COVID world. Really, our thanks and appreciation to you and your staff are paramount here.

I can also reflect too, my uncle Russell Stonehouse was a resident of Camp Hill. It was my first experience actually in a long-term care facility not too long ago. One of the unique things that I found there was the patriotic way that all of the members there had such a commonality being veterans, or most of the ones that did, and that was a real encouraging thing to see how they related to each other. It was very interesting.

Just to add on to Mr. Ryan's conversation that he had in questions, I think one of the things that's been interesting and more challenging - and it's not just in long-term care facilities, but everywhere - it's been the communication that we try to do as government in what's going on. In a world where an average of what you were saying, in their 90s, the access to iPads and how they use them and things like that, I'm sure the technology limitations have been very challenging.

What's the format that you had in your organization to let all the family members know, as things ratcheted up and then all the confusion and challenges that you would have in getting that information out there. How have you done that?

HEATHER WHITE: It certainly has been a challenge throughout as the restrictions have shifted and changed, depending on the virus activity. We certainly have adapted a number of different and new ways of doing things here in terms of being able to communicate on a regular basis. That communication was important to us right from the beginning, so we have established regular ways of communicating via email with families - that's been more challenging. We do print off the hard copies to get them to residents and veterans, as well as newsletters and communication bulletins that we do put out.

I'm really grateful for how our families and our community have really taken steps, I guess, to be monitoring their emails quickly and are always so quick to respond to our request or to shifting, changing restrictions or the needs that we've had in place.

We've also now launched our first Zoom family councils. We have had some Zoom focus groups with family members, our care conferences are now held via Zoom, so family members can participate with the teams. We've held family council meetings with everyone on Zoom. That's a new learning for us, and we're continuing to develop our skills with that.

Our Camp Hill Veterans' Council is made up of the veterans who live here. With our executive, we've now had a Zoom meeting, and we've actually been able to connect, because one of the challenges throughout the year is that the different units have not been able to interact with one another, so we are now using technology to be able to host a meeting among the executive on different units using technology.

It's been lots of learning and we are continually challenged to try and figure out how we best hear from residents, veterans, and families and respond.

GORDON WILSON: So in saying that, you mentioned the Veterans' Council. They - I'm sorry.

THE CHAIR: You used to be a very -

GORDON WILSON: I used to be, yeah. I've been out of committees too long. My apologies.

THE CHAIR: Mr. Wilson, go ahead, please.

GORDON WILSON: You mentioned the Veterans' Council. They play a role in the communications back and forth. I don't believe that's something that kind of structure is in all long-term care facilities. It sounds to me like it would be unique to Camp Hill. Can you give me an idea roughly just what the history of that was, and how that organization works? I wasn't aware of that.

HEATHER WHITE: Our Veterans' Council is comprised of veterans that live here. It would be similar to resident councils that would be in place in other long-term care facilities. We have our executive, so those members are elected by their peers to be on the executive, and typically we would host meetings in person every month. We haven't been able to do that, so it tends to be that we've gone to our executive, and again figuring out new ways to connect them on the different units. They are a group that we look to to share information with, and then they give guidance to us, and we certainly have gone to our executive members a number of times throughout the pandemic for their input and guidance.

THE CHAIR: We move on now to Ms. Chender.

[2:30 p.m.]

CLAUDIA CHENDER: Thanks for being here today. You said in your introductory remarks, Ms. White, that you attribute a lot of the success you've had with COVID to the epidemiology and the province as a whole and the work of Dr. Strang. I certainly appreciate that, and I think we acknowledge that in all our facilities, that's the number one metric.

Notwithstanding that, we've seen here at Northwood, but also across the country, real tragedies happen in long-term care related to this pandemic. To that end, I guess I'm curious about infrastructure at Camp Hill, because it seems to have changed quite a bit actually, based on what we understood previously around how many rooms and what was accessible. I wonder if you could tell me how many rooms are single occupancy - either number of rooms or percentage of rooms - without a shared bathroom?

HEATHER WHITE: All of our rooms are private rooms. We have approximately 50 per cent that would be shared bathrooms, so they could be two private rooms that do share a bathroom. Certainly having private rooms has been very helpful.

CLAUDIA CHENDER: I think that's probably really worth noting in the context of what we've seen. That standard of people having their own room in terms of infection control, I'm sure, was helpful for you guys and a bit of a boon to you as you were preparing to deal with this virus.

The other challenge that we've seen and heard articulated all over the place is around staffing. As you said, most of your funding flows directly through the federal government, at least when it comes to taking care of the veterans who are housed there. I wonder if you have experienced the same staffing shortages that we've heard about, or do you think you guys have been better or worse off relative to what you've seen through the rest of the sector, and maybe if you have any comment on that.

HEATHER WHITE: I think within the Nova Scotia Health Authority, I think we're always working together with our colleagues in Human Resources around recruiting and retaining a strong work force, so I think certainly we are not immune to challenges in terms of trying to recruit and retain staff.

Working in long-term care requires a special kind of person. I think people need to be very skilled in what they do, and so it is difficult work and we certainly work hard to recruit. We are very blessed to have a very strong and committed team that works here. I think ongoing efforts to continue to recruit and retain people are always needed.

THE CHAIR: We move on now to Mr. Jessome.

BEN JESSOME: I just wanted to inquire of Ms. White, just for our listeners: can you speak to the distinct changes that will be in effect related to the legislation change and keeping couples together? I believe it's to be active March 1st. The way I understood it was that couples could move in together in facilities that weren't Camp Hill, so I'm wondering if you could shed some light on what the distinct change was, based on the previous scenario, to what we'll experience on March 1st.

HEATHER WHITE: Historically, where we've only had veterans' beds here at Camp Hill, spouses could only live together here at Camp Hill if both were veterans in their own right. The addition now of having licensed Department of Health and Wellness beds opens up a whole new world of opportunities for us, and that is prior to the legislation coming in on March 1st. That does then allow for non-veteran spouses to be placed into a Department of Health and Wellness-licensed and -funded bed here.

The legislation as of March 1st will then also allow, if there are individuals who, if one spouse requires the level of care that we have here but perhaps their spouse requires a residential care facility level of care, then they would express preference to be united here at the higher level of care. I think having the new licensed beds here is certainly pivotal in allowing spouses to be together when one spouse is not a veteran.

BEN JESSOME: Ms. White, without being too specific, are there any people that are going to take advantage of this opportunity in the not-too-distant future?

HEATHER WHITE: I think so, yes. We currently would apply and are applying the existing priority criteria for having spouses together in a long-term care facility, so that is happening, and then as of March 1st, yes, I have fielded calls from people who I do know are interested in pursuing that.

THE CHAIR: Thank you, Ms. White. Please just wait for me - I missed that one - so that Hansard can record that it's you who is speaking. Thank you so much.

Next I have Ms. Roberts.

LISA ROBERTS: Just for clarity, because it feels like the ground has significantly shifted in terms of long-term care investments and particularly investment from the NSHA and long-term care, when did the 22 licensed beds come online at Camp Hill for non-veterans and not paid for through Veterans Affairs Canada - or is that, in fact, still in the future as of March 1st?

HEATHER WHITE: The Department of Health and Wellness announced their intention in the fall for the licensing of those beds, and we went through that process, and as of January 14th, we are now licensed for those 22 Department of Health and Wellness-funded beds. We do have that licence in place and we do have people now placed into those beds.

LISA ROBERTS: I represent the constituency of Halifax Needham, which comes very close to Camp Hill but actually includes the constituency where Northwood is a significant non-profit long-term care provider, and, of course, I lost 53 constituents during the first wave of COVID.

In my previous years of visiting Northwood, which I often do, particularly at Remembrance Day - I am honoured to be invited to take part in their commemoration event there - I have met, in the past, veterans who are living at Northwood, particularly because they want to be with a spouse who, of course, up until now had not been eligible to be at Camp Hill, regardless of their level of care requirement.

My question is, now that these 22 beds are potentially available - though with the significant wait-list for long-term care, I imagine that those 22 beds are not actually sitting empty - does that raise the possibility that a veteran and their spouse can actually move from another long-term care facility like Northwood, for example, where they have been residents because they would not move just one of them, or the family chose not to move just the one who was eligible for that veteran's bed?

HEATHER WHITE: Veterans in terms of applying to live here would go through Veterans Affairs Canada to apply. Veterans at any point - we have had them move to a facility and come back, so they could certainly apply that way. Then if there was then a spouse who was here, people could apply through the Department of Health and Wellness for that process for those beds. I guess it's kind of difficult to answer the question, but yes, I think veterans certainly can always apply to live here. There is, now, and will be a process for spouses to be on a list to have priority placement within our licensed and funded DHW beds.

THE CHAIR: Thank you, Ms. White, and thank you, Ms. Roberts.

We'll move on now to Ms. Adams.

BARBARA ADAMS: Ms. White, one of the things that we know is that during Northwood's initial struggles with COVID-19, they were quite shortstaffed. At one point, they were down to 60 per cent staffing levels.

I know that when they did eventually move some people out of Northwood into a hotel because they were recovered from COVID-19, their staff levels were actually almost double what would normally be in the facility. There was one staff member for every four residents there. There was a lot of physiotherapy and occupational therapy and the doctors were there. The staff told me that it was almost ideal to work there because they were not chronically shortstaffed like they were.

I'm just wondering, the unions have called for 4.1 hours of care per resident per day in long-term care. We've committed to doing that. I'm wondering what the staffing ratio is in the Veterans Memorial Building because it is federally funded - I'm just wondering if you find that staffing level significantly different than what might have been in place at Northwood.

HEATHER WHITE: I'm not familiar with exactly what the Northwood model of care would look like. The hours per patient day is key, to be clear, on what you're looking at.

We do have a strong number of licensed staff and professional staff here as well as disciplines from a host of different allied health classifications that do help provide and support the care here. We do have a strong interprofessional team that does help to provide the care.

BARBARA ADAMS: I think it's really one of the things that we've seen across the province, is that there is an inequity in how many staff are in each of the long-term care facilities, especially people like the rehab staff.

I'm part of a working group with physiotherapists and occupational therapists across the province and OT and physio assistants who work in long-term care. I'm, in fact, a physiotherapist and I worked at the Ocean View Continuing Care Centre during the pandemic. One of the things that they discovered when they looked at how many rehab staff there were per capita of residents is that there's quite a disparity between certain facilities like Northwood, which has very little physio and OT care, versus some other facilities in the province.

In some of the cases, there's almost a 90 per cent difference, meaning some facilities have great physio and OT coverage and physio and OT assistance and other facilities have very little or none. I'm just wondering how, during the last year, you guys compare in terms of your rehab staff. You have approximately 120 residents; I'm just wondering how many physio, OT, and assistants you have working in the facility right now.

HEATHER WHITE: For 175 beds, we have a physiotherapist and two physiotherapy assistants. We also have two occupational therapists as well as a part-time occupational therapy assistant and a wheelchair services technician who helps to support those care needs. We have a strong recreation therapy program, as well.

I think, kind of looking at the whole model of care, like I said, there are certainly a number of disciplines and staff from different classifications who help to provide the team effort and support of the people who live here.

THE CHAIR: We'll move now to Mr. Gordon Wilson.

HON. GORDON WILSON: As you listen to the questions and your opening statement, it has to become more increasingly aware to everybody that not only has the pandemic and the infectious side of dealing with that in your facility put all the pressures on your team and your group to be able to perform and provide that level of care - as I'm thinking, even the note about the Life Partners in Long-term Care Act that we brought in that just got proclaimed and is coming into effect on March 1st - those added things are continuing to build changes within your facility. Good changes, I must say, but again it's interesting when you listen and hear all that.

I think my interest also is around the designated caregivers that you have. Again, my original questions were around communications. I would assume that these designated caregivers play an extremely important role. Getting them trained - can you give me an idea of roughly what was involved in staffing and getting them trained? How do they support the residents? What have they done to help with the visitors and that?

I think that has been an interesting one that I really haven't followed or heard an awful lot on. I'd appreciate anything you could advise us on that.

HEATHER WHITE: Yes, absolutely. The designated family caregivers and the recognition of that role have been extremely beneficial, I think, for everybody.

Our process for designated caregivers: the veteran or the resident identifies - up to a maximum of two with the public health measures - who they would like to identify to be their caregiver. That may be to support, broadly, the different needs that they have. Many provide physical support and care. Others provide more emotional support or connection and social engagement.

The veteran or resident would identify who they are. Then we have training sessions that are held where they would come in and they would go through all the core infection prevention and control practices of good hand hygiene, good respiratory etiquette, proper mask use, as well as helping them to understand what all our different facility protocols are to help maintain social distancing and limit circles of contact within the facility.

[2:45 p.m.]

Then the caregivers are here. They wear identification tags, and they provide incredible support to their loved ones in a way that only family can. They also, when we talk about maintaining connections, do things like Zoom calls or telephone calls with all those family members or loved ones who cannot be here in person in the way that they would like to.

They've been very helpful in maintaining those connections or taking the time to help with feeding someone or care. Most often it tends to be about the emotional support and engagement. They're absolutely a huge support and additional dimension to the quality of life for veterans and residents and their families.

GORDON WILSON: So, in respect to that, did you internally develop your own training protocol or program for that that you would roll out with your own staff or was that something that was rolled out from the Department of Health and Wellness? Federal Veterans Affairs? I am interested in knowing how standardized that training is for these caregivers.

HEATHER WHITE: There were many aspects of the training that were outlined within the directives that we receive from Public Health about things we needed to ensure that we were educating people on. We have a strong infection prevention and control team here of colleagues, so they helped us as well in developing the training. They actually also did a video here - Nova Scotia Health Authority - that was filmed here and is available for other long-term care facilities to use to support the training for caregivers.

I guess it was a combination of using the evidence and the guidance that we had from Public Health as well as from our colleagues with Infection Prevention and Control here.

THE CHAIR: Next we have Mr. Ryan.

MURRAY RYAN: Ms. White, earlier in your initial words, you said currently staff and residents are at 88 per cent who have received the first dose of the vaccine. That's fabulous. What's your estimated timeline to have 100 per cent?

HEATHER WHITE: We have been able to offer all staff and designated caregivers the opportunity for a first dose appointment. For our veterans and residents, we just began the immunization last week, so it is our hope that within the next couple of weeks, all veterans and residents who are here and would like the vaccine will have received it.

MURRAY RYAN: I know our veterans, they'd be the first people at the front of the line looking forward to getting the vaccine because that's the type of people they are. Just

as an add-on to that, you talked about the 220 designated caregivers. Are they included in that, or no?

HEATHER WHITE: We're identified to be in Phase 0 for the rollout of the vaccine to both staff and designated caregivers. We are a care-in-place facility, meaning that should we ever have COVID enter the facility or have an outbreak here, we would care for veterans and residents here at the facility, so we were included in that priority rollout. Many of our designated caregivers and staff began to receive it as early as December and have continued to receive appointments over the last couple of months. It was just with the Moderna vaccine coming to veterans and residents, we were able to immunize 130 just last week alone.

THE CHAIR: We move on now to Mr. Jessome.

BEN JESSOME: Along that same line of questioning, through the Chair, I'm just curious, have you had any direct communication with Ottawa related to that pinch point that we're experiencing now with respect to the temporary reduction of the Moderna vaccine? What has their communication been to you, and do you believe that they're receptive to prioritizing long-term care facilities on a go-forward basis?

HEATHER WHITE: Veterans Affairs Canada, they would contact the Nova Scotia Health Authority, so the rollout of the vaccine and the immunization would be very much within the jurisdiction of Nova Scotia to roll out. We don't have any communication with federal partners around that. They were certainly very keen and were interested to know when veterans and residents were receiving it, my colleagues in Veterans Affairs Canada, and we're pleased to note that that rollout happened last week, but I can't add any more to answer your question.

BEN JESSOME: I appreciate that feedback. I wasn't looking for anything prescriptive, just some general feedback on that situation.

Unrelated, I had a question kind of off the subject of COVID. Is the Camp Hill facility a seniors-only facility? For example, is it a place that a wounded veteran who required an enhanced level of care that their family or loved ones couldn't provide, is that the appropriate place that they would go? I know at other facilities throughout the province, their long-term care facilities, they're not always seniors that receive care in those facilities. I'm just wondering if that was the case for a younger wounded veteran, and would they be a candidate for space at Camp Hill.

HEATHER WHITE: Veterans Affairs Canada does determine eligibility and manage our wait-list for the beds here, so they would be reviewing veterans based on both their service history as well as their care needs, and an evaluation of whether or not we could meet those needs. I think that would really kind of be dependent, I think, on what the individual's needs were and whether or not in our facility we could provide that care.

THE CHAIR: Next we have Ms. Roberts.

LISA ROBERTS: Back to my interest in these new 22 beds that have been licensed by the Department of Health and Wellness for non-veterans at Camp Hill. From conversations in the community, including with a dear friend who spent a lot of time at Camp Hill with her dad until his passing, I've always understood that the standard of care at Camp Hill was something special, and as I understand it, it's partly the shared experience that gives a bit of focus to the programming so that everybody there has had - there's a reason why people are there and that gets programmed around.

Also, my understanding is that it has had adequate or exceptional resources because of the funding from Veterans Affairs Canada, and, of course, there have been umpteen news stories and certainly many press releases and statements from our caucus about the inadequate resources in the long-term care system generally.

In some older coverage related to an earlier story about another committee meeting, in a CBC article there was a reference to the per diem from the federal government for residents being around $300-$400 a day at Camp Hill, whereas at provincially-funded facilities the per diem was closer to $250.

My question is, with these 22 beds, which we welcome additional funding for long-term care beds and certainly the ability for spouses to potentially be with their spouses who are veterans, are we looking at a situation where there may actually be two different standards of care at the same facility?

HEATHER WHITE: At this point in time, we are still working through all the specifics as we roll things out, but currently, right now the non-veterans are - those 22 beds may be on any unit, and we are looking to provide the same level of care that we do to the veterans and residents that are here.

LISA ROBERTS: Thank you for that clarity, and I certainly appreciate that this is new. Are there any plans to build more beds at Camp Hill? Will any of the provincial funding for new beds recently announced, for example, potentially be allocated to Camp Hill?

HEATHER WHITE: I'm not involved in the discussions around that. Within this building, we have 175 long-term care beds and we also have 26 beds that are an in-patient unit as well, so that is what is currently here. In terms of those other conversations about future planning, I'm not sure.

THE CHAIR: We move on now to Ms. Adams.

BARBARA ADAMS: I do want to take this opportunity to thank a gentleman named Gus Cameron, because he has been one of the champions of keeping family

members and the veterans together, as well as former MP Peter Stoffer. They were the people who had contacted me a couple of years ago, which was the reason why we had introduced the legislation. I do want to thank very much Gus Cameron and Peter Stoffer for their decade-long advocacy.

[3:00 p.m.]

My question for you, Heather - there is a restorative care unit in the building, and I'm wondering two things. With the beds that have been allocated to long-term care being 22 - again, we have to remember these are not new beds for Nova Scotians. It's just that they're being now provincially funded, so it's not new beds. It's just a reallocation.

I'm wondering what the plan for the restorative care beds in that area is. I know that the number of seniors is going to double in the next 20 years. Are those restorative care beds going to be preserved and possibly expanded? The number of seniors who are going to fall and break a hip or need a knee surgery who don't recover and go home, traditionally go there - are those beds protected now or what are the plans for those beds?

HEATHER WHITE: There are no identified changes to those beds. As you noted, they're very well utilized in support of helping to get patients back home.

BARBARA ADAMS: When you were telling me about the staffing levels that you have in terms of physiotherapists and OTs and physio assistants, it is well above what places like Northwood and other places have. I can't do the math that quickly, but it is considerably higher than it is in the majority of nursing homes in the province. That is great. I loved working there because there was always that rehab staff there.

I'm wondering - since the province is taking ownership of 22 of those beds, is the province also paying for the physio, OT, recreation, social workers, and all of the other allied health professionals - are they also paying for that component of someone's care or is that still falling on the federal government? Who's subsidizing that or are each sharing those allied health professional costs?

HEATHER WHITE: The operating costs for the 22 licensed Department of Health and Wellness beds will be funded by the Department of Health and Wellness. At this point, currently, as we are doing our service, it is consistent throughout the building as to how we are allocating and providing care throughout. It is the same at this point.

THE CHAIR: We move on now to Ms. Chender.

CLAUDIA CHENDER: These new beds, as I think my colleague alluded to in one of her earlier questions, we know that there's a massive wait-list. For many of us - I can speak for myself and my office - we've seen no movement on that wait-list throughout the

pandemic. I don't know if that's NSHA policy or what. At last check, we think there's about 1,500 people waiting for placement in long-term care.

I guess my question is, given this new legislation around keeping families together and the commitment to try to do that at Camp Hill that we've heard about, how will the provincial bed placements be triaged? If you can explain to me what the policy is. Normally, you have a first choice and if you can get placed in your first choice, great. If you're open for an emergency placement, then you agree to be placed somewhere in the province. How do spouses fit into that or will NSHA just take the top 22 people off the wait-list?

HEATHER WHITE: The licensing of the beds is new in the placement. We are working through all the details together with our colleagues in Continuing Care. It certainly is the intent that we will be following similar processes in placement and in the allocation to a preferred facility as they would for any Department of Health and Wellness licensed bed.

When spouses do indicate that their partner is at a different facility, they are given a different level of priority in terms of the expression of interest to move to that preferred facility. That would apply for our licensed beds as well.

CLAUDIA CHENDER: Just to clarify, what you're saying is based on this new legislation, that partners who have a loved one who's in care would be given a higher priority, based on this new legislation that's coming in, to be placed with their spouse? That would work the same way at Camp Hill as it would work in any other facility?

HEATHER WHITE: For our 22 licensed DHW beds, it would follow - my understanding, again, is that it's an initiative led sort of together by Continuing Care and the Department of Health and Wellness, but we would be following similar processes and protocols as the other Department of Health and Wellness-licensed funded beds would.

THE CHAIR: Next we have Mr. Gordon Wilson.

HON. GORDON WILSON: Just before I go into a question on the veterans, I appreciate mentioning Peter Stoffer. I was speaking with - I can't call him Minister Delorey this morning, but Randy Delorey this morning in regard to our conversation we're going to have today on long-term care. Mr. Delorey, who was the minister at the time that brought that legislation forward, certainly did mention also the advice and support that he received from notable folks like Peter Stoffer, so it's always nice to recognize those folks.

In regard to veterans, I know one of the most unfortunate things - we all go to Remembrance Day ceremonies and we all have our interactions, our family members or whoever it might be, and every year it seems like it's another milestone when we see some of our senior folks in our community that are veterans moving on. In saying that, I would

assume that also the number of veterans on one hand - probably the need for them to be in long-term care isn't decreasing, but the amount of them that we have in our world unfortunately is declining.

In saying that, are we seeing under the current definition of a veteran that the federal government provides us for the eligibility here, are we seeing a trend there downward in the amount, and at the same time, are there conversations going on in regard to what the actual definition of a veteran would be?

HEATHER WHITE: Traditionally, prior to 2016, we only could admit to Camp Hill veterans who were eligible for a contract bed, so those would have been veterans who would have served in World War II or Korea. In 2016, as the demand for those contract-eligible beds had begun to decline, Veterans Affairs Canada did announce starting in 2016 the ability for us to admit veterans who are eligible for what they would deem to be a preferred admission bed. That again is determined by Veterans Affairs Canada, but it would be based on someone's service history and their care needs. We now are able to allocate up to 50 beds for veterans who are eligible under those preferred admission criteria.

Certainly, we have seen and continue to see a decline, as you noted, in those veterans who are eligible for a contract-eligible bed. There are fewer World War II and Korea veterans currently with us, but we do now have that expanded preferred admission agreement with Veterans Affairs Canada for up to 50 of those beds, and those beds are all full.

GORDON WILSON: Okay, so those beds are all full now . . .

THE CHAIR: Thank you, Ms. White. Mr. Gordon Wilson.

GORDON WILSON: Sorry, shame me once, shame on me, shame me twice - my apologies. So then there is a consistent level that you're being able to keep in the usage of those beds. I'm assuming from that - we certainly have a very active military in our country, and I would assume and hope that as those noted folks who serve - I mean, I have my brother-in-law, he's far younger than me, and he served in the Middle East.

I'm assuming that there is going to be increased activity within the federal government to continue to expand the designation of who would be eligible.

HEATHER WHITE: I do know that Veterans Affairs Canada federally is doing ongoing strategic planning as to how to best meet the care needs of veterans. Certainly, at this point in time we, like I said, have the 50 preferred admission beds. It started out at 15 and is now at 50, which is great, and we're certainly proud to be able to provide care to that new cohort.

THE CHAIR: Thank you, Ms. White and Mr. Wilson.

Next, we have Mr. Ryan.

MURRAY RYAN: Ms. White, just one quick question related to Veterans Affairs Canada. Going back to our original topic for today related to COVID-19 and the challenges of the past year, I'm just wondering how responsive Veterans Affairs has been to any additional challenges and additional resources that Camp Hill may have required over these past 11 months.

HEATHER WHITE: We've always had good support from Veterans Affairs Canada. We have worked kind of within our resources to meet the needs over the past 11 months, but certainly have always been able to reach out to them for their support as we go along. I think a lot of that support comes through being part of the Nova Scotia Health Authority and provincially, as well.

THE CHAIR: Thank you, Ms. White. Mr. Ryan for a follow-up.

MURRAY RYAN: I'm good, Madam Chair. Thank you very much.

THE CHAIR: Next we have Ms. Adams.

BARBARA ADAMS: One of the questions that we have is, how many veterans do we still have in the province in terms of the numbers who are still eligible to come into the building? I know over the years the question has always been, what happens to the building when there are no longer any veterans who are eligible to be there? Of course, one of the hopes was that the facility would turn into a long-term care facility for the rest of Nova Scotians so that it would be preserved.

I'm wondering if you can tell us exactly how many veterans you're still aware of who would be eligible to go into the Veterans Memorial Building and what plans there might be once they have all passed on.

HEATHER WHITE: I would not have that information. People would apply, as a veteran, for admission through Veterans Affairs Canada, who would determine their eligibility. They also maintain the wait-list. When we have a bed available, they would pass that along.

I do know from some conversations that having a firm handle on how many people there are has been a bit of an evolving piece. We continue to admit veterans who are contract-eligible. Many do have a lot of support at home from Veterans Affairs Canada. We do continue to admit Would War II veterans - we have some coming this week - who may have been able to live at home and now are seeking or needing the care that we provide.

In answer to your question, I don't have that information. Veterans Affairs Canada has more accurate information on that.

[3:15 p.m.]

BARBARA ADAMS: I'm curious as to whether veterans who might have been in other parts of the country are actually returning home with the desire to actually move into the Veterans Memorial Building or even some others around the province.

I'm just wondering if you're seeing any kind of a trend, especially with COVID-19 where families might, in fact, be bringing their loved ones closer to home. I'm just wondering if there's any trend at all in terms of veterans who are in other provinces coming back to Nova Scotia for that final transition into the Veterans Memorial Building.

HEATHER WHITE: We haven't seen that trend. Certainly, over the years, we've had a number of veterans and Veterans Affairs Canada has always been very accommodating if a veteran was in a different facility or a different province and they were looking to relocate back here either because their family was here or perhaps this was home. That would all be anecdotal. I have not seen any trends this particular year.

It's always a consideration of where people would need to go. We've also had veterans move from here to somewhere else as well, as they looked to be closer to whoever it is that they wish to be.

THE CHAIR: Last is Ms. Roberts.

LISA ROBERTS: Across Canada, where the experience of COVID-19 has been more challenging and more severe than in Nova Scotia, we've seen evidence that public and non-profit long-term care facilities have had better outcomes with controlling the virus and also with maintaining care for their residents despite the challenges that come with the spread of the infection. Effectively, Camp Hill is our only public long-term care facility, I think, to my knowledge. I guess you could quibble about that, because there are municipal facilities that have been built municipally.

I'm wondering, again going back to that trajectory of fewer contract-eligible veterans, if you could share with us what the current length of the agreement is with Veterans Affairs Canada for the number of beds that they fund at the facility. Could we be seeing more of the beds ending up provincially funded over time as the number of contract-eligible veterans go down? What is the timeline for this new status quo, according to the agreement with Veterans Affairs?

HEATHER WHITE: What I can say is that while Camp Hill is the largest Nova Scotia Health Authority facility providing care to veterans, we are one of seven. There are

seven facilities across the province that Veterans Affairs Canada would contract with the Nova Scotia Health Authority to provide care to veterans.

Over the course of this year, within the pandemic, there has been agreement between the Department of Health and Wellness and Veterans Affairs Canada to transition 55 of those beds to being Department of Health and Wellness-funded beds. That would allow DHW-funded licensed beds kind of in each veterans facility, and ours were 22 of those 55 licensed DHW beds.

Not sure if that helps to answer the question. We do receive our sort of an annual budget and agreement with Veterans Affairs Canada to operate these beds.

LISA ROBERTS: I'd love it if you would just name those other facilities to help me understand exactly what you're referring to.

HEATHER WHITE: Sure. Taigh Na Mara in Glace Bay, up in the Eastern Zone, currently has 20 veteran beds. Harbourview Hospital in Sydney Mines in the Eastern Zone has 12 veteran beds. Northumberland Veterans Unit at Sutherland Harris Memorial Hospital in Pictou has 12 beds currently. Soldiers Memorial Hospital in Middleton and Fishermen's Memorial Hospital in Lunenburg - I believe those numbers are 25 for Soldiers and 23 for Fishermen's, though I'd have to validate that. Also Yarmouth Regional Hospital has 15 beds as well.

THE CHAIR: That concludes my list of members who are requesting questions. I do have a question if my colleagues allow me to ask one question first. Maybe it's a comment.

I know my in-laws are 94 and 90, but they're in their apartment, and my parents in Ontario are 88, and my mother with dementia, so they're not able to use iPads or computers. What the grandchildren on both sides have been able to establish for both my in-laws and my parents - and it's been truly a miracle - was the Amazon Alexa, where they don't have to touch anything and we can drop into the living room and talk to them. Is this something that is available at the Veterans or at long-term care? I'm just wondering if you've heard of it and if any family members have installed that for the veterans because they can't use computers?

HEATHER WHITE: I would say that there's sort of a wide range. We do have some veterans who are using computers and technology. I don't know if anyone is using that particular mode. I think there are as many different ways of connecting as there are people in the building. We've had a number who are using technology. As you noted, some are not able to or that doesn't work for them. For many, it's telephone calls that tend to be preferred.

We've actually had a great email campaign throughout the last 11 months, so people could write in from the public in the community letters of thanks to veterans. We've printed those off and brought them to people. I think there's nothing nicer for many than the written words and cards that they do receive from families, as well.

It's a wide range, but in terms of that particular form of technology, not that I'm aware, but we certainly would have the wi-fi and the ability to do that if someone wished to.

THE CHAIR: Thank you, Ms. White. It's very inexpensive. I think it's $150 to $200 for the actual screen and then there is no other cost after that; just the wi-fi, which is wonderful. We've used it with both my sites and especially Ontario, because COVID-19 is - even my siblings don't go visit, so we use this as a drop-in. Technology has really come a long way to help us with seniors.

Thank you again. I did see one hand from Ms. Adams. Did you want to ask one last question? Please, go ahead.

BARBARA ADAMS: Yes, thank you very much. One of the things that's been a challenge in other long-term care facilities is the funding for equipment. Some people who need a wheelchair, if they have very low income, then the Department of Health and Wellness will pay for the full thing. The Red Cross will help fund the process. Others are required to pay for it out of pocket.

I'm wondering - where the veterans are going to have all of their equipment fully paid for by the federal government, and now these 22 beds are going to be funded through the provincial government, there's going to be a discrepancy between the equipment. I know these are practicalities.

Sometimes by the time someone gets referred to an occupational therapist to be fitted for a wheelchair - possibly a dump chair, because they're falling out of their chair - it can be six months to get to that assessment, have the prescription put in, and get the wheelchair. With the veterans, because they're funded differently, they could get their wheelchair possibly within a month.

If you're sharing the physio and OT resources, I'm just wondering how you're going to figure out the equipment. A lot of times you share equipment. If we don't have a dump chair or a four-wheel walker for one person, we might take it from an equipment storage room for that floor. I'm just wondering how the equipment piece is going to go. Is there going to be shared equipment between the two or is everything going to be completely separated?

HEATHER WHITE: Our preferred admission veterans, they would have a different benefit package through Veterans Affairs Canada. It would be dependent on their

service, so it's not as uniform as it was with the contract-eligible population. Our team of occupational therapists would be doing their assessments of seating and equipment needs and would be linking with insurance providers or through their benefits, if they have it.

For those who do not, accessing the Canadian Red Cross Health Equipment Loan Program - we are able to access that as being DHW-licensed beds, so our therapists would be working through that. We do have a stock of equipment that we use for meeting interim seating need as the therapists do their assessments of what equipment is required and work through trying to get the more permanent options in place.

BARBARA ADAMS: The equipment that comes through regular long-term care residents comes through the Red Cross for the most part, whereas with veterans it comes through the Veterans Affairs special programs, so I'm just wondering if the physiotherapists would be able to borrow from one side to the other in the event that somebody is without a chair. Will they, in fact, be able to borrow from the other side if that does happen? Because that's what happens in long-term care right now. Sometimes you take somebody out of a dump chair because there's somebody more urgently in need, and then you try to get that other person their chair. I'm just wondering if there's going to be that flexibility.

HEATHER WHITE: As part of the Nova Scotia Health Authority, yes, we do have access to a wheelchair fleet that's here and designated for veterans, so we are able to provide that interim seating need while we look to secure a more permanent option.

THE CHAIR: Thank you, everyone. I don't have anybody else on the list. We had over 19 questions plus a follow-up each, so you've answered a lot of questions, Ms. White. Thank you so much. It has been very educational, and if you have any final remarks or closing remarks, we would love to have them.

HEATHER WHITE: In closing, I'd just like to say thank you for the opportunity to meet with you today. While this past year has presented us many challenges, we certainly remain heartened by the resilience and support that we have from our community, and we're grateful for the Public Health leadership and expertise and the commitment of all Nova Scotians. I don't think it has been alluded to within the meeting in terms of how our experience within the province has been different than some of our colleagues across the country, and we're certainly grateful for the commitment of all Nova Scotians to follow the Public Health measures and keep the virus activity at a level that has allowed our population and our experience to be what it has been.

It's our sincere hope that our collective efforts will soon make it possible for the restrictions to be able to be eased safely, and that veterans and residents and their families will soon be able to resume their valued activities and be together again in the way that they wish to be.

THE CHAIR: On behalf of all the members, we thank you for the work that you do with our veterans. We appreciate it. You may leave, and we have some committee business to continue with.

We have correspondence, a letter from Robert Grundy on behalf of Rally Point Retreat which was sent to us. I think it was sent twice. It was forwarded on February 2nd and this morning. I hope everybody received it. Any discussion on the letter? Thank you again.

The date for the next meeting will fall during March break, the Tuesday of March break, so we can move it to either March 23rd (Interruption) I hope the interruption gave you some time to look at your schedule. So March 23rd. We do have the Natural Resources and Economic Development Committee meeting on the same date in the afternoon, so if we are to have our meeting on March 23rd, then it would have to be either 9:00 a.m. or 10:00 a.m. Or we can have it on March 25th. Am I correct, Ms. Hoddinott?

[3:30 p.m.]

HEATHER HODDINOTT: Yes, Madam Chair, that's correct.

THE CHAIR: If you could just check your schedules and we can pick one of those two dates, either March 23rd or March 25th. Which one works best for everybody? Either works for me right now.

MURRAY RYAN: I'm good with either, Madam Chair.

THE CHAIR: Any discussion? Ms. Roberts. Go ahead, please.

LISA ROBERTS: Just to say that I'm holding that entire week available for the Legislature, so I'm assuming or hoping at least that neither date will actually be required.

THE CHAIR: We'll pick one and if the Legislature is in session, then we will postpone. Can I go with March 23rd? Is everybody okay with that date in the morning? Thank you.

Something else we had to discuss among us was the number of witnesses. We've never had that issue - we only had one witness today. Last month, I think we had 10 or 15, and that makes it difficult if they each have to do their presentation, which they didn't. We managed it well, but we wanted to discuss to see if we should have a limit on the number of presenters. What does everybody think?

LISA ROBERTS: It seems to me that as part of the agenda-setting process when we set topics, we are also putting forward witnesses. If we have agreed to that, a significant

modification to the proposed witnesses would have to come back to the whole committee to effectively agree on an amendment to the agenda.

Certainly, we've had circumstances where we realize after the fact that we would like to add a witness because there's sometimes six months between agenda-setting and actual committee hearing dates. Sometimes people move on from their jobs or significant things happen. That seems to me that it ought to come back through the Chair and the Clerk to the Committee for approval.

THE CHAIR: That's really for the benefit of Ms. Hoddinott. What happened in the last meeting is Mr. Grundy reached out to all other members and they registered them. Ms. Kavanagh accepted it because she wasn't sure how many.

Maybe for the future, before you accept other witnesses who are not on the agenda, then you have to send an email through me and I would send an email to all the members and we'll okay it by email before you allow them to attend the meeting. Is that agreeable for everybody? Thumbs up if yes.

Ms. Adams has a comment.

BARBARA ADAMS: I think this is a really good question, because I think we're always happy to have as many guests as we can possibly have, but I think this applies to all committees, not just the Veterans Affairs Committee. Even at the Health Committee, we ended up having so many union representatives at the long-term care session - it was wonderful to hear from all of them, but then each individual party only got 22 minutes to ask questions on what is, arguably, one of the most important subjects.

Not just for this committee, but I think we need to look as a whole - if we're going to have a certain number of guests, that they all be required to submit their statements ahead of time and that there be a limit as to how long all of the guests can speak.

If there's 10 of them, perhaps they each get a very short period of time or they can decide amongst themselves how they're going to split up that time. I think we have to get away from giving them an open-ended amount of time to speak. The questions are what is important to get at the details.

My recommendation for this committee and all other committees is that we want to keep open the number of guests that we have so that we have the people we want to ask questions to, but that there needs to be a limit as to how long they are allowed to speak and that they all submit their opening statements in writing ahead of time.

THE CHAIR: I think we agree with that one. We'll monitor it. It has happened in the past only once, so we just thought we should ask this.

Go ahead, Mr. Jessome.

BEN JESSOME: Food for thought: perhaps when we're agenda-setting, I think we need to determine more thoroughly who our witnesses should be. It's been my experience that, for example, we'll invite third parties to government or to our organizations to participate and invite the witness, and the reciprocating body being like a government department, for example, and then the department ends up fielding most of the questions from all sides of the floor. So I just think that if we could perhaps highlight the work that the entity is doing, but if the responsibility to answer the questions falls and is directed to departments more specifically, then maybe it's appropriate to just have the department in, for example.

The other thing, too - every member's entitled to speak to the maximum time that they're allotted, but I think that we can perhaps challenge ourselves to do a better job of asking the questions without this attached preamble that often takes a minute or two to get through. Context is important, I admit that, but if we can get directly to the question, perhaps that's a consideration that we can all challenge ourselves to incorporate as we move forward.

THE CHAIR: Ms. Adams, and then we wrap it. Go ahead.

BARBARA ADAMS: I can appreciate Mr. Jessome's comments about the preamble. I will share the fact that had the Legislature sat for the past year, I think we would not have felt the need to use this opportunity to bring forth concerns and things that our constituents have been raising, but since the Legislature sat for only 13 and a half days last year, we were not given this opportunity. The committees were the only opportunity that we had. Moving forward, we're assuming we're going to go back to actually having legislative sessions where we will be able to bring our constituents' voices forward. I just wanted to acknowledge that that has been a limitation that was set forth by this government, and so hopefully that will change moving forward.

THE CHAIR: Just two minutes, Mr. Jessome.

BEN JESSOME: Just for the record, I don't like making things political, but through the Chair, Ms. Adams, a lot of your preambles incorporate statements about the Progressive Conservative Party's platform. I believe that this is a governance structure that we should make an effort to try and take politics out of it and ask the questions directly, not promoting our party's platform. We have an election at some point in time in the next several months. That's just my perspective. I think that there's a time and a place for adding politics and platform announcements, and I don't believe the committees are a place to do that.

THE CHAIR: Let's wrap it up. This is it after this. Go ahead, Ms. Adams.

BARBARA ADAMS: I'd like to respond since he just made that comment. With all due respect, Mr. Jessome, your party did use this platform to talk about the legislation you introduced that I had actually introduced a year ago, so you did in fact do the exact same thing. So when we're asking questions about long-term care, we want to draw a distinction between what each party is doing, and it's hard to leave politics out of the political process. I think that you have your preferences to the preambles, but certainly I know that we need to be drawing all of the attention we can to what needs to be done for Nova Scotians. Thanks very much.

THE CHAIR: Ms. Hoddinott, I do have a question for you. In my notes, we had two options for the time for the meeting. Is that for the Tuesday the 23rd that we had 9:00 a.m. or 10:00 a.m.?

HEATHER HODDINOTT: That is correct. Yes.

THE CHAIR: So we agree on 10:00 a.m., everyone? Thumbs up if you're okay. So, 10:00 a.m. on the 23rd. I just realized there were two different times that we were allowed. Again, thank you again for all joining, and we've heard wonderful things about Camp Hill and the operation that is happening there. Ms. White gave us wonderful information (Inaudible)

BRENDAN MAGUIRE: Is the committee over?

THE CHAIR: Yes, it is. The computer checked me out just in time. Thank you, everyone . . .

BEN JESSOME: Ms. Chender has a question, Madam Chair.

THE CHAIR: Sorry, I didn't see that. Go ahead, Ms. Chender.

CLAUDIA CHENDER: I just want to clarify from the last conversation: my colleague Lisa Roberts's comment, I think, is sound in terms of how we deal with witnesses. When we propose a topic, that that topic list has witnesses and that if that topic list needs to change, that needs to come before the committee. There wasn't a motion or anything. I just wanted to clarify that that is accurate.

THE CHAIR: Correct. With that, from now on, it comes to the Chair. If it comes to me, I will forward the email to everybody to get consent and then we will add the witnesses. Thank you, everybody and thank you, Ms. Chender, for clarifying it.

Bye-bye. Have a good afternoon, everyone.

[The committee adjourned at 3:41 p.m.]