

HANSARD

NOVA SCOTIA HOUSE OF ASSEMBLY

COMMITTEE

ON

VETERANS AFFAIRS

Tuesday, September 19, 2023

COMMITTEE ROOM

Impact of Health Care Crisis at Camp Hill

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VETERANS AFFAIRS COMMITTEE

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In Attendance:

Tamer Nusseibeh
Legislative Committee Clerk

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Administrative Support Clerk

Gordon Hebb
Legislative Counsel

WITNESSES

Department of Health and Wellness
Colin Stevenson, Chief System Integration Officer

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

Veterans Services and Geriatrics
Heather White, Director



HALIFAX, TUESDAY, SEPTEMBER 19, 2023

STANDING COMMITTEE ON VETERANS AFFAIRS

2:00 P.M.

CHAIR
Chris Palmer

VICE CHAIR
Danielle Barkhouse

THE CHAIR: Order. I call this meeting to order. This is the Standing Committee on Veterans Affairs. My name is Chris Palmer, MLA for Kings West and Chair of this committee. Today we will hear from presenters regarding the Impact of the Health Care Crisis at the Camp Hill Veterans' Memorial Building.

At this point, I'd like to ask everybody to please turn off your cell phones or put them on silent. In case of an emergency, just a reminder that we'll use the Granville Street exit and walk up to the Grand Parade.

At this point, I'd like to ask all of our committee members to introduce themselves, beginning with the Vice Chair on my left, MLA Barkhouse.

[The committee members introduced themselves.]

THE CHAIR: Thank you, everyone. I'd also like to note the presence of Chief Legislative Counsel Gordon Hebb on my left, Legislative Committee Clerk Tamer Nusseibeh on my right, and new Administrative Support Clerk, James de Salis. Welcome, James.

This afternoon, our topic is the Impact of the Health Care Crisis at Camp Hill. At this point, I'd like to ask all our witnesses to introduce themselves, and then I'll give you all an opportunity to give an opening statement after that. We'll begin with Mr. Stevenson.

[The witnesses introduced themselves.]

THE CHAIR: Thank you. We'd like to give you all an opportunity to provide some opening remarks. Mr. Stevenson, I believe we'll begin with you.

COLIN STEVENSON: Good afternoon, Mr. Chair, and members of the committee. Thank you for the opportunity to meet with you today. I'm pleased to be here with Deputy Minister Barbrick and Ms. White to answer your questions about the impact of widespread issues like labour shortages and lack of beds, and how they are having an impact on Camp Hill and their ability to give the best possible care to our veterans.

Before turning it over to my colleagues to speak to services specifically at Camp Hill, I would like to speak to our efforts to improve health care for all Nova Scotians, including veterans. The challenges and pressures our health care system has experienced are not unique to Nova Scotia. Health care systems across Canada and around the world are navigating similar concerns like a growing, aging, and sicker population, loss of staff and challenges in recruitment, and aging infrastructure and equipment.

These are complex problems that require many strategies to address - what works in one jurisdiction may not work in another. However, we know that having a modern, innovative, responsive, and resilient health care system helps to address challenges as they arise.

What sets us apart in Nova Scotia is the government's Action for Health plan. The Department of Health and Wellness, and the Department of Seniors and Long-term Care, with the Nova Scotia Health Authority, are working to implement this plan. Action for Health is about real change - change that will come from investments and people, tools, technology, and infrastructure over both the short- and long-term.

Investments have already been made, and we are starting to feel that change. There are investments in tools and technology, like the Care Coordination Centre at the QEII Health Sciences Centre that provides health care teams with real-time information so patients can get better, faster care; investments in the surgical and diagnostic services, resulting in a reduction in the number of people waiting for surgery and other procedures; investments in people, like incentives and retention bonuses for our current health care professionals; and changes in recruitment efforts like partnerships with other countries to support the recruitment of internationally trained health care professionals.

This includes working with the colleges and regulatory bodies that license health care professionals in our province to improve and fast-track the licensing process for out-of-province and internationally trained health care workers.

We are also investing to improve access to primary health care with more collaborative care locations, increasing support and use of virtual care, mobile clinics, and most recently, pharmacy primary care clinics in communities across the province. We understand the frustration Nova Scotians feel when they are unable to access a health care service close to home or experience a long wait. We're making changes to provide more care, faster.

Of course, Action for Health is also about ensuring we have the right infrastructure and support to support health care transformation in our province for patients and providers. More, Faster: The Action for Health Build is about building the facilities we need so Nova Scotians get better health care services more quickly. That means more beds, more operating rooms, newer and larger emergency departments.

Before I hand it over to Deputy Minister Barbrick, I want to say that we will continue to work with our partners to better understand and improve the health care needs of all Nova Scotians, including our veterans, because we value and appreciate the service they have all provided to Canadians.

THE CHAIR: We'd like to give our new deputy minister, Ms. Barbrick, an opportunity to share some opening comments.

TRACEY BARBRICK: It's nice to be here this afternoon. My name is Tracey Barbrick. Thank you for inviting us to be here with the Department of Seniors and Long-term Care. I'm pleased to join the witnesses who are colleagues of mine. We work together regularly.

Today's topic is the delivery of care at Camp Hill Veterans' Memorial Building. Camp Hill is a hospital run by the Nova Scotia Health Authority that provides a range of health care services, including long-term care to veterans, as well as to other Nova Scotians. Of the 175 beds at Camp Hill, our department funds and licenses 67 of those with our provincial long-term care inventory. Those 67 beds are for Nova Scotians who need this level of care, and operate like beds in other long-term care facilities in the province.

We know that Camp Hill holds a special place in the hearts of Nova Scotians - a place that provides care to those who have served our country. Heather, who is here today, along with all her colleagues at Camp Hill, are committed to providing the highest level of care to veterans, as well as the 67 other Nova Scotians who live there.

Veterans have earned the respect of our country, and they deserve to age with dignity - as do all seniors in our province. They have contributed so much to the remarkable

province that we enjoy today. While the 67 spaces we fund are not limited to spouses of veterans, they have allowed many spouses of veterans to live with their loved ones and continue their lives together. The Department of Seniors and Long-term Care was formed to focus on the unique needs of older Nova Scotians in all facets of their lives. Our province is aging, and the need for more services and supports will grow.

Our department has been focused on stabilizing the continuing care system to ensure the support and care older Nova Scotians need are there when they need them. We are accomplishing this through a number of strategic investments: in our continuing care workforce; in new and expanded home and community care services; and in improving and adding long-term care rooms.

We are working to train and attract new workers and support the dedicated people working in our sector. Part of how we're doing this is by covering the tuition and books for 2,000 students who want to become CCAs in our province. Government also provided current CCAs with a targeted pay raise and provided those working on the front lines of health care and continuing care with retention and recruitment bonuses. We're also recruiting nationally and internationally, and delivering on government's commitment to provide an average of 4.1 hours of care per day for all residents in long-term care facilities.

These are just a few examples that are helping ensure Nova Scotians can count on getting the care and support they need as they age. Part of this work includes having long-term care spaces available when people need them. Work is under way to add 1,200 new spaces to the system and improve 2,300 other spaces by 2027. This means that the total number of long-term care spaces in the province will go from 8,000 today to about 9,200 in 2027.

We know that waiting to get into long-term care can be incredibly stressful on individuals and their loved ones. Increasing capacity in long-term care by adding more rooms and improving those already in the system will help us meet the needs of our province today and into the future.

We look forward to answering your questions after Heather speaks.

THE CHAIR: Ms. White.

HEATHER WHITE: Thank you for the opportunity to speak to you this afternoon about Camp Hill veterans' services. Camp Hill Veterans Memorial Building includes a 175-room long-term care facility with a long and proud history of serving veterans. The Nova Scotia Health Authority is contracted by Veterans Affairs Canada to provide outstanding long-term care services to veterans, and we are pleased to now have 108 rooms at Camp Hill that are fully dedicated to the care of veterans.

Veterans Affairs Canada determines eligibility for admission to our veteran beds and manages our wait-list. Prior to 2016, admission to Camp Hill was reserved for those who were deemed by Veterans Affairs Canada to be contract-eligible, meaning that they had served our country overseas in World War II or the Korean War. At Camp Hill, we currently have 26 contract-eligible veterans with an average age of 97.

As the demand for contract-eligible veteran beds declined over recent years, Veterans Affairs Canada did expand access to Camp Hill to a new cohort of veterans. In 2016, a designated number of beds were made available for veterans who were deemed eligible for a preferred admission bed. In November 2022, Veterans Affairs Canada removed the cap on the number of veteran beds that we were able to allocate to veterans who were eligible for preferred admission. This flexibility has allowed us to improve access to Camp Hill to this new cohort of veterans, and has solidified the role Camp Hill will continue to play in caring for Canada's veterans.

In addition to improving access, this announcement also had a positive impact on our ability to recruit and retain staff, as for many it is caring for this esteemed population of individuals that holds particular significance.

In addition to the 108 veteran beds, we now also have 67 beds that are licensed and funded by the Department of Seniors and Long-term Care for provincial residents. The licensing of long-term care beds at Camp Hill allows us to reach full capacity, and provides the added benefit of allowing us to admit spouses of veterans who otherwise would not have been eligible for admission to Camp Hill.

Since the Life Partners in Long-term Care Act was passed in 2021, we have reunited 14 spouses with veterans and residents within our facility, which has been a truly wonderful addition.

Over the past few years, there's been significant capital investment by Nova Scotia Health Authority to Camp Hill Veterans Memorial Building. Improvements include new elevators, handrails, repair of the exterior envelope of the building, a new call bell system. We are looking forward to an upcoming project that will see all of our common spaces painted and refreshed. These capital investments are a welcome boost for the veterans, residents, and staff at Camp Hill.

The past few years have been challenging in health care, and our facility is no exception. We continue to work on creative ways to try to meet new clinical needs and address the human resource challenges that we are experiencing. With challenge comes opportunity, and we're focused on how to best use the talent, skills, and resources among our various health disciplines to meet the care needs of the veterans and residents we serve. We're excited about some of the innovative changes we're making.

As examples, we are expanding the role of continuing care team assistants, and we've introduced a new palliative care nurse practitioner role at the facility. Ensuring our teams are well supported to provide compassionate and skilled end-of-life care is an important and highly valued part of the work we do.

Like all health care system partners, we remain focused on recruiting and retaining staff of all disciplines. While our staff vacancy rate suggests we are in a similar position to last year, it's important to note that we welcomed over 100 staff to Veterans Services in 2023 alone. This past week, we welcomed eight new internationally educated nurses who we know will be a great addition to our team.

With the change in our workforce, we have identified a need to support our front-line teams with dedicated clinical leadership. We've introduced a new role of clinical practice leads at Camp Hill. Four of our experienced registered nurses now take dedicated time to mentor and support our teams to deliver a high standard of care to veterans, residents, and families.

During the pandemic, visitor restrictions were very challenging, and we're thrilled to once again be able to welcome volunteers and visitors to engage with our community. At Camp Hill, we consider families, friends, and volunteers to all be part of our team. We're greatly appreciative of the support they offer and the difference they make in the quality of life of those who live at Camp Hill. While we are still at only about 50 per cent of the volunteers we had prior to the pandemic, there's active volunteer recruitment under way, and we hope that number will continue to grow.

We're so grateful for the strong connections we have with many community partners, including the Canadian Armed Forces, the Royal Canadian Legion, UN-NATO Veterans, Veteran Farm Project, the Halifax Mooseheads hockey team, and many, many more who participate in our commemorative and community events throughout the year.

As we prepare to enter 2024 and recognize the 85th anniversary of the start of World War II, we remain as committed as ever to our mandate to provide the highest standard of care to veterans in grateful recognition of their service to our country. I look forward to the opportunity to answer any questions you may have.

THE CHAIR: Thank you, Ms. White, and thank you to all of you for your opening statements. I look forward to the conversation that we're going to have this afternoon.

I'd like to remind everyone here that we'll do questions by a show of hands. I'll try to recognize everybody when I see hands go up. We'll have one question at a time so we can keep the questions going for our members here to be able to ask you, and look forward to hearing your answers.

At this point we'll open the questions up. We'll go to about 3:40 p.m., because we'll have a bit of committee business to do after that. I'll open the floor up now. I'm going to begin with MLA Coombes who had her hand up, and then MLA Ince.

[2:15 p.m.]

KENDRA COOMBES: Director White, during your opening statement, you mentioned the changes in eligibility. I'm wondering if you could tell me: What is the eligibility to Camp Hill?

THE CHAIR: Ms. White.

HEATHER WHITE: Veterans Affairs Canada determines eligibility for veterans' beds that they fund. It is complex in terms of the legislation that determines that eligibility for benefits, so I would defer to Veterans Affairs Canada around that. I do know it does include veterans who have served who also have a pensionable health condition. But there are many nuances to that determination of eligibility that Veterans Affairs Canada themselves would be in the best position to answer.

THE CHAIR: MLA Ince.

HON. TONY INCE: Ms. White, my question is to you. Is there a wait-list, and if so, how long is the wait-list for Camp Hill?

THE CHAIR: Ms. White.

HEATHER WHITE: Veterans Affairs Canada also manages our wait-list. I don't have the exact numbers. They would have that. I do know that there does continue to be a wait-list, though we have made significant progress with that since the change in November 2022.

THE CHAIR: MLA Taggart.

TOM TAGGART: Ms. White, thank you for the work that you folks do for the people whom we owe so very much - very greatly appreciated. I'm also wondering: What sort of programs or health care offerings exist at Camp Hill? I understand you have foot care, primary care, some dental care, and that kind of thing. What other sorts of services do you folks provide?

THE CHAIR: Ms. White.

HEATHER WHITE: We're very fortunate. We have a robust interprofessional team that really has to wrap around the various individual needs of veterans, as well as residents, and informs the service we deliver. We have strong recreation therapy and music

therapy programs that would offer a lot of programming and therapeutic support. We have spiritual care. We have our social work team, physiotherapy, occupational therapy. We also have a strong complement of our nursing team who can offer care. We're quite fortunate, I think, to really have a strong interprofessional team to meet the needs of the residents and veterans we serve.

THE CHAIR: MLA Barkhouse.

DANIELLE BARKHOUSE: I'm really interested in there being non-veteran beds at Camp Hill. I'm wondering if you can outline how it maximizes capacity both with Camp Hill and with the wider long-term care system. That would be to Deputy Minister Barbrick or Ms. White.

THE CHAIR: Who would like to take that one first - Ms. White or the deputy minister? Deputy Minister Barbrick.

TRACEY BARBRICK: I'll start, and Heather, if you have anything to add, we'll go from there. Certainly, the Province, as a result of COVID-19, there was a time when we had about 500 of our beds in the system closed because of infectious disease and managing that. We had quite a stretch where wait-lists grew during that time. When we started to come out of COVID-19, our interest was in maximizing capacity everywhere we could possibly do so. We've of course announced the addition of 3,500 beds to the provincial system. On top of that, we looked for opportunities where we had vacant beds in the province for other purposes that we might be able to access.

We worked closely with Veterans Affairs Canada to identify any beds that they had in the province that were continuously vacant because they didn't have eligible residents who were able to move into those facilities. We made arrangements to at least temporarily fund those beds to make sure that we had Nova Scotians benefitting from any capacity that we had in the system. That emerged through COVID-19, and after COVID-19, we continued that arrangement any place that Veterans Affairs Canada identified that they had beds that were not occupied.

THE CHAIR: Ms. White, would you like to comment on that?

HEATHER WHITE: Just to add to that, I think historically we have always been able to utilize vacant beds that we have at Camp Hill when there wasn't an eligible veteran in need of the bed. We've always been able to utilize them for individuals awaiting placement. We're certainly very proud of our team and how they stepped up to support a large number of people awaiting placement - ensure beds were utilized during COVID-19 with all the stressors in the system.

I think the ability to now have funded and licensed beds does allow those individuals to stay at Camp Hill who have come to live here. I can't underscore enough,

after working at Camp Hill for a long time, the ability to now admit spouses of veterans and residents has greatly added to the quality of life of those who live here too.

THE CHAIR: Thank you very much. MLA Regan.

HON. KELLY REGAN: Thank you, and a shout-out to DM Barbrick's dad who is watching today at home. I guess I would just go back and ask a stats question. Do we know how many - do you call them patients or residents at Camp Hill?

THE CHAIR: Ms. White.

HEATHER WHITE: We are a long-term care facility, not a hospital. We do work to really honour the fact that Camp Hill is a home to those who live here. Now, we also have patients within the Camp Hill building, but for within our long-term care facility, it is home to those who live there. We would refer to veterans as "veterans," and residents - the provincial residents - as "residents."

KELLY REGAN: That actually wasn't my question. I just wanted to use the right terminology.

THE CHAIR: Okay, I'll squeeze one out for you there. Go ahead, MLA Regan.

KELLY REGAN: Thank you, Mr. Chair. How many residents and veterans at Camp Hill have died of COVID-19 since March 2020, and then since September 2021?

THE CHAIR: Ms. White.

HEATHER WHITE: I don't have that exact number with me today.

THE CHAIR: I think there is a request - we can go to the clerk afterward for information on that.

I have MLA Craig, and then MLA Coombes, and then MLA MacDonald.

HON. STEVE CRAIG: Thank you all for being here on such an important topic. I want to delve into a little bit more. I'd mentioned, Ms. White, that my father passed away in Camp Hill many years ago, and my mother passed away in another long-term care facility back in 2013. It interests me as to the process.

I'm glad to hear that there are beds assigned for veterans at Camp Hill, and also that there are beds for non-veterans, specifically around spouses of veterans. Can you explain to me the process that it is to identify the veteran and the spouse of the veteran, and how they actually take up residence at Camp Hill? Perhaps, deputy minister, you could explain that from your point of view, and Ms. White, from her point of view?

THE CHAIR: Deputy Minister Barbrick.

TRACEY BARBRICK: Thanks for that question because where there are Veterans Affairs Canada beds in Camp Hill as well as provincial beds, it is a bit confusing. Separating those two pieces around process is a little bit more complicated than some sites. Essentially, when a person is deemed eligible by a continuing care assessment that they now need full-time, long-term care and a nursing home, the person gets to identify some of their priority placement options. They can list as many as they want.

If a person had a veteran who was in one of the Camp Hill Veterans Affairs Canada beds, they would identify that they had a spouse there, and their request was to be placed in the same facility, in one of our 67 licensed provincial nursing home beds. That puts them in what's considered a Priority 2 category, behind only our Adult Protection Services residents who need immediate removal from a certain circumstance. Right behind that is spouses of somebody who's already in that same facility. They would identify Camp Hill as their preference, and we would go about - through our single-entry system of provincial beds - making a match with Camp Hill.

As of right now for our provincial residents, there actually isn't a wait-list for Camp Hill. If you had a spouse right now, the next available bed in our 67 nursing home beds would go to that person.

THE CHAIR: Ms. White, would you like to add anything to that?

HEATHER WHITE: I think that covered it. Basically, I think family would identify that that was their preference, and then when we do have a vacancy, we would look to admit that spouse or partner. Then we'd work towards - depending on what their needs are - trying to have them co-located on a unit.

THE CHAIR: MLA Coombes.

KENDRA COOMBES: I'm just trying to get my numbers correct. I'm just wondering, Ms. White, if you could just outline how many beds are filled by veterans, veterans' spouses, and other residents.

THE CHAIR: Ms. White.

HEATHER WHITE: As of today, we currently have all 108 beds allocated to veterans. We have, I believe, six spouses currently living at Camp Hill, but they would be within our footprint of 67 Department of Seniors and Long-term Care beds. We have 175 total - 108 are veterans, 67 are licensed Department of Seniors and Long-term Care beds.

THE CHAIR: MLA MacDonald.

JOHN A. MACDONALD: This is for Ms. White. As it's 85 years next year - I couldn't believe - and of course we're coming up to Veteran's Day or Remembrance Day, I should say. I'm just wondering: What does Camp Hill do for activities for our veterans who are there so that they realize that we still totally respect them, and are thankful for what they've done over the years?

THE CHAIR: Ms. White.

HEATHER WHITE: Thank you for that question. It's certainly a very important part of what we do. There are a number of things. I'll start with looking at our veteran population. We do honour a number of different commemorative events and milestones when we have veterans who have served in different conflicts. For instance, for Korea, we would have held an anniversary event this year on July 27th for the signing of the armistice.

We would also look to do some recognition over different events. For instance, this past weekend, we were honouring the Battle of Britain. Upcoming for Veterans' Week, we have a really full slate of activities. It begins with our candlelight service, which is a very meaningful tradition that we hold at the start of Veterans' Week. Then we have a large service that's held on November 11th out at the cenotaph.

We're extremely fortunate to have a lot of support from the Canadian Armed Forces. We have a large contingent of volunteers who attend all of those commemorative events and escort veterans to the event, enabling them to participate in honouring that special bond that exists between those who have served and those who continue to serve our country.

We also do additional programming that helps to honour that veteran community through events with the Royal Canadian Legion, events with having the Stadacona Band come during Veterans' Week. The Stadacona Band does a fabulous concert, When Duty Called. That is in honour of the veterans who live at Camp Hill. It's just a very memorable Remembrance Day service. There are a host of things we do throughout the year, and we do strive to honour particular anniversaries and milestones. Working now, I think, with the Korean government who's looking to honour some of our veterans who served in the Korean War with a medal.

We do work with different groups to try to support those very meaningful connections for the community.

THE CHAIR: I think we have MLA Regan next.

KELLY REGAN: I'd just like to talk to you a bit about staffing vacancies right now. I'm just looking for the number of RN, LPN, and CCA vacancies currently.

THE CHAIR: That's directed to?

KELLY REGAN: Ms. White.

[2:30 p.m.]

THE CHAIR: Ms. White.

HEATHER WHITE: I will say that we've just implemented a change in our model of care. We're really working hard to leverage the skillset of all the different disciplines, really maximizing the skills, and responding to feedback that we've heard from staff, residents, veterans, and families.

Currently, as of today, we've increased the number of continuing care assistants on our team, so that is the one where we have the greatest vacancy because we're recruiting more into that. We have 20.4 vacancies for continuing care assistants. Of that, I will note that we have successfully hired 14.6 FTEs of that group and are just awaiting their start dates. We have 5.8 additional positions we're looking to fill.

Licensed practical nurses - we have 10.4 vacancies. We have 3.2 that are, again, hired and awaiting a start date, 7.2 that we're continuing to recruit for. Currently with our RNs, we have four vacancies, and we actually have four people hired and awaiting start dates for those. We are working really hard. Now, things do change each day with the opportunities that are out there for our workforce, but we are making progress, I think.

THE CHAIR: Thank you. We're not going to have any follow-up questions. MLA Regan, are you asking for a follow-up or are do you want to be on the list?

KELLY REGAN: I want to be on the list with a follow-up. (Laughter)

THE CHAIR: Okay. Thank you.

MLA Barkhouse.

DANIELLE BARKHOUSE: I understand there have been some infrastructure improvements over the last few years. I'm wondering if you're able to outline those in more detail, and the effect they have on staff and residents.

THE CHAIR: Deputy Minister Barbrick.

TRACEY BARBRICK: You might be sorry for that question because I could probably talk all day about this piece. It's a very exciting time in the business of continuing care. There had largely been an under-investment in infrastructure for a long, long time.

Right now, we're in the process of building 34 new nursing homes - single rooms, single bathrooms - across the province. There are 27 replacement facilities and another 7

net new buildings that will be going up in Central Zone. We've also added a lot of capacity in some of the replacement facilities that had been announced, and we still had the chance to bundle in some more beds. We really are building 3,500 new rooms across the province - 1,200 of those are net new. We currently have about 8,000 licensed nursing homes in the province. There will be 9,200 of them by 2027.

In addition to the staffing recruitment efforts that Heather outlined, working in modern facilities that are well-maintained and -managed is one of the things that helps recruit and retain people in the sector, and in addition, adds capacity to the system that, of course, is overtaxed for a number of reasons.

We've actually just opened Villa Acadienne on Saturday this week past. In fact, 144 residents were moved right before the hurricane landed, successfully. That was one of our early additions of facilities, and the rest will unfold and open over the next couple of years. It's really an exciting time. The single room/single bathroom - all the things we learned from COVID-19 and infection disease management, those things are really tremendous game changers.

THE CHAIR: You didn't have all afternoon, but until 3:40 p.m. You could have kept going. Ms. White, did you have a comment to make about that?

HEATHER WHITE: I can speak specifically to some capital infrastructure ones at Camp Hill because there has certainly been some significant investment. There have been a number, I guess. We've introduced new tempering valves at all of our water points to ensure that the domestic hot water is accurate; upgrades to our fire safety system; replacing some of the doors; all of the handrails within the building have been replaced; additional upgrades to the heat and hot water facilities; new elevators; exterior envelope issues.

The main kitchen for the QEII and for Camp Hill is in the Camp Hill Veterans Memorial Building, and it's had significant upgrades there. We've introduced a new nurse call system. It's currently being put in throughout the building, which is going to be fabulous. New upgrades to our air conditioning, our chillers, and some new upgrades for the kitchen team. We are also awaiting a new capital project investment to do all the painting of all of our common areas and spaces, which staff are thrilled about, as are residents.

I will also note that we've had some capital investments through the QEII Health Sciences Centre Foundation by generous donors who have also helped. The Commissionaires supported us with getting a new bladder scanner. We've had multiple Legions donate some additional furniture to the building. Tomorrow, we are going to have a ribbon-cutting ceremony for a brand new activity pad out in our garden. A jewel of Camp Hill is our garden space. This is an activity pad that will allow wheelchair accessible bocce and different events to happen. That's really through the generosity of the Halifax

Mooseheads hockey team, the QEII Foundation, and Legions who have donated. They'll all be coming for that inaugural bocce game tomorrow afternoon.

THE CHAIR: MLA Ince.

TONY INCE: Ms. White, is the mental health care in the facility being administered by a qualified professional - for example, psychiatrists, social workers, psychiatric nurses, et cetera?

THE CHAIR: Ms. White.

HEATHER WHITE: We're fortunate that a number of our nurses - including all of our clinical practice leads - either have their advanced certification in gerontological nursing or are in the process of completing it. That is one key element. We also have two social workers within our program who work with our team. We have a psychologist position that we're funded through for Veterans Affairs Canada that's been a little more challenging to access care, but we do now have that position filled. We're just awaiting them to be able to start.

We have those services all within our interprofessional team, and a strong core knowledge of dementia care and that support.

We also have the opportunity, and we do, when there is an identified need to link with seniors mental health or with our colleagues in mental health for additional support and consultation. They will come on site, provide recommendations, and help our teams with follow-up as well.

THE CHAIR: MLA Taggart.

TOM TAGGART: Deputy Minister Barbrick, we've heard a lot about the work of Action for Health. Can you tell us a little bit about how this plan improves the health care for veterans and residents at Camp Hill?

THE CHAIR: Deputy Minister Barbrick.

TRACEY BARBRICK: Sorry, that took me a second. I was thinking about the scope of that question. I think some of the things that have happened over the last couple of years that have allowed us to increase the quality of care more generally is, first of all, ensuring that we can supply a workforce to the facilities across the province.

We were in pretty bad shape a couple of years ago. Continuing care had felt the impact of workforce shortages, I think, more than any other element of acute care. A lot of the priorities identified in the Action for Health that related to continuing care really were focused on growing a workforce. The primary piece was the 2,000 free tuition, free books

over two years for CCAs across the province. Right now, we have had just shy of 1,500 CCAs enrol and work through their training, and they are at different stages of completion over the last year and a half. We are on track to complete 2,000 and assess what the needs will be for year three. That's been a tremendous support.

The other is the development of a work-and-learn model where people can go back to school and become a certified CCA while not losing their income because they're able to work a couple of days a week and go to school three days a week. They can also take some shifts on the weekend if they're able to, and actually earn an income while they're in school, which is unusual from the old, traditional way of going to school where you left employment and had to live without an income. We're finding that, in fact, about 50 per cent of our students are choosing that work-and-learn model as a viable path for them. That's been a tremendous help.

The other thing that we've done is made recognition of prior learning programs all free. If somebody has been working in the sector for a couple of years and they would like to be assessed against the CCA qualifications, a gap can be identified. They can go through the training to fill that gap and become a CCA. Really, their income now is about \$25 an hour, which is quite a fair difference from where it was a few years ago. That too is bringing people who have worked in the facilities over the years - maybe as part of the housekeeping or dietary staff - but didn't have a certification, and have chosen to upskill through that recognition of prior learning process to become certified. We brought about 900 people in just shy of two years to be certified CCAs through that path.

Again, most of the actions in the Action for Health for this sector have been about building up that workforce, and we're having lots of positive signals that we're getting there. We have work left to do. As Heather identified, there are still gaps at Camp Hill as they work hard to recruit for their CCA positions as well.

THE CHAIR: MLA Coombes.

KENDRA COOMBES: I'm wondering, Ms. White, if you could discuss the challenges with staffing and, more specifically, retention. Recruiting is often sometimes the easiest part. Although it doesn't seem so, it can be the easiest part. It's the retaining of the staff that is often the most difficult part. I'm wondering if you can tell us what the specific challenges are at Camp Hill with regard to retaining staff?

THE CHAIR: Ms. White.

HEATHER WHITE: First off - and I alluded to it in my remarks - knowing that we can now allocate up to 108 beds for that preferred admission cohort and having that stability of future direction for veterans has helped our ability to retain staff for whom caring for veterans is particularly important. I don't think there's one answer as to how we can best retain staff. Certainly, as part of Nova Scotia Health Authority, when employees come to

work at Camp Hill, they are internal candidates then for any position within Nova Scotia Health Authority, which certainly is a great opportunity for people to continue to develop their career path. It can sometimes be a challenge because there are many different opportunities for them to apply to.

When we've looked at it, reviewed it with staff, exit interviews, I think a lot of it is: How do we best support new people coming onboard and wrapping around the right supports for them so that they can feel successful, and that they're utilizing the full scope of their training? That's what we're aiming to do with the model of care work that we're currently doing, and the addition of those clinical practice leads who are there to help provide some clinical mentorship for many of our staff who are early in their career. We're firm believers that working within geriatrics and long-term care is a fabulous sector to work in. It's having those champions that really helps create that passion for the population and role-modelling that I think helps to retain people.

THE CHAIR: MLA MacDonald, MLA Regan, and then MLA Barkhouse. MLA MacDonald.

JOHN A. MACDONALD: This is for Ms. White. You touched on mental health quickly. This government has put a big pressure on mental health, and we wound up having a couple of pilot projects. In June, we had Seamless Canada here talking about how important mental health is. I'm just wondering if you wanted to speak more about what mental health supports are available at Camp Hill, and the unique circumstances of engaging with veterans.

THE CHAIR: Ms. White.

HEATHER WHITE: I think I touched on some of the disciplines that would be involved in providing that holistic care. A couple I thought of, which I didn't highlight, which I think are unique to our population - we do have spiritual care, which can be quite helpful, as well as music therapy for helping people from a dementia care perspective is key. I think all the disciplines - social work, psychology, spiritual care, and then our nurse practitioners and family physicians who provide primary care - all have a core set of skills and the ability to access specialist services as required, either through seniors' mental health or through psychiatry as needed.

THE CHAIR: MLA Regan.

KELLY REGAN: In my previous question, I asked you about vacancies for RNs, LPNs, and CCAs. You gave me the number and said: But a certain number of them are awaiting the start date. I find it odd that we would have people - we're still including them in the list of openings. I guess if you'd hired them and they had started, you wouldn't include them, but I'm surprised we don't have start dates right away if there is an opening.

One would think they would start the following week or two. Can you explain why we have people who have been hired but they don't have their start date yet?

[2:45 p.m.]

THE CHAIR: Ms. White.

HEATHER WHITE: There can be a number of pieces, I think, with that. If they're internal candidates who have perhaps started - first, let me backtrack. We did do a significant number of postings as we looked to implement this model of care. That is part of the answer to that question, but there are a variety of different reasons that start dates could be delayed. It could be that they're already currently working in another part of the health system, and that area can't free them up to come to us until they've been able to help to recruit. We do try to work in partnership with the services that they would be coming from so that we are all working together on that.

Then with our new staff - our hiring and onboarding - it may just take a little bit of time to get all their occupational health screening and HR paperwork, and again, being released from whichever position they may have had prior to coming to us as well. Those are all positions that were posted and actively recruiting over the last number of weeks. Those are dates within the next few weeks that they'll be starting with us.

THE CHAIR: MLA Barkhouse.

DANIELLE BARKHOUSE: I know you cannot speak to the details of Veterans Affairs Canada's decision - and this is going to Ms. White - but can you outline changes that were made to expand eligibility to more veterans? Earlier you stated: preferred admissions. Does that tie into this? I don't know what preferred admissions is.

THE CHAIR: Ms. White.

HEATHER WHITE: Within Veterans Affairs Canada, as part of their benefit eligibility, there are two different types of beds that they can admit to. The contract-eligible would always have priority access. Those would be individuals who served in World War II or the Korean War. Preferred admission would qualify through Veterans Affairs Canada for long-term care support, but they may have served perhaps after the Korean War. They may be an allied veteran who served. They may be a Canada Service veteran. There are a lot of complexities around eligibility, which is why I would defer to Veterans Affairs Canada to answer that, but it is a broader group of veterans who have been deemed to have eligibility for benefits by Veterans Affairs Canada for long-term care service.

THE CHAIR: MLA Craig.

STEVE CRAIG: It's very interesting to see some of your answers. I'm particularly heartened by the fact that we are making efforts to hire, train, educate, retrain in some cases, and bring people back into the health care system. I want to thank you all for your roles in that.

Deputy Minister Barbrick, if you'd like to expand on those initiatives a little bit, I'd like to hear that. However, Ms. White, you mentioned what you're doing, and I was very happy to hear that you had this, regardless of the start date - it's very close, so it's not an insignificant point on me that we've got these, and we've got some people.

I'm wondering about the interrelationship between both your areas - how you work together, and how you see the actions of government now benefiting Camp Hill in particular when it comes to filling these vacancies. You touched on it a little bit, but I wonder if you could draw that Venn - where that crossover is and where we get the value for the efforts.

THE CHAIR: Who would like to begin with that one - where it's a question of collaboration? Maybe we'll start with Deputy Minister Barbrick.

TRACEY BARBRICK: I'll try to hold a thread there and not go down too many rabbit holes.

In addition to some of those recruitment, training and retention pieces that I didn't mention from earlier, I would add this too because I think it's part of the provincial view of workforce. On top of the free training and recognition of prior learning, it's making things as easy as we can make it for people to attach to the workforce, to upskill, to stay or return to the workforce if they've left the sector. Everything we can do to streamline, we continue to look for opportunities to do that.

We have just announced our first continuing care assistant to licensed practical nurse pathway. It's our first cohort of 25 students as a pilot. All will come from the continuing care sector together and move from CCA certification to LPN certification over a period of two years for free tuition, free books, free all of the things, to make it very easy for those students with a return-of-service agreement to stay in the continuing care sector.

The benefit of people who have either worked in the sector - either from home care and moved to long-term care or worked in dietary and became a CCA, or were a CCA and became an LPN - is that they know the sector and they know they want to work in it. Young people come out of school and they're deciding where they want to spend some of their career, and they're drawn to certain areas naturally. What we know about anyone who's working in continuing care is that they're there because it's a mission and we want to keep them there. We want to create lots of pathways for people to work in one role for a few years, and then decide they want to upskill and take on another role.

That CCA to LPN will be the first group we put through together. They'll study together, they'll take exams together, and all of that sort of thing. We're expecting good things from that to show up. Again, that sort of work-and-learn model - we're seeing lots of opportunity on that side.

As far as the synergies between the elements of the Veterans Affairs capacity and our seniors in long-term care provincial residents - there are people who might not qualify under the Veterans Affairs eligibility process, but they have an affinity because maybe they were in the Canadian Armed Forces at some point or were married to somebody in the Canadian Armed Forces. They know the culture. They're drawn to Camp Hill because it aligns with their values, and even though they aren't technically maybe qualified under Veterans Affairs Canada or under the preferred placement option, they can see and attach to Camp Hill as a culture.

I think that's what we're seeing from our provincial residents. Those who identify that their preferred location is Camp Hill is because they have an affinity to the culture and the history of the veterans who live there. There seems to be an alignment.

THE CHAIR: Ms. White.

HEATHER WHITE: I would just add that I think any initiative that helps increase the number of skilled and trained health care professionals is going to help us. We certainly have benefited from different initiatives. I would also say that anything that supports people in furthering their education and their career path also helps from a retention and a recruitment perspective.

I don't have the exact number, but we definitely have a number of CTAs who are now able to be eligible to be internationally educated nurses and pursue the full scope of their training and skills. We're thrilled because they want to stay with us as they move and progress into that new position. I think any of those initiatives, we benefit from.

The other piece that's perhaps a little bit related, and I think important, is staff really do wish to feel like they're providing good quality care, and having the metrics to measure that and how we do that is important. As a Province, they're rolling out the interRAI system to allow us to measure quality of care. We've done it at Camp Hill for many years, but really happy to be able to join with the long-term care sector in the rollout of the new tool. It will allow us provincial benchmarks and keeping our eye on the importance of delivering good quality care, which is critical for service delivery, but also in recruiting and retaining the people we work with.

THE CHAIR: MLA Taggart.

TOM TAGGART: Again, I have a question for Deputy Minister Barbrick. I will move onto something else the next question. I have to say, these committees are pretty

educational for me oftentimes. I knew about a lot of these programs - 2,000 CCAs, free education, free books, the whole deal. I think the work that you folks are doing, maybe I'll say thinking outside the box or whatever, but this whole idea of recognition of prior learning - I call that prior learning life skills. You spoke of folks who were in home care or dietary being able to, I believe, challenge the exam, identify the places where they may fall a little bit short, and then provide the training for them. Am I correct in that? Could you take that just a step further? I really find that not only awesome to fill the need for CCAs, but also to give those folks a lift in life. If you could just tell us a little bit more about that, I'd really appreciate it.

THE CHAIR: Deputy Minister Barbrick.

TRACEY BARBRICK: Again, trying to create pathways so it's easy for people to upskill, to make more money, to be connected to a sector that desperately needs them, is good for us. The recognition of prior learning process, people used to pay for that. They paid to write the exam, they paid for the training that they needed that was identified as a gap, and now that's all provided free of charge. Like I say, we have about just shy of 1,000 people over the last two years who have come through that pathway.

The Health Association of Nova Scotia manages and runs that program on behalf of government. An individual contacts HANS. It's really easy; it's on their website. There's a portal that they can reach in, and an outreach person will call them and talk to them specifically. There are a number of programs that are close to continuing care assistance across the country that have already been pre-assessed. If you call and say, I took Program X in Ontario, they can immediately say: This is the gap that we'll need to fill for you, and it will probably take us a couple of months. That pathway is all predetermined.

Then there are other people who maybe have a process of either a different type of training, or they've worked in a continuing care or a disability support program role that might have a little bit more required of them. CCA training start-to-finish, if you took a traditional program, takes about 10 months. The recognition of prior learning process can happen in as short as six or eight weeks. They still have to write the exam at the end of day. That exam is run every second month. It used to be just twice a year. We've increased that with the goal of streamlining things.

There are a number of pathways that are predetermined because a person took a similar course elsewhere in another province, and some are customized assessments based on their experience, and then a determination of the gap. They work with the person to get them through to the gap, they challenge, they write the exam, and then they become a certified CCA. In the meantime, they can be working in a long-term care facility or in home care under supervision as a CCA-in-training, so they can be earning money while they go through that process. When they graduate with their program, then they're paid as a CCA.

THE CHAIR: MLA Coombes.

[3:00 p.m.]

KENDRA COOMBES: In my last question, we talked about retention. You mentioned exit interviews. I was very happy to hear that you are actually conducting exit interviews.

I'm wondering, from those exit interviews, what did you hear from those leaving that stood out? What were those important pieces? You spoke very broadly, so I'm just trying to go into more specifics in this question.

THE CHAIR: Ms. White.

HEATHER WHITE: Our managers do connect with anybody who is leaving and moving on. I think predominantly, the main theme we hear is that people are moving on to different clinical opportunities, often moving into acute care. It may be a nurse who's come and worked with us, and perhaps is seeking an opportunity to do a different clinical area, often more acute. So that could definitely be an opportunity or a reason for why people are going. I would say that is one of the main ones. There are many opportunities right now within the Nova Scotia Health Authority, and I think sometimes people are looking for different ways to career path.

THE CHAIR: MLA Ince.

TONY INCE: Ms. White, my question is more around veteran status. Now, what I mean by that is you had indicated that currently, most of the beds in Camp Hill are for veterans - World War II, the Korean War - and you have indicated that there has been an opening up for other veterans.

Given that we are having less and less of those from World War II and the Korean War, can you help me understand who's considered a vet moving forward, and how does that apply?

THE CHAIR: Ms. White.

HEATHER WHITE: Prior to 2016, we were only able to admit contract-eligible veterans. Then in 2016, Veterans Affairs Canada did expand to the preferred-admission cohort. Originally, they had 15 beds that we could allocate to them, and then it went to 25. Then in 2019 it went to 50 beds. This last announcement in November 2022 did indicate that we could use any of our 108 veteran beds to allocate to an eligible preferred-admission veteran.

That eligibility is determined by Veterans Affairs Canada, but it could include veterans who served post-Korea, served with the Allied forces - their service history could be quite different - and then the eligibility for benefits is quite a complex process that sits

with Veterans Affairs Canada. It is a much broader cohort now that we are able to admit. Under that group, we now have 82 beds, as of today, that are allocated to that preferred-admission cohort. So it's really expanded access a lot for that group since 2016.

THE CHAIR: MLA Regan.

KELLY REGAN: The program that the government announced was for tuition and books for CCAs for up to 2,000 students. Is that right? Did I hear - I'd better be careful how I do this, because I don't want to use up my question here. I think I heard that 900 students have taken advantage of that opportunity. Is that correct? What was the uptake in the first year and the second year? I think we're now into the beginning of our third year, so I'm just wondering how that uptake is going.

THE CHAIR: Thank you, MLA Regan. By the end of this meeting, hopefully we're going to solve all these situations we're dealing with.

That was to Deputy Minister Barbrick, correct?

KELLY REGAN: Yes.

THE CHAIR: Deputy Minister Barbrick.

TRACEY BARBRICK: Thanks for that question. The 900 was the recognition of prior learning group. We've got about 1,400 in the CCA process. Some have already graduated. This is year two right now. This kind of calendar - or student year if you will - is year two. Right now, we've got 1,400.

Then there are the work-and-learn programs and the traditional programs delivered by eight different institutions - Nova Scotia Community College, as well as seven private career colleges. They are starting at all different times in the year, so it's not like a traditional - everybody starts in September and goes straight through until April. Fourteen hundred are already enrolled or completed, and then we'll have intake happening all over the upcoming year to finish out year two. Right now, we're very confident that we'll get to the 2,000 in that two-year time frame. Then most importantly is: What do we need in years three and four as we move into the future to make sure that we have adequate staff for the sector?

THE CHAIR: MLA Taggart.

TOM TAGGART: Mr. Stevenson, you're not getting away this easy. (laughs) Mr. Stevenson, our government values health care workers in our system and the hard work they do each and every day for Nova Scotians. We understand the recruitment and retention of staff are ongoing needs for all facilities, including Camp Hill. Recent investments in this area, such as the expansion of 200 nursing seats, have had widespread impacts across the

province. Can you give us a little bit of an update or some insight into how this new recruitment and retention package is working?

THE CHAIR: Mr. Stevenson.

COLIN STEVENSON: I feel like I'll be building a little bit off Deputy Minister Barbrick and Ms. White's comments around recruitment and retention work specifically happening within the seniors and long-term care environment and Camp Hill. Within Action for Health, one of the core pillars associated with this, as you've referenced, is the actual recruitment and retention of a healthy workforce and a healthy health care workforce. All activity and actions that we're taking across the province are largely hinged on that. We need people to be here and be available to work regardless of what the environment is, whether it's in Camp Hill, primary health care, Mental Health and Addictions, and surgery - all key components of the Action for Health strategy.

The strategy really has multiple components to it, as has been referenced by my colleagues. We've heard about the increase in seats and learning opportunities through CCA. You've referenced the increase in the nursing seat components within the province.

The piece that I also want to highlight and allude to is the work that's been done to create an easier path for people to have their licences recognized. This is a big component of being able to recognize people who work across Canada but also internationally educated nurses - as Ms. White has referenced - as it relates to people coming into Camp Hill. Creating a simpler pathway for people, having partnerships with other countries to recognize those credentials, and working with the colleges to create a simplified and fast-track pathway for people to come in has created a great opportunity within the province to fill vacancies faster, and to expand in the program areas that we need to.

I think to date we've seen a net increase of close to 250 RNs working within the province. That's a net increase. That is those coming in, minus anybody who may be leaving the system or taking on a different opportunity. We are seeing the gains associated with that - not just in the nursing side, but within other programs as well.

THE CHAIR: MLA Barkhouse.

DANIELLE BARKHOUSE: Earlier, when I asked a question about improvements in infrastructure, you, Deputy Minister Barbrick were able to touch on some of the things that government has done in regard to investments and improvements. I'd actually like to ask the question for the thousands of people and your father at home who are watching this.

AN HON. MEMBER: Millions. (Laughter)

DANIELLE BARKHOUSE: Millions of people watching this.

THE CHAIR: Deputy Minister Barbrick. A lot of pressure on that question. (Laughter)

TRACEY BARBRICK: I'm going to be a little bit explicit about some of the projects that are under way now, if that's okay. Before I do that, I also want to flag that this last year, we were provided the investment of a \$25 million infrastructure fund for existing nursing homes that required upgrades. Up until two, three years ago, that annual fund for capital repairs was a million dollars a year. We increased it to \$10 million two years ago. We added another \$25 million to it this past year so that existing nursing homes that need general wear and tear upgrades can apply to that fund to get those things. Sometimes that's expanding bathrooms. Sometimes that's refreshing paint through the whole building, or replacing flooring, or adding a heat pump. That fund is available to all of the existing infrastructure that maybe needs a little sprucing up. That's in addition to the new facilities that we're building.

Basically, we've got three batches of nursing homes that are being replaced and have been announced over the last couple of years that will be coming online between now and 2027. That additional capacity in nursing homes - recognizing the waitlists and the demand - is intended to bring us in line with what the demand is showing. That first batch, Villa Acadienne in Clare-Meteghan just opened on Saturday. That's the first of the 34 nursing homes that will be opening in the next couple of years - brand new, beautiful. If you haven't had a chance to take a look at their pictures, their Facebook page has some fantastic pictures of this new facility that they've been building over the last couple of years. From the idea to build a new nursing home to getting it open and residents in it is really about three years.

There's an 11-step, very prescribed process where the design happens based on the provincial nursing home standards. They are fairly prescriptive about square footage and some of those things. Then they work with the community to get some input on that. Then they go to tender to build that. There are a fair number of pieces along the way to make sure that it's going in the direction it needs go. Villa is the first, and it was actually announced in 2019, and it's just opening now. That's not an unusual staging for some of these builds. From the vision to the implementation, it takes a bit of time.

Eskasoni is another nursing home that will be opening early in the new year. That's a partnership between Nova Scotia and the federal government to build a facility in Eskasoni that's culturally responsive to the needs of the community, designed by the community, and will be available in the new year. Then there's another batch of about seven that were announced in 2021. Those are all well under way to be built right now. You'll see that Mahone Bay is probably our next one to open early in the new year or late this calendar year. Those are all going to add additional capacity to the system, and as you all know, we've talked about ALC beds in hospitals. We need to make sure that people in residences are in the place that provide the care that they need and not in an inappropriate place.

Then the next batch that comes online was announced in June 2021. There are another 13 that are building now. You've probably all seen the lists. All of them are progressing as they should. The opportunity we took last year was any of those builds that hadn't started to progress quite far down the design stage, we actually tucked a few extra beds in communities where we knew there was pressure, and wait-lists were requiring that people be in places that were really not the goal.

[3:15 p.m.]

Those facilities between now and 2027 - tremendous opportunity there. In Halifax alone, or Central Zone, where there is the greatest pressure in the province for nursing home beds - a lot of that is in-migration into the city and other population growth kind of things - we're adding a net 818 beds to HRM. That will help with that wait-list. Of course, with the QEII, all of the goals around surgery wait times and all those sorts of things - that will help support that.

THE CHAIR: MLA Coombes.

KENDRA COOMBES: Deputy Minister Barbrick, I'm wondering if you could tell me: How long is the current wait-list? Also, within that, can you tell me how many of those on the wait-list are currently in hospital waiting for a long-term care bed?

THE CHAIR: Deputy Minister Barbrick.

TRACEY BARBRICK: Our wait times are all online. The last quarter was just updated - wait-list, rather. We have about 1,700 people in the province who have been assessed by a continuing care coordinator as being eligible for a long-term care facility. Of that list, about 75 per cent of those people have home care supports at home while they wait.

There are sort of two numbers around waiting in hospital. One is those who have been fully assessed and medically discharged from the hospital while they wait. The other is a bit of a projection about how many people might be needing nursing homes in the next little bit. So the people who are in a hospital bed right now who are waiting for a nursing home is about 250 people. Some of those folks are waiting for supports to transition back home with sufficient home care that allows them to stay home a little bit longer, and some of those are waiting for a nursing home that matches their placement criteria.

When we talked about those who might self-identify for Camp Hill and our 67 nursing home beds, people have the ability to make a choice about where they want to be. Oftentimes someone will identify: If I pick the facility, I live in Fall River, and the facility that's closest to me has about 85 beds. If I identify that as my primary preference and wait for that bed to come available, it might be a while until that one comes available. We work with people who are waiting for a nursing home to give them the chance to pick as many

reasonable facilities in the geographic area of their family as possible to try to get them matched to a nursing home as soon as possible.

THE CHAIR: MLA Taggart.

TOM TAGGART: Ms. White, I guess before I ask this question, I will comment that you're fortunate - and you may not be aware - that you've just recently received a new veteran from my home community. I assure you that he will be an asset. I understand his body might be failing a little bit, but his mind isn't, and he will be an asset to you folks and the other veterans who are there. He's also a fellow Legion member of mine - comrade, I guess, is the proper word, but anyway.

You mentioned earlier in your statement about programming the ways in which Legions participate in residence events. I'd like you to expand on that a little bit, if you would. I know that Legions are extremely important to veterans' care. However, many people in the general public are not aware of what the Legions do outside the walls of their buildings. Can you give us a little information on that, please?

THE CHAIR: Ms. White.

HEATHER WHITE: Absolutely. There are a number of different ways that the Legions are involved. They assist at all of our commemorative events, with our Colour Party, and with a show of support at every commemorative event that we have. Different Legions will also host the veterans. They'll come in and do - a strawberry social, I think, happened this Summer, by one of the Legions. They'll come in and do events with us.

They also support on an individual basis, sometimes, veterans who would have belonged to their branches in the past. I know we've supported connecting branches with the veterans. Having that ongoing connection and comradeship is important. They attend our memorial services that we have, and again, demonstrating their respect for those who have passed. There's a variety of different ways that they do engage and support veterans throughout the whole year.

THE CHAIR: MLA Barkhouse, then MLA Regan, and then MLA Ince.

DANIELLE BARKHOUSE: Just a comment before I start. I think my heart sank. This is very dear to my heart - 17 years working with seniors. When you had stated that there was \$1 million for upkeep of the nursing homes, I almost cried a little bit, and could now understand some of the things the nursing homes went through. It leads me to ask this question to Deputy Minister Barbrick or Ms. White, whomever can answer.

Back in 2021, when we inherited a staffing crisis in health care due to years of neglect, our government knew we needed to get more health care workers into the system and fast, but we also knew we needed long-term solutions as well. In October 2021, our

government announced an investment of \$2.5 million to increase the number of nurse practitioners working in long-term care. Can you tell us how this funding will support the long-term care sector, and what benefits we are seeing now with nursing practitioners working in the system?

THE CHAIR: Deputy Minister Barbrick.

TRACEY BARBRICK: That's almost a two-pronged approach because we, with the Department of Health and Wellness, and the Nova Scotia Health Authority work very closely to make sure that there's primary care coverage for the nursing homes across the province. We go to great lengths to ensure that people who live in nursing homes or long-term care facilities are not unnecessarily making trips to emergency rooms - both for the experience of the resident, as well as the emergency room not being the appropriate place for a resident of a nursing home.

We've got a number of things in place. In Central Zone, there's a Care by Design plan with physicians that's a little bit unique to Central, but some of our more rural nursing homes, primary care coverage can be a challenge, depending on what's happening in that community. That funding was to support 13 nurse practitioners in communities that were identified as a priority. I think 11 of the 13 are filled, and a couple are vacant because of all the reasons we've talked about. People move positions, and every place has its own unique circumstance when it comes to recruiting. Those nurse practitioners do really support that community, but part of their practice is to support the local nursing home as well. In many cases, if it's something that's outside the scope of practice of the nurse practitioner - which isn't very much these days - they have an on-call referral process with a family physician who can support those.

What those 11 nurse practitioners filled do - or the 13 that are funded - is significantly reduce the pressure for primary care, and reduce unnecessary emergency room visits when it's things that can be treated in the facility and don't require a trip to the emergency room. It's different if it's something like a broken hip, but if it's urinary tract infections or chest infections, they can often be treated on site - and we all want to avoid those visits. Those nurse practitioners are part of the primary care solution for communities that have been identified as a priority.

THE CHAIR: MLA Regan.

KELLY REGAN: I have an older gentleman in my constituency who reached out to my office last week, and we had a good chat with him. He's in his 90s. He's living on his own, but he's recognized that he needs some help. We reached out to the department so he could get assessed, and we haven't heard anything back. Somebody makes a referral, or they call in for assistance. I'm just wondering: How long does it take before that process really gets under way and this person gets assessed and some help?

THE CHAIR: Deputy Minister Barbrick.

TRACEY BARBRICK: The return phone call should have happened in 48 hours. If it hasn't, you provide me the contact information and we'll track that all down.

Initial contact is within 48 hours. The assessment process, depending on the screening - the conversation on the phone between a continuing care assessment or continuing care coordinator and the client - depending on what's identified there, the actual assessment is prioritized based on what they identify. It can be as quick. If it's in a crisis situation in a family, it can be as quick as a couple of days. If it's something that somebody has said: It's probably soon for me to start to think about times to get some support - then it can take a couple of weeks. The assessment process, of course, is key. It's a bit of an unlock to all of the other services around home care.

I will flag, though, that things like the CAPABLE Program that we announced awhile back - that is really with the goal of supporting people at home. It's based out of the Johns Hopkins Hospital, and we are going to try a pilot of 300 families here in Nova Scotia. What that does is have an RN, an occupational therapist, and a handyperson work together with the family to assess the goals and what can be done in the household to make it amenable to support somebody longer. The whole intention of CAPABLE is it's not part of a continuing care assessment process, because we actually want services to be available outside of that.

If somebody really needs support with activities of daily living in their home, or they've got safety or personal health issues that they might need nursing support, that's the right path for continuing care assessments. Things like CAPABLE, - we're going to try some services that don't require that assessment pathway. Absolutely, if there's somebody out there who hasn't had a callback, let me know who it is and we'll follow up.

THE CHAIR: MLA Ince.

TONY INCE: Ms. White, how many of our veterans receiving care in the facility don't have a family doctor? Do you have an idea?

THE CHAIR: Ms. White.

HEATHER WHITE: For everyone who's a resident of Camp Hill, they all would be under the care of one of the physicians we have within our team. We are still actively recruiting physicians, but they are all covered currently by a family physician who's part of our inpatient care team.

THE CHAIR: MLA Coombes.

KENDRA COOMBES: Deputy Minister Barbrick, in the Summer I received a very sad letter. I'm just going to read it, and I'm going to leave the name out:

I was diagnosed with ALS in 2020. I was admitted to the Cape Breton Regional Hospital in April. While waiting to be placed in long-term care, I was on the priority list for admittance to Harboursstone. Everything was in place and moving quickly for my placement, including extra funding from the ALS Society to hire extra staff to meet all my care needs.

I was notified two weeks ago that Harboursstone was no longer an option because they were not able to hire a CCA. Today I was notified by continuing care that long-term care in all of Cape Breton is not an option due to staffing issues. After months of languishing in a hospital room, this feels unacceptable to me. It was given to me to be a sure thing by my social worker in continuing care.

I'm reaching out to you for any help or direction you could offer me to make my last days peaceful and comfortable.

I'm just wondering, with regards to our CCAs, this is to me the human example - the human cost of not having enough CCAs in our system. I think we can all say that this is not acceptable. How has this been allowed to happen, and how do we stop it from continuing to occur?

It seems to me from the conversation that we've had today, it's rearranging deck chairs on the *Titanic*. Director White had mentioned that she's often losing people to acute care, and people are on the wait-list - LPNs and those who have been hired but we're waiting for them to be released from the positions that they're in, so that means they're coming from another sector of our health care. To me, that just seems like we're just moving people around rather than truly filling all the gaps. How do we fill the gaps and stop moving people around, filling other holes while making another hole somewhere else?

THE CHAIR: Deputy Minister Barbrick.

TRACEY BARBRICK: That sounds like it must be a very difficult case, and likely a very complex situation, so I won't discuss that here. As always, you can reach out to me if you want to share that more specifically with me.

We agree with the deck chair philosophy. Colin and I, and all kinds of other people, spend a lot of time about the deck chairs. People have choice, and they're going to make choices. They're going to move through different parts of the sector. I don't think we want to change that. If we want a lifetime of commitment to the sector, part of that is having

choice in those options. That's why I find the compelling stories - the things like the work-and-learn model - those are people who have worked in continuing care generally who know they're attracted to the sector. They want to work a couple of days a week and go to school a few days a week, and that's how they get trained. Those are people we're going to keep in the sector. I'm convinced of it.

[3:30 p.m.]

The other is the recognition of prior learning. I think that's the same scenario. We've got people who have had a little exposure to the sector. They know that's of interest. They want to upskill. That's bringing new people into the sector. I agree, we need net new. We don't want to just keep moving people around. Those kinds of creative, innovative ways of identifying people who are drawn to the sector and want to work in it - that we can help make it as easy as possible to become certified and work in the sector.

The other is the immigration pathway. Immigration is just one piece of the puzzle. It's not the panacea on its own. All of this knits together. For instance, if we have an internationally trained RN who is identified as having a bit of a gap, but they can practice as a CCA and it's going to take them a year, we'll happily take that person to be a CCA because they get exposure to the sector. When they become an LPN or an RN, I want them to love this sector. I don't want them to want to leave this sector. I agree, this is all about net new for us, not moving bodies around - although people of course have choice in how they want to spend their career, but I agree.

THE CHAIR: I would like to ask MLA Coombes: You read from an email, so I would like you to please print that and table the email. Names can be redacted, but please table that when you get a chance.

DANIELLE BARKHOUSE: Names can't be redacted.

KENDRA COOMBES: Ask the clerk if names can be redacted.

THE CHAIR: I was under the direction that they could, so just bear with me for a second.

KENDRA COOMBES: I didn't read out the name.

THE CHAIR: You can just table that email when you get a chance, please.

MLA Craig.

STEVE CRAIG: As we are almost to the 3:40 p.m. mark, Deputy Minister Barbrick, please take as much time as you want to answer this. Certainly, we've got the relationship - the physical proximity for the Camp Hill and Infirmary. I've walked those

halls many times, of course. Abbie J. Lane is there as well. With that relationship and the way that services are exchanged and so on, how is that being taken into consideration with the redevelopment of the QEII and that proximity, and how things are working? Feel free to pass it off to any of your other colleagues. I see you winking and nodding, and Mr. Stevenson is actually there wanting to answer the question.

THE CHAIR: Mr. Stevenson.

COLIN STEVENSON: I think I can probably offer a little bit in the sense of the Halifax Infirmary expansion project, so I can probably talk about the value of the relationship between Camp Hill and the Infirmary. Maybe just to start, the expansion from an infrastructure perspective within the province specific to the Central Zone. The decision and direction that started in December last year really was to focus on growing what the infrastructure was for the delivery of services within this part of the province, because of the shifting and changing population. That includes looking at opportunities not just within the Halifax Infirmary but across the zone - HRM and beyond - to make sure that there's the appropriate number of beds, the right number of ORs, and the right size and capacity within emergency departments.

I would say that the expectations around the use of infrastructure within this part of the province are growing beyond just what was announced last December. It's growing beyond what was originally contemplated within the Halifax Infirmary expansion project.

As that project stands - which is focused on expanding the tertiary care capacity and some of the primary and secondary capacity within this particular area - there is no intention to actually use Camp Hill space as part of the Halifax Infirmary expansion project. Now, I say that, and I go back to - our intention really is to make sure that we're maximizing the use of all our existing capacity. That is why we're looking at what could be done in Dartmouth, in Cobequid, how the Bayers Lake Community Outpatient Centre is being used, the concepts of transition to community facilities, and finding additional capacity. Really, I would say we're not leaving any stone unturned at this point in trying to make sure we're using the infrastructure that we have to the best of the ability within the province to make sure we're meeting the needs of the residents of Nova Scotia.

Ms. White may want to comment on some of the value associated with the proximity between Camp Hill and the Infirmary.

THE CHAIR: Ms. White.

HEATHER WHITE: Certainly, in terms of the proximity between Camp Hill and the QEII, there are a number of advantages. First off, we are co-located within the Camp Hill Veterans Memorial Building with geriatrics, and that certainly allows some clinical synergies in sharing of knowledge and expertise between the sub-specialists of geriatricians and those within the building. As well, being physically contingent does allow sub-

specialists to come over to offer consults, and access to diagnostics for veterans who live there, by virtue of being geographically co-located.

I think Camp Hill has had such a long and rich history within the QEII complex of providing care to veterans, and that significance is enduring.

THE CHAIR: Thank you. We're almost at the 3:40 p.m. mark. Thank you very much for the great conversation today. We'd like to ask our witnesses who've come in today if they have any closing comments. Maybe we'll do reverse order to end. Ms. White, do you have any closing comments that you'd like to share?

HEATHER WHITE: Just to thank you for the opportunity to come this afternoon. As I mentioned in my opening remarks, we have a strong team at Camp Hill and we remain very committed to providing outstanding care to veterans.

THE CHAIR: Thank you very much. Deputy Minister Barbrick.

TRACEY BARBRICK: Thank you for having us.

THE CHAIR: Mr. Stevenson, any final remarks?

COLIN STEVENSON: Thank you for having us.

THE CHAIR: Short and to the point. Thank you again.

At this point, what we'll do to allow our witnesses to leave and to get back to our committee business is take a three-minute recess. Then we'll get back to our committee business.

[3:39 p.m. The committee recessed.]

[3:45 p.m. The committee reconvened.]

THE CHAIR: Order. I'd like to ask all committee members to please come to their seats, and we'll carry on with our committee business. The first thing is some correspondence received from Deputy Minister LaFleche. He has proposed that Deputy Minister Dana MacKenzie take his place for the topic, Impacts on Veterans and Military Families Amidst the Cost-of-Living Crisis.

He made that request prior to the changes in the Public Service, as we know. He had mentioned that Ms. MacKenzie might be better suited to speak on the topic. Is there any discussion around that? We're fine, the committee is good on that. We'll move on.

Royal Canadian Legion Nova Scotia/Nunavut Command has a new executive director. Ms. Mitchell-Veinotte has been replaced by Mr. Craig Hood. He will be attending in Ms. Mitchell-Veinotte's place in one of the upcoming meetings, likely in December. There's no discussion on that? Very good.

The next topic: Representatives from the Atlantic Centre for Trauma have asked to appear virtually to discuss Peer Support: Community Facilities at our next meeting. Is there any discussion on their request to appear virtually? Everyone's in agreement.

MLA MacDonald.

JOHN A. MACDONALD: Just as long as Legislative Television is all good, then I'm all good for it.

THE CHAIR: Is Legislative Television good? They're good. Excellent.

We'll move on then to our next discussion piece, the approval of the annual report that we all would have received. On the motion, please, MLA Barkhouse.

DANIELLE BARKHOUSE: I move that the Veterans Affairs Committee approve the annual report.

THE CHAIR: Motion on the table.

Any discussion? All those in favour? Contrary minded? Thank you.

The motion is carried.

Our next discussion piece is a conversation around changing the format of our Veterans Affairs Committee in the question period - go from hand-raising to 20-20-20. It looks like MLA Regan wants to have a discussion on that.

MLA Regan.

KELLY REGAN: I would just say that I would fully support that, as long as there's time afterwards as well, which I'm assuming there is. You'd just divvy up the time afterwards. Today, there were times when our witnesses would say something, and I would have follow-up questions that I'd like to ask, then I had to put up my hand again and again. I would say that seems to me to be a great idea.

THE CHAIR: Is there general agreement then? I don't think we need to put that to a vote. Is there general agreement around the table that we will move the question process to 20-20-20? Agreed. That's taken care of.

STEVE CRAIG: Who gets the first 20 minutes?

THE CHAIR: It will always be the Opposition, and then it comes to the Government. (Interruptions) Welcome to the Veterans Affairs Committee.

At that, there's really nothing else to discuss, except I just want to throw it out there on the table to our committee members that this Saturday there is a Walk for Veterans taking place in Halifax. I'll be attending. It's the Sixth Annual Canadian Walk for Veterans. If anyone is interested in attending that, that'll be this weekend coming up - Saturday.

DANIELLE BARKHOUSE: Is there any way to make sure everyone on the committee gets the time, place, and all the information?

THE CHAIR: I will send this through to our clerk, and then they can send it through to everybody.

With that being said, our next meeting will be November 21st. There will be no October meeting where we're going back in the House. At this point, November 21st is the next meeting, and the topic for that will be Peer Support: Community Facilities. The witnesses will be the Rally Point Retreat, Landing Strong, Replenish Around Shipmates Navy Veterans Retreat, and the Atlantic Centre for Trauma.

With that being said, I adjourn the meeting.

[The committee adjourned at 3:51 p.m.]