DIGNITY FOR OUR SENIORS

INTRODUCTION

On June 25, 2020, when speaking about long-term care, Justin Trudeau said:

> "*It is a provincial responsibility. So, it is them that...have failed to support our seniors...What this recent report has shown, and quite frankly what this pandemic has shown from the very beginning, is that the job isn't being adequately done in long-term care centres across the country*."

The reality in Nova Scotia is that over the past decade, long-term care operating budgets have been slashed and no new beds have been built. The result: thousands of vulnerable Nova Scotians with mobility and cognitive difficulties stuck on waitlists instead of getting the care they need.

For too many families, as relatives age or require more assistance than can be provided by home care, they are unable to remain in their homes but are not in the need of the only available option, which is nursing home or residential care. More options should be available to them.

Government must recognize that, while home care has expanded, there remains a large gap in the range of "what's next" options available for our seniors and their families.

To access the needed incremental care, there are currently very few affordable options outside of going into residential or nursing home care.

Our Province must recognize the needs of seniors. We can do that by:

- Building more single bed rooms.
- Addressing the human resources challenges in our system by normalizing the workload of staff and making training more accessible.
- Preparing for the future by creating a new option of care after home care but before nursing home care, called "Supportive Living," that provides seniors and their families with increased choice and autonomy over care options and services.

Government needs to not only understand, but appreciate, that our seniors have the right to expect a long-term care system that is exceptional. They shouldn't fear the system, but rather feel a sense of comfort that the government will care for them at their most vulnerable time.

WHAT CAN WE DO?

The PC Party's vision for the future of long-term care recognizes two distinct requirements: Configuring the system for today's needs and Preparing it for the future.

To adapt for today's needs, we need more beds, more staff and more technology.

1. Create over 2,500 New Single Rooms.

COVID-19 shone a light on the importance of single rooms for long-term care residents, particularly in relation to infection control and slowing the spread of illness within a facility.

Early analysis of the initial outbreak of COVID-19 points to shared accommodations as a significant contributing factor to its spread. We have all heard of residents who tested positive for the virus, continuing to share a room with residents who did not yet have the virus. That's unacceptable.

The ability to isolate and care for residents in private rooms is one of the key enablers to providing self care, maintaining wellness and improving quality of life. Additionally, the acuity of some residents makes it hard to care for individuals in shared rooms. Single rooms are far safer, more comfortable, demonstrate dignity and establish the standard we should be striving toward.

As we examine the government neglect leading up to and what transpired over the course of the pandemic, it is paramount to learn from the experience and implement meaningful change, not only to reduce future risks, but to improve overall outcomes.

A Progressive Conservative government will insist on a renewed commitment to safe, quality care for the most vulnerable by:

Immediately renovating and building over 2,500 new single bed rooms.

This must be done. We will do this regardless of whether the Federal Government steps up and supports Nova Scotians or not. However, if the Federal Government is willing to invest in Nova Scotians, working with them - we can do more. We have asked them for a commitment that would allow for an additional 1,000+ new private rooms to the system on top of our go-it-alone commitment for a total of over 3,500 new single bed rooms.

More and more, single rooms are a necessity for a number of reasons, but first and foremost for the privacy and dignity of residents. Some may have health concerns that they wish to keep private. Some may be living with a roommate who has significantly higher needs and as such, may impact both of their sleeping patterns, peace of mind and quality of life. A roommate with more active tendencies could also put the other roommate at risk of harm, particularly if there is any chance of violence.

That said, of course, nobody should be forced into a single room. Properties will still have some double rooms for residents who prefer the option of a roommate. Couples, in particular, should have access to those rooms. Under a PC government, **no couple who is able to be together will be separated in long-term care.**

Our consultations with family and staff suggest that approximately 20% of residents would prefer to have a roommate. This is balanced in our plan while acknowledging that, going forward, the standard construction must recognize the need for more single rooms than have traditionally been available.

Timeline

When in government, we will immediately move forward with the investment in new rooms. One of the first priorities of the PC government will be to require NSHA officials to engage with representatives of all 133 long-term care properties. At present, the Liberal government does not appear to have an accounting of how many single rooms exist, let alone how many are needed. That's a sad reflection of their lack of concern for seniors. We are currently doing this work for them and will continue to aggregate information.

There is no time to waste but it will take time. By the end of our first year of PC government, a plan will be established for the expansion and renovation of existing properties as well as the development of new accommodations. That plan will include matching needs with current infrastructure and tenders will be issued (within six months of the submission of that plan).

Challenges

It is pertinent that we acknowledge the challenges of addressing the fundamental issues facing our long-term care system. If we are not honest about the barriers to success, this initiative will likely never reach its full potential. As such, we have identified the following areas of concern, some of which we are able to offer solutions now, others will take more time and resources to address but will be addressed and overcome. The status quo is not an option.

Some of the biggest challenges to be addressed are as follows:

- Cost;
- Human Resource Needs (increasing staff numbers and training opportunities);
- Obtaining accurate information (what is the current capacity in each region and where are the beds needed);
- Inventorying which properties have space and land capacity for renovations and which regions require alternative accommodation options;
- Forecasting future need;
- Time (to obtain information; establish plan; issue tenders; begin building); and
- Communication to residents, potential residents and their families (on timeline and need).

With one of the highest proportions of seniors (65+) in the country at 18.9%, our prevalence of seniors leads to increased stress on our primary, acute and long-term care sectors. At our current trajectory, the need for long-term care will rise dramatically in the coming years.

For example, while there is an immediate need for approximately 1,400 to 2,000 additional beds, by 2030, that number is expected to grow to 20,000 beds.

The need for more beds has been obvious for some time to most but ignored by government. It can't continue to be ignored and it is incumbent on government to plan and not allow this type of prolonged neglect again.

Our seniors and long-term care residents deserve to maintain dignity. Appropriate staffing levels and single rooms are a key aspect to ensuring quality of life and respect. It will require action not words and we are focused on prioritizing the needs of our seniors and most vulnerable.

Costs

We are committing to the single largest investment in long-term care in a generation. Band aid approaches have let seniors down. An overhaul of the system is required to truly make significant change and we are focused on making it happen.

The costs of new single rooms will vary depending on a number of factors, including the existing setup of a building and the available space. For example, some properties will more easily be able to renovate while others, with the land capacity, may expand their overall footprint. In some cases, new properties will be required.

We have been provided with estimates that suggest the cost of a renovated bed is approximately: $25,000 per bed; the approximate cost of adding new beds to an existing, current facility is: $275,000;

and the cost of an entirely new bed in a new facility is approximately: $350,000. These are rough estimates for order of magnitude only and a competitive tender process will lead to the actual costs.

To extrapolate cost and ballpark the necessary investment, we have prepared calculations based on the following assumptions:

- There are currently 7,930 long-term care beds in Nova Scotia across 133 properties.
- As of June 30, there are approximately 1,450 individuals on the waitlist for a long-term care bed.
- This suggests an approximate need for 9,380 beds (this is as of writing and this number will fluctuate daily and certainly as demographic shifts occur).
- Our understanding is that approximately 80% of long-term care residents would, given the choice, prefer a single room. That means there is demand for 7,504 single rooms [80% of 9,380].
- Despite the data being unavailable, in discussions with several properties, we have been led to believe that 50% of current beds are in shared rooms, totaling 3,965 multiple occupancy beds [50% of 7,930]. This would mean there are approximately 3,965 single occupancy rooms in Nova Scotia at present. [7,930 - 3,965].

From these assumptions, we can estimate a current need for single occupancy rooms of 3,539 [7,504 that would prefer a single room, less the estimate of an existing 3,965 single rooms].

To estimate the cost of the investment required to meet demand, we estimate that 2,089 of the current (3,965) multiple occupancy rooms would be converted to single units, resulting in half (1,045) the number of original units, but also creating an additional 1,045 single rooms from the space generated by the renovation effort. The overall renovation exercise creates more single rooms but not enough. As such, the remaining need for 1,450 would need to be filled through the construction of new beds.

We understand that the federal government will support the long-term care sector. Given their position that they are willing to invest in shovel ready projects, it is our belief that a 3,500 single bed room project is possible, but, we can't completely rely on the timing and commitment of the Federal Government. Sitting and waiting is not an option. As such, a PC government would immediately invest in at least 2,525 of the beds needed, built and costed as follows:

Bed Type	Number of Single Bed rooms	Estimated Investment Per Bed	Total Estimated Investment
Convert existing Shared rooms into Private.	1,045	$ 25,000	$26,125,000
Build New Private Beds within Existing Properties (from extra space re renovations)	1,045	$275,000	$287,375,000
Construct New Beds in New Properties	435	$350,000	$152,250,000
Total	**2,525**		**$465,750,000**

As Premier, I would invest $465,750,000 in 2,525 new single bed rooms. Assuming an average cost to the province of $200/day per bed, the annual operational costs, in a scenario without federal support, would be an additional $31,755,000 [2,525 less 2,090 as the first 2,090 beds are already in the system].

Recognizing this investment, we are asking that the Federal Government commit to an investment of $355,250,000 over three years, which would mean a total of approximately 3,540 single bed rooms could be achieved.

The Federal share would be: $33 million in year one; $162 million in year two; and $160 million in year three, being the difference between the committed investment and what is possible with your support. The 100% plan for beds per year is as follows:

Year 1		Year 2		Year 3		Total	
Beds	**Cost**	**Beds**	**Cost**	**Beds**	**Cost**	**Beds**	**Cost**
300	$7,500,000	450	$11,250,000	295	$7,375,000	1045	$26,125,000
250	$68,750,000	395	$108,625,000	400	$110,000,000	1045	$325,750,000
		725	$253,750,000	725	$253,750,000	1450	$625,500,000
550	$76,250,000	1570	$373,625,000	1420	$371,125,000	3540	**$821,000,000**

Obviously only the tender process could produce actual numbers. There is an obvious need to obtain the exact data on beds and rooms from the Department (they have thus far been unwilling to provide this information), however, for the purposes of understanding the value of the commitment we are making, with the shared provincial and federal contributions combined, we estimate **the total capital infrastructure investment in this commitment to be: $821,000,000**.

Assuming an average cost to the province of $200/day per bed, the operational costs would increase each year as follows: Year 1: no new operational costs as the first 2,090 beds are already in the system; Year 2: $72,190,000; and Year 3: $105,850,000.

We will also encourage the Federal government, once again, to reconsider adjusting the Federal Health Transfer payment to reflect a greater funding model for older seniors, which would help to support the expansion of the number of LTC beds required.

This investment will produce benefits.

This significant, required investment will lead to a better quality of life for seniors, while also producing savings in the form of better health outcomes in a number of areas, but certainly by minimizing the spread of infection through more control options and QUALITY OF LIFE.

Healthcare savings benefit everyone, but I want to make one point very clear: profit and health care do not mix. 100% of revenue in Nova Scotia long-term care should be controlled by the government. Funding for resident care will vary based on the resident care needs.

Under a PC government, funding for resident care programs and food will be done through a system of flow-through envelopes. Funds that are not spent for these defined purposes are returned to the government. No profit can be made from this funding. There will be a system of annual reconciliations and third-party audits for each long-term care property that ensures these funds are spent for the intended purposes.

The other funding envelop - the accommodation envelope, will be designed to cover accommodation expenses like administration, utilities, maintenance, etc.

No profit should ever be made providing healthcare in our long-term care properties. As such, all future agreements must separate clinical funding from administration funding and there can be no cross over.

2. Staffing.

In order to truly improve the care and lives of those residing in long-term care properties and to support the increased number of residents and rooms, staffing challenges must be addressed. Proper staffing support for our seniors is one of the improvements that will have the most significant direct, positive impact on quality of life of the residents and staff.

The current system was built on a premise that no longer exists. We must modernize it in many ways. The *Homes for Special Care Act* no longer fully meets the needs of Nova Scotians. It is policy that was developed a generation ago, when the level of frailty of seniors entering long-term care was far lower than those who, today, must wait so long to be admitted to long-term care. In part, this is because people are staying home longer due to home care services. That program has some benefits, but it also has some ramifications. For one, the level of care they need is so much greater than it was in the past.

To dignify these residents and give their families the comfort they deserve, to show that government understands that this truly is "home," we must ensure that:

- We evaluate and fund the correct staffing ratio based on patient numbers, level of frailty and cognitive condition.
- There are enough staff with the right skill mix to support the changing health and social care needs of residents while also protecting the mental and physical well-being of our staff.
- We treat staff and healthcare professionals with respect to make sure that we don't lose them.
- We establish safe living environments that promote comfort and reduce risks of harm.
- We examine mechanisms of measuring outcomes to ensure that we are meeting our goals.

Workloads for long-term care staff are increasing, which adds additional pressure. The work performed by Registered Nurses ("RNs"), Licenced Practical Nurses ("LPNs") and Continuing Care Assistants ("CCAs") is physically and mentally demanding, and there is little relief for them. They are expected to oversee the care of an increasing number of residents, resulting in less time for each resident.

As the acuity of residents increases, so do the demands. This brings with it more complexity of care, meaning more and different types of required interventions. Government funding has not evolved to meet the complex needs of the residents and properties.

It is critical that Nova Scotia improve staff working conditions. Today, they are frequently overworked and face high levels of violence, stress, illness and injury. This is neither sustainable nor acceptable. The injury rate of long-term care staff is approximately 22%, as compared to a rate of 7% across the rest of industry sectors. Poor working conditions have resulted in high rates of turnover.

Additionally, the long-term care workforce is aging, and the sector faces major challenges in both recruiting and retaining new staff. It's a vicious circle.

To address the current and future increased demands on our system, we must increase the number of staff in our long-term care properties and focus on training more healthcare workers, with a heavy emphasis on CCAs.

Higher staffing levels have been shown to produce better resident outcomes, particularly in their functional ability, and in managing pressure ulcers and weight loss. The PC government will establish accountability measures with respect to staffing. **If a facility has 30% of staff absences for a period**

of two consecutive months, there must be an effort to understand why and that means the property can be subject to an administrative audit.

Staffing Ratios and Hours of Care Per Resident

Safe staff to resident ratios in long-term care properties have been quantified in the range of one staff to every six-to-eight residents. The current reality in Nova Scotia is that we have an average ratio of one staff to every twelve residents. With staffing shortages, this can often be much higher. This is not good enough.

The recommended minimum staff nursing levels, based on the best available evidence have been identified as 1.3 hours per resident day of nursing care (.75 RN, .55 LPN), and 2.8 hours (CCA), for a total of 4.1 nursing hours of care per resident day. Presently, we fluctuate from 2.4 (in some) to 3.3 (in others) hours of care per resident.

We support the recommendations of the Nurses' Union and a PC government will amend the *Homes for Special Care Act* to ensure that every long-term care facility must maintain staff care levels of combined RNs, LPNs and CCAs sufficient to satisfy at least 4.1 hours of care per resident.

How to attract and retain 2,000 more professionals

Firstly, we have to begin by acknowledging the workload of long-term care staff is back breaking and unsustainable at current staffing levels. We must show respect for the challenging work they perform.

At present, there are approximately 9,144 staff working in long-term care across Nova Scotia. **To reach the recommended levels of staffing care, we would require an additional 600 nurses (a combination of RNs and LPNs) and 1,400 CCAs.**

If we ensure that staffing levels are increased to 4.1 hours, then staff will be able to take breaks and vacations. There will be less risk of injury. Workload will be more manageable, which will lead to a happier work environment.

To attract more CCAs, the training has to be accessible. **A PC government would reinstate the CCA training grant that was cancelled in 2013.** This grant funds 50% of the tuition costs of the CCA program (50% of roughly $9,000). More is required but this will help some people pursue this career without struggling to finance it. The size of the program would be increased to 1,000 students. A two-year commitment to stay in Nova Scotia following the training would be required. The province would work with the training programs to establish in-facility training as a part of the education to minimize the disconnect between the training and the actual job.

In the past, some long-term care properties were able to host their own accredited training programs. These programs offered free training with a return of service and an experience-based component. Offering free, practical training will increase the number of individuals who train and work in this field. **A PC government would resume appropriate staffed and accredited CCA training programs hosted by long-term care properties.**

The province would also work with long-term care properties and their respective representatives to minimize the number of staff who have to work at multiple properties just to get by.

In an effort to ensure accountability in long-term care properties, the PC government would amend the *Homes for Special Care Act* so that unaccounted staff absences of 30% or more for a period of two consecutive months, can be subject to review by the inspector. If the absences are related to unsafe working conditions, the facility would be subject to a penalty prescribed by Regulation.

The PC government would make the CCA registry mandatory. The province currently has no way of knowing the number of active CCAs in the province or where they are located. Government and industry need this data.

Currently, the Canadian Institute for Health Information collects and publishes comparable information about the provinces on the 10-year supply trends, including the number of health care providers per 100,000 population for 30 groups of health care providers. Unfortunately, it collects no statistics on the number of CCAs in Nova Scotia because that information is unknown. It is incumbent on us to establish a mandatory registry whereby anyone practicing as a CCA in Nova Scotia shall be required to register in a provincial database.

Costs and Off-Setting Costs

Clearly, increasing staffing levels will have associated costs. The cost of 1,400 additional CCAs is approximately: $52,640,000 (at an average annual salary of $37,600) and the cost of 600 additional RNs and LPNs is approximately: $35,522,800 (at an average annual RN salary of $75,814 and LPN of $50,900). The cost of the CCA grant is $4,500,000 (1,000 students at a cost of $4,500 per student).

These investments will produce immediate benefits in preventative care. The benefits of having more staff coverage will lead to overall financial savings to the health care system through better health outcomes. Pressure ulcers and other wounds, for example, affect about 30% of patients in long-term care, and treatment of an ulcer can cost tens of thousands of dollars a year. This investment in increased staff could potentially save millions of dollars by preventing pressure ulcers alone and implementing timely effective treatment when necessary.

Increased resident monitoring and support will lead to fewer slips and falls and other unintended consequences, which will result in fewer trips to the hospital, fewer x-rays, and less associated treatment for those injuries. Ultimately, increased staff will result in better health outcomes. Measuring outcomes is necessary to determine the impact and savings generated by additional staff and that will come in time.

Further, in long-term care, the cost of turnover has been estimated at $25,000 per health professional given the need to backfill with overtime during the vacancy and decreased productivity in the orientation phase.

Higher stress, higher pressure working conditions often result in higher rates for Workers' Compensation. The 2016 premium rate for the hospital sector is set at $1.63 per $100 of payroll, whereas the rate for long-term care is set at $5.19 – over three times as high. These rates are driven by various types of injuries, including musculoskeletal injuries and violence-related claims which disproportionately affect workers in this sector. Millions of dollars could be saved in this sector if its rate could be driven down by an improved safety record.

Additionally, it is said that 5% of the population consumes 70% of our healthcare budget. That suggests that 5% of people, roughly 50,000 Nova Scotians, consume nearly $3.2 billion in healthcare spending. Many of these individuals are dealing with chronic illness and many may be seniors. By providing more care and more medical assistance, overall costs can be reduced. If the savings is just 5% of this $3.2 billion these investments would save $161 million annually whilst improving quality of life for residents, their family and their healthcare team.

3. Measuring Outcomes.

Modern technology will play an increasingly significant role in providing seniors care over the coming decades. We will need to be smarter in how we support, encourage and, in times of increasing health risks and find innovative ways to increase protection and measure outcomes.

Every case of COVID-19 essentially launched a 'needle in the haystack' search to determine who that person may have been in contact with and when. The flaws of that system were exposed as the spread hastened. Amazingly technology already exists that could have addressed this quickly and discreetly. It's called contact tracing software and in the future, it will provide immediate feedback on things like whether residents took their medication, who they interacted with, at what distance, in what location, and for how long over any time period. This software also has the ability to track health outcomes. It's the future and it is here. Nova Scotians should be benefiting from these advancements.

This is practical and comforting to family members in "normal" times, but access to this information is crucial in times of pandemic. We can't undo the mistakes that happened over the past few months, but we can take every precaution to make sure they never happen again.

The PC government will embrace technology and specifically **champion contact tracing technology** for long-term care properties. By using this software to measure outcomes, we will also be better equipped to identify shortfalls in the system and address them. At the same time, we will be able to see where there is success and build upon those successes, all resulting in better outcomes and better care.

Communication

Another benefit of this technology is that it will provide better, quicker information to family members, provided the resident consents to sharing that information. With strict visitation restrictions, many families are unable to get answers or responses respecting the status and condition of their family members residing in long-term care and staff just don't have time to constantly be the main contact. With limited staffing, their first priority must be the safety of their residents. At the same time, it is important that we provide an honest accounting to family members.

We need the proper lines of communication open to those families. We must listen and respond to the concerns of these families. Contact tracing would dramatically improve the level of information provided.

Cost

The present cost of this software ranges from $34-$50 a month per resident for an average annual cost of $504 per resident. Because this software could lead to early detection of issues and prompt attention during urgent situations, the return on this investment could be significant.

We could explore the option of who bears the cost (family or province) but for now it must be on the table and part of the discussion.

The total annual cost of this initiative would be $3,996,720.

As our population ages, we need to rethink what options are available to seniors who can no longer remain at home.

4. Supportive Living.

Looking into the future, to meet the number of required long-term care beds, we must expand housing options for seniors. This means providing seniors and their families with increased choice and autonomy over care options and services. A level of care that exists elsewhere but does not currently exist in Nova Scotia: Supportive Living.

If potential residents are financially supported with choices and options between home care and nursing home or residential care by a per diem, we can improve their quality of life and the overall financial cost to the province would be less than the subsidized rate currently paid towards long-term care residency.

A necessary win-win because with over 20,000 individuals expected to reach the median age of entry into long-term care within the next ten years, the Province needs a real plan with alternative options and solutions. In addition to providing a welcoming living environment, Supportive Living will reduce the waitlist for long-term care.

When an individual reaches a point where they can no longer safely live at home, it is often a crisis for their caregiver, particularly when a suitable next level of care is not available. It often means that that individual and their family simply continue on with a level of home care that is no longer a sufficient level of care. This places incredible, additional pressure on family members and puts the individual at greater health risk.

Home care in Nova Scotia is restricted to a maximum 100 hours over 28 days, or roughly 3.5 hours per day. There are problems with the "what comes next" part of this current model that are leaving Nova Scotians behind.

Home care generally costs the province in the range of $70 a day. The cost of nursing homes is generally in the range of $200-$300 a day. Remarkably, there is not enough in between. Not enough to support seniors and their families - who don't have complex medical needs but still need more than the current level of home care, for example 24-hour supervision or can no longer be supported by family or spouse.

The province is failing in its obligation to provide safe, immediate options to seniors. This gap often forces seniors to either:

- stay at home, with loved ones caring for them; or
- leave their community to get the care required.

When someone is assessed by continuing care for eligibility for long-term care, based on a senior's level of function, cognition and other factors the outcome will be any of:

1. Rejected as not needing this level of care yet.
2. Eligible for home care up to a maximum of 100 hours and 50 hours of nursing care.
3. Suitable for residential care (able to walk independently).
4. Eligible for nursing home care.

If you are at home receiving home care, you receive the care you need and government funding to provide that care. If you are in a nursing home, you receive government funding to support the care you need. If you are at home on a waitlist for long-term care, meaning you are in need of more care, you don't receive the care or the funding you need. This is not right.

The PC Party will not make seniors wait for the care or deny the funding support they need. Supportive living will allow a resident to age in place, potentially never requiring a nursing home. It is a residence that will meet the needs of seniors who do not have highly complex health care needs.

There is a need for a new care option that supports those who are eligible for long-term care but are still able to walk and perform minor tasks without assistance. Provinces like Alberta are doing this successfully. Alberta has approximately 4.5 times the population of Nova Scotia but requires only 4,000 long-term care beds because they recognized the dignity and benefit of providing incremental care through different levels of support.

We can do better for Nova Scotians and we propose a new option of government funded care called "Supportive Living," which provides options for those individuals needing something between home care and long-term care.

Under this new option, whenever a person reaches a point where their needs are no longer predictable, and they require more assistance than home care can provide, they will have access to government funding to meet their needs. A continuing care coordinator must still deem the person eligible for long-term care. The coordinator would assess them as qualifying for our new Supportive Living option, residential care or nursing home 1 or 2 care.

The resident would be provided with the funding support option of Supportive Living or residential care. Entering Supportive Living would not preclude that resident from entering nursing home care at a later date, but it may mean that less people ultimately require nursing home care.

This model would provide 24-hour supervision and support. The home care staff work on-site, so they don't have to travel around from appointment to appointment. The range of options will be determined by communities but could look anything like apartment-style accommodations or a campus built around a nursing home, provided, of course, it meets the prescribed standards.

Supportive Living supports families.

The PC government will commit to funding the Supportive Living system with a new per diem structure. This investment will trigger private industry infrastructure investments.

A preliminary model of our Supportive Living would include:

- A private room (typically a bachelor or small one bedroom);
- Air conditioning;
- Regular nutrition through three meals and snacks provided in centralized dining;
- Access to exercise and socialization;
- Safety and security (a "secure" facility with **24-hour** supervision);
- On site care services offered through existing structure;
- Oversight by Continuing Care; and
- A mechanism to provide assessments that identify needed increases in care time.

This new to Nova Scotia level of care would be provided by operators licensed under an amended *Homes for Special Care Act*. They would hold a new class of license that any operator wishing to provide these types of beds would need to apply for and go through a licensing process.

Obviously, strict regulations and inspections will ensure quality standards, safety and accountability that always places the physical and mental well-being of our seniors first and foremost, including infection control and fire marshall approval. These homes would be subject to the same clinical oversight as larger facilities.

The intention is to make funding available to eligible and qualified caregivers who are able and willing to provide care. This means private community organizations, and others could be encouraged and

supported in providing care for our seniors in safe, happy environments, particularly in their communities. This option will function as well in urban areas as it will in more rural areas of the province.

We are aware that an increasing gap is developing for these individuals living in rural Nova Scotia.

To augment Supportive Living in rural areas, we will work with communities to establish local properties. This could look like a personal residence with fewer residents in intimate settings but would be subject to the same clinical oversight and financial structure as other, larger properties.

Costs

While a PC government will aim to address the current waitlist for long-term care by increasing the number of single bed rooms, we acknowledge that adding more nursing home beds is not sufficient on its own to meet the future demand that is coming, thus the need for Supportive Living.

As we go forward, a more detailed consultation with stakeholders, families and seniors will need to be performed to determine how much this increased care in a supportive environment could extend a senior's time outside of the traditional nursing home system.

For the purposes of establishing an initial cost estimate, we have assumed that approximately 1,600 individuals [50% of the average 3,200 individuals who enter long-term care on an annual basis] could use Supportive Living, instead of placement in a nursing home or a hospital. We will meet with long-term care staff, friends and other seniors' advocates and long-term care organizations to further solidify the issues and recommendations.

In nursing homes, residents are capped at paying the lesser of the daily rate ($108.28) or 85% of their income, resulting in a maximum annual resident contribution of approximately $39,522.20. Similar to nursing home care, an income-based process would be followed to determine how much the resident of Supportive Living pays. The resident would pay the lesser of 85% of their income or the full daily rate. In establishing the funding for Supportive Living, we also need to reexamine the funding inequality in long-term care that needs to be leveled off.

The current subsidy for long-term care sees the province contributing anywhere from (approximately) $69,977.80 to $87,000 per resident (resulting in provincial subsidies, after consideration of the resident paid portion, in the range of $191.72 to $240 per day).

Under our proposal, the accommodation and care would be separated by the associated daily funding would be up to $140 per diem per resident, made up of a combination of the resident's paid portion and the government's paid portion.

As noted, the infrastructure investment would be from private industry. The annual cost to the government, based on 1,600 spaces at an estimated subsidy of approximately $70 per day would be: $40,880,000.

CONCLUSION

The world is different post COVID-19. The virus shone the light some deficiencies in many government services, long-term care being paramount. During the pandemic, lives were lost, staff felt vulnerable and alone, families were left disconnected and unable to communicate with their loved ones. There was much bravery in the face of fear in our long-term care properties.

When we know better, we must do better. We can do better. As a province, we must respect our essential workers by acknowledging their hurdles, addressing and supporting them with more than just

accolades. As a province, we must be more consistent with infection control measures, including making more and more single bed rooms the norm. We need to do everything we can to make sure that home truly is home for our seniors and those providing their care.

The commitments outlined in this plan will begin to restore dignity to our seniors:

1. Improve health outcomes for long-term care residents through more comprehensive infection control measures, additional staff and technology to monitor and measure health outcomes.

2. The additional beds will reduce wait times in high demand areas for long-term care.

3. Improve workplace safety and satisfaction for staff, which will reduce high turnover rates, establish best practices for infection control and ultimately, result in more and better care.

4. Reduce overall demand on the health care system. With residents being more closely monitored and health outcomes improving, there will be less need.

5. Establish a new to Nova Scotia necessary option for those between home care and long-term care.

6. Minimize impact on the economy. Our economy was largely closed for three months on account of the spread of COVID-19 in our long-term care system. These increased measures will help to keep our residents safe and minimize the impact on both residents and those outside, in the event of future outbreaks.

7. Improve quality of life for residents. We must treat our seniors with the dignity they deserve. This plan establishes a homier and more comfortable environment with increased privacy and more access to care.

8. Reduce the stress of family and caregivers who want the best for a loved one.

While many of the investments will generate other positive, financial impacts through improved access to care, those “savings” cannot be truly quantified until outcomes are measured. Our overall estimate of the investment, to be phased in over several years is $635,044,520 (without federal support) or $1,064,389,520 (with federal support), broken down as follows:

Proposed Capital Infrastructure (without federal support):

New room builds in new properties:	$152,250,000;
New room builds in existing properties:	$287,375,000;
Renovating existing rooms:	$26,125,000.

New room construction - investment in single rooms: $465,750,000.

Proposed Capital Infrastructure (with federal support):

New room builds in new properties:	$625,500,000;
New room builds in existing properties:	$325,750,000;
Renovating existing rooms:	$26,125,000.

New room construction - investment in single rooms: $821,000,000.

Proposed Annual Operational Investments:

Additional Long-Term Care Beds (with federal support):	
Year 1:	N/A;
Year 2:	$2,190,000;
Year 3:	$105,850,000.
Additional Long-Term Care Beds (without federal support):	$31,755,000.
Nursing staff:	$88,162,800;
CCA grant:	$4,500,000;
Contact tracing:	$3,996,720;
Supportive Living:	$40,880,000.

Total suggested annual investments (based on Year 3):	$243,389,520.
Total suggested annual investments (without federal support):	$169,294,520.

These are investments in the dignity of our greatest generation.

They are investments that we cannot afford not to make.