



# Continuing Care Strategy

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## Long Term Care Renewal & Replacement Update

*February 2007*

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## Overview

1. Replacement Beds (721)
  - Process
  - Facilities
2. New Bed Allocation (832)
  - By District, County and Community Areas
  - By Type (NH and RCF/CBO)
  - Methodology and Supporting Evidence
    - Health Services Planning (HSP) Phase II Methodology
    - Analysis of supplemental data



## Replacement Facilities - Selection Process -

- Used ReCapp Methodology (facility condition assessment tool) to assess electrical, mechanical and structural systems
- Space and functional issues also considered
- Combined with recorded history of observations about the building to support decision making process
- Facilities to be replaced are well known to have severe space and functionality limitation, as well as other structural concerns

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## Facilities to be Replaced

Facility	Health District	Community	Beds
Tideview Terrace	South West	Digby	90
Tidal View Manor	South West	Yarmouth	105
North Hills	Annapolis Valley	Granville Ferry	50
Shiretown	Pictou	Pictou	89
Alderwood	Cape Breton	Baddeck	70
Inverary Manor	Cape Breton	Inverness	60
Glades Lodge	Capital	Halifax	124
Windsor Elms	Capital	Windsor	108
Duncan MacMillan	Capital	Sheet Harbour	25
<b>Total</b>			<b>721</b>

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## Allocation of New Beds by District and Type

<b>Health Services Planning Phase II</b>	<ul style="list-style-type: none"><li>• Population data (75+)</li><li>• Current continuing care services</li><li>• Frailty (health condition &amp; living alone)</li><li>• Long term care bed planning ratios</li></ul>
<b>DoH Information Systems</b>	<ul style="list-style-type: none"><li>• Current/historical waitlist information</li><li>• Current/historical placement information</li><li>• Home Support utilization data</li><li>• Alternate Level Care data</li></ul>
<b>Health District Planning Information</b>	<ul style="list-style-type: none"><li>• Current demand/referral patterns</li><li>• Health services utilization experience</li><li>• Integration with existing services</li></ul>
<b>DoH Financial/Infrastructure Information</b>	<ul style="list-style-type: none"><li>• Program/staffing, operations, capital</li><li>• Infrastructure information</li></ul>



## HSP Phase II Methodology

- Health Services Planning is a **population-based methodology** which takes the **frailty** of the seniors population in each district into account.
- It combines an analysis of 3 components:
  - **Inventory of Services**
  - **Demand Drivers**
  - **Planning Ratios**
- The following data were included in the analysis
  - Population projections based on 2001 Canada Census (Statistics Canada)
  - Inventory of current continuing care places (DOH, DCS, DHA, private)
  - 25 Case Mix Groups associated with frailty (Hospital Discharge Abstract Data, CIHI)
  - Analysis based on gender and age
  - Percentage of persons age 75+ living alone (Statistics Canada)

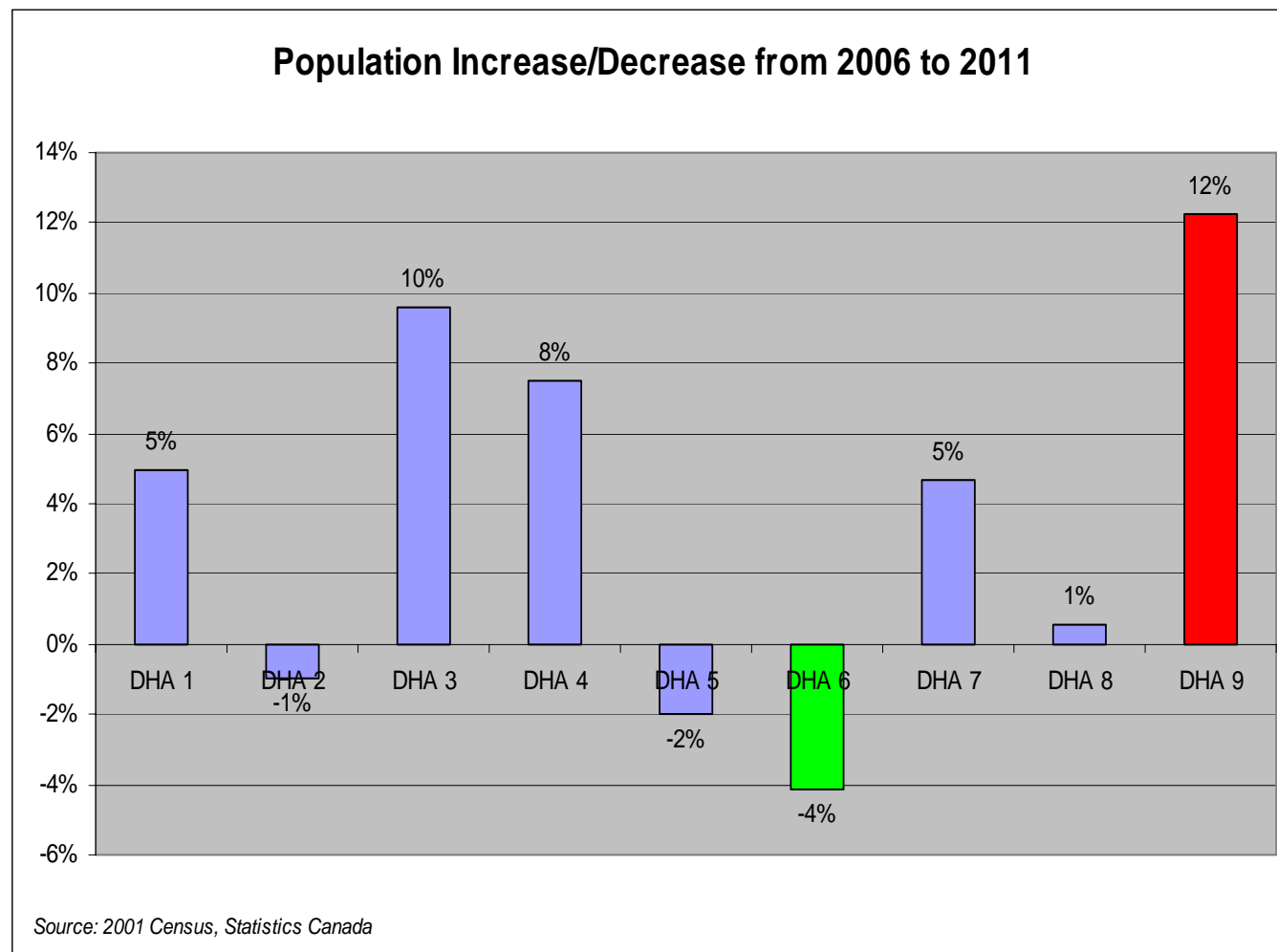


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## Population Projections (75+)

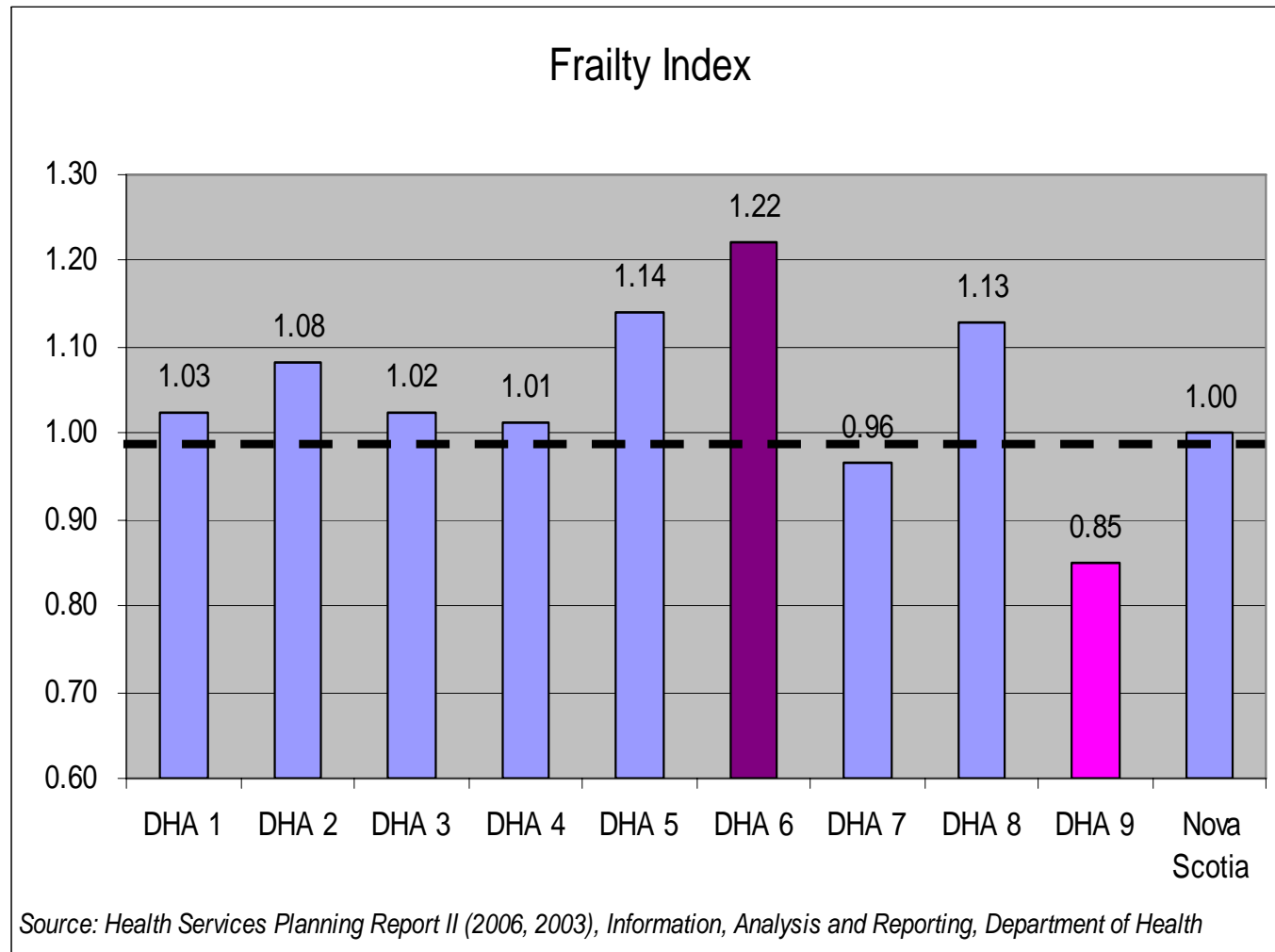


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## Frailty Index

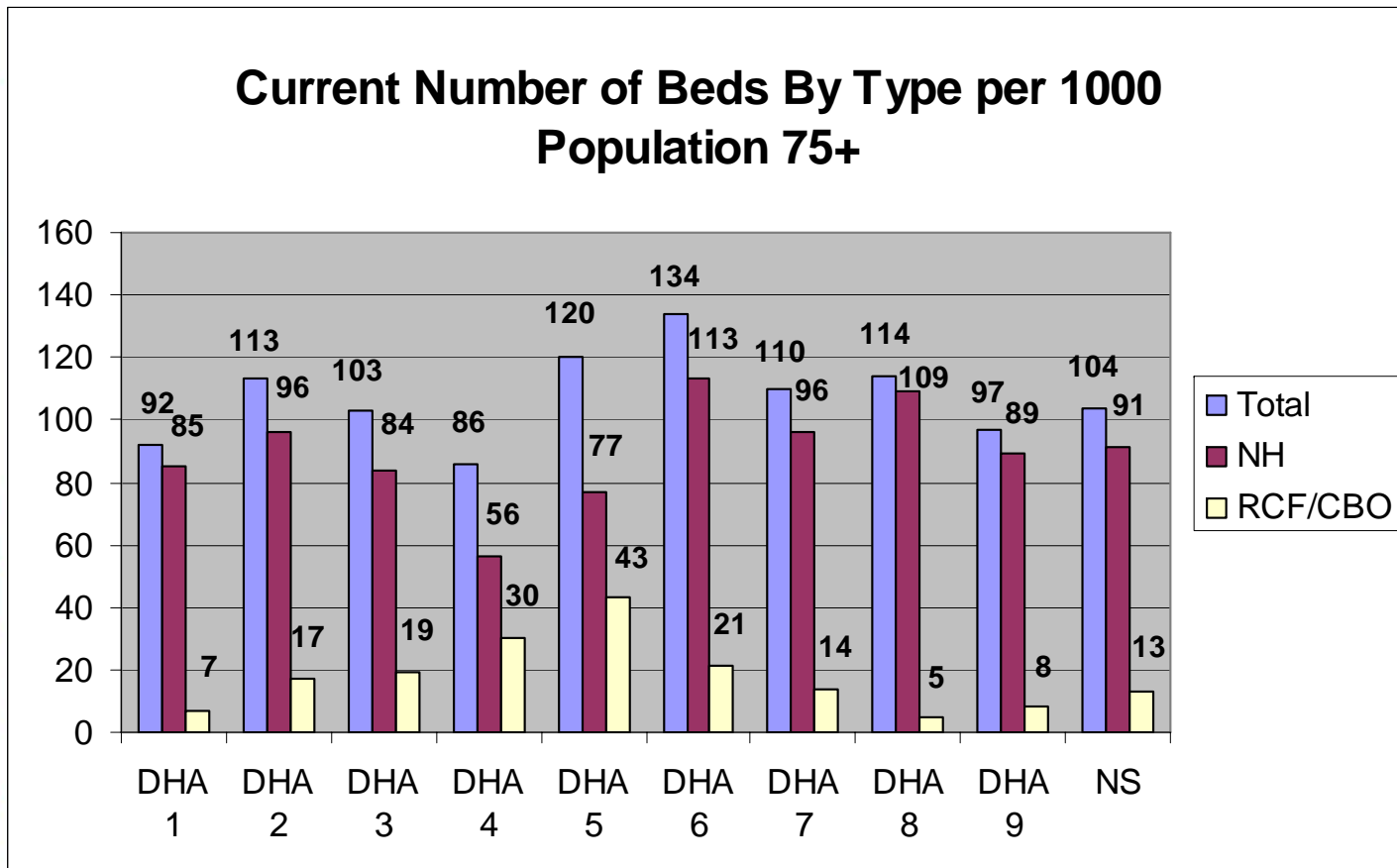


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## Current Bed Ratios



Source: Population Cube, Information, Analysis and Reporting, Department of Health (Oct '06)

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## Analysis of Supplemental Data

### Rationale:

- Major policy change has impacted demand
- Need to refine HSP II projections to address local contexts
- HSP II Steering Committee advised need to look at additional data as it became available
- Availability of New Data
  - LTC Waitlist and Wait Times Data
  - Home Support Utilization Data
  - ALC Data

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Health

## Supplemental Data Ranking

	Rank( 1= Highest Need)									
	1	2	3	4	5	6	7	8	9	
<i>Waitlisted clients per 100 beds</i>	5	9	7	4	6	8	3	1	2	Ⓜ
<i>Waitlisted clients per 1000 pop 75+</i>	8	9	7	6	4	5	2	1	3	Ⓜ
<i>Average LTC Wait Times (Jan 2005 - July 2006)</i>	6	9	8	2	7	4	5	1	3	Ⓜ
<i>Increase in Wait'd Clients since Jan 05</i>	9	7	4	6	3	8	1	5	2	Ⓜ
<b>Average</b>	7.0	8.5	6.5	4.5	5.0	6.3	2.8	2.0	2.5	1.6 Avg Std dev.
<b>Std dev</b>	1.8	1.0	1.7	1.9	1.8	2.1	1.7	2.0	0.6	
<b>Rank</b>	8	9	7	4	5	6	3	1	2	
<i>Annual Home Support Utilization per person aged 75+</i>	6	7	8	2	3	9	4	1	5	Ⓜ
<i>Average ALC clients per 100 Acute Care beds</i>	3	2	6	8	1	9	5	4	7	Ⓜ
<i>Average ALC Clients per 100 NH Beds as of Sept 2006</i>	6	5	7	8	1	9	4	3	2	
<i>Percent Increase in ALC Clients (Jan 05 - Oct 06)</i>	8	3	4	9	1	7	5	6	2	
<i>Average Number of Monthly ALC discharges</i>	5	4	2	8	6	9	7	3	1	
<b>Average</b>	5.5	3.5	4.8	8.3	2.3	8.5	5.3	4.0	3.0	
<b>Std dev</b>	2.1	1.3	2.2	0.5	2.5	1.0	1.3	1.4	2.7	
<b>Rank</b>	7	3	5	8	1	9	6	4	2	
<b>Average of all supplemental indicators</b>	7.0	6.3	6.7	4.7	3.0	8.0	4.3	2.0	3.0	1.9 Avg Std dev.
<b>Std dev</b>	1.0	3.1	1.5	3.1	2.0	1.7	1.5	1.7	1.7	
<b>Rank</b>	8	6	7	5	2	9	4	1	2	

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## HSP + Supplemental Data Ranking

Supplemental indicators	Rank (1= Highest Need)								
	DHA 1	DHA 2	DHA 3	DHA 4	DHA 5	DHA 6	DHA 7	DHA 8	DHA 9
<b>LTC Waitlist indicator ranking</b>	8	9	7	4	5	6	3	1	2
<b>Home Support indicator ranking</b>	6	7	8	2	3	9	4	1	5
<b>ALC indicator ranking</b>	7	3	5	8	1	9	6	4	2
<b>Ranking of supplemental indicators</b>	8	6	7	5	2	9	4	1	2
<b>HSP indicators</b>									
Population Increase (2006- 2011)	4	7	2	3	8	9	5	6	1
Frailty	5	4	6	7	2	1	8	3	9
<b>Ranking of all indicators including HSP factors</b>	7	7	6	4	2	9	5	1	2
<b>Difference in ranking after including HSP factors</b>	-1	1	-1	-1	0	0	1	0	0



## LTC Waitlist Migration

- Looked at where LTC clients are waiting vs. where they want to go.
  - 98.6% of clients in the Community/Hospital wish to be placed in a facility **in their home district.**
  - The Transfers Waitlist data indicates that
    - 80% of clients are waiting to be transferred to another facility **within the same district.**
    - 20% of clients are waiting to be transferred to a facility **in a different district.**
      - District 4 has the most clients placed elsewhere who wish to be placed **back in District 4.**
      - District 6 currently has the most clients placed there **who desire to be transferred to another district.**

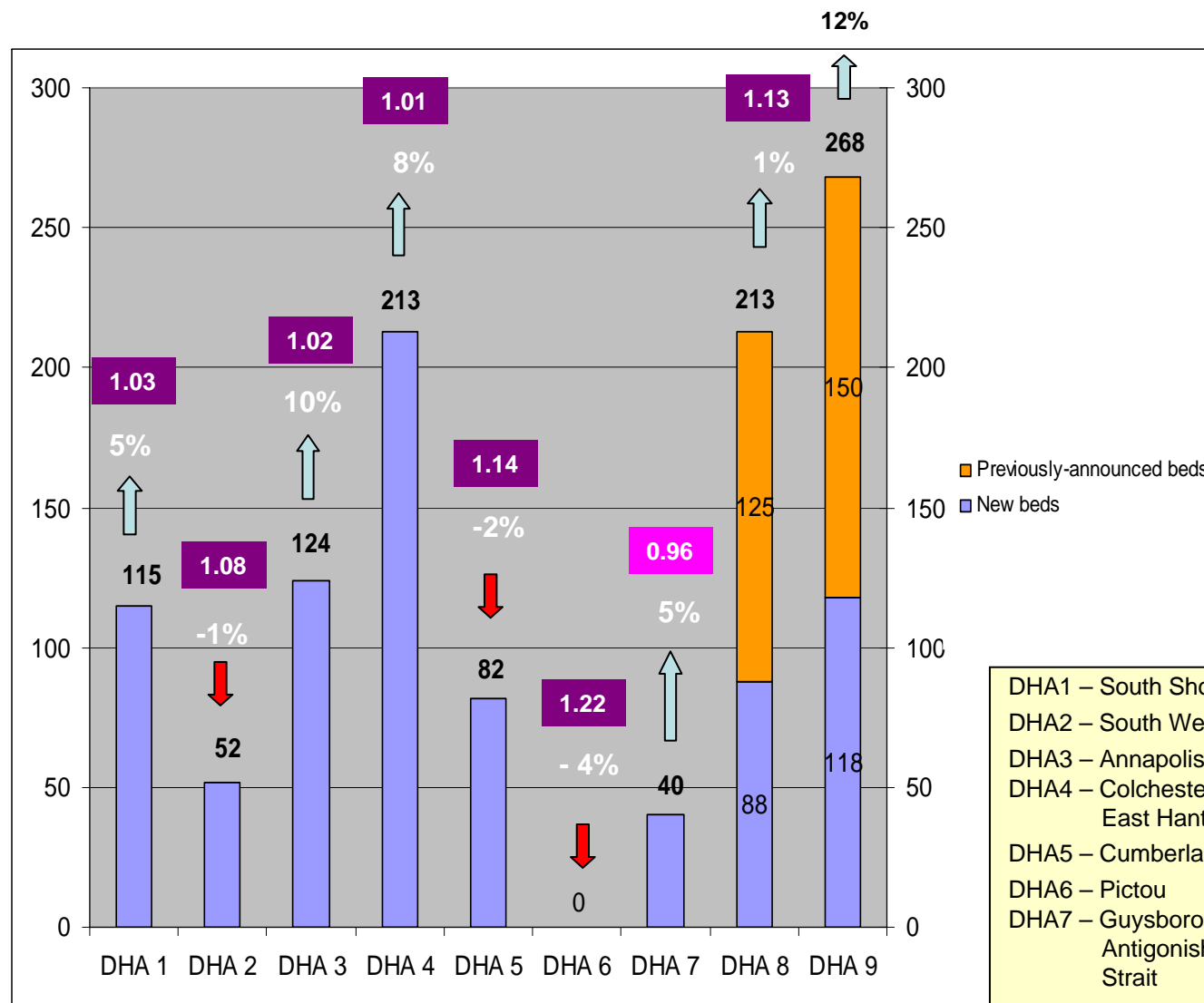
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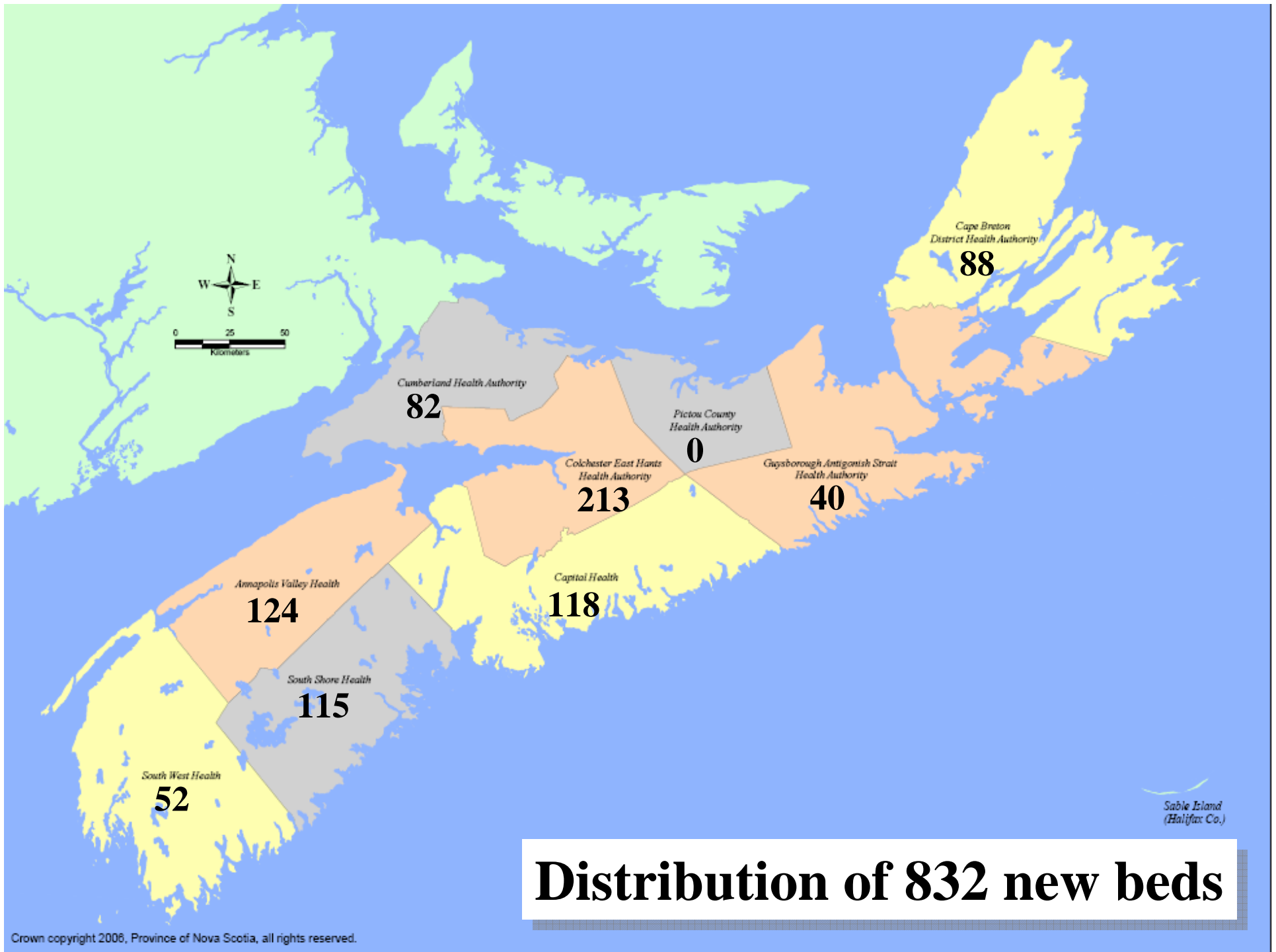


## Distribution of New Beds by District

0.85



- DHA1 – South Shore
- DHA2 – South West
- DHA3 – Annapolis
- DHA4 – Colchester  
East Hants
- DHA5 – Cumberland
- DHA6 – Pictou
- DHA7 – Guysborough  
Antigonish  
Strait
- DHA8 - Cape Breton
- DHA9 - Capital



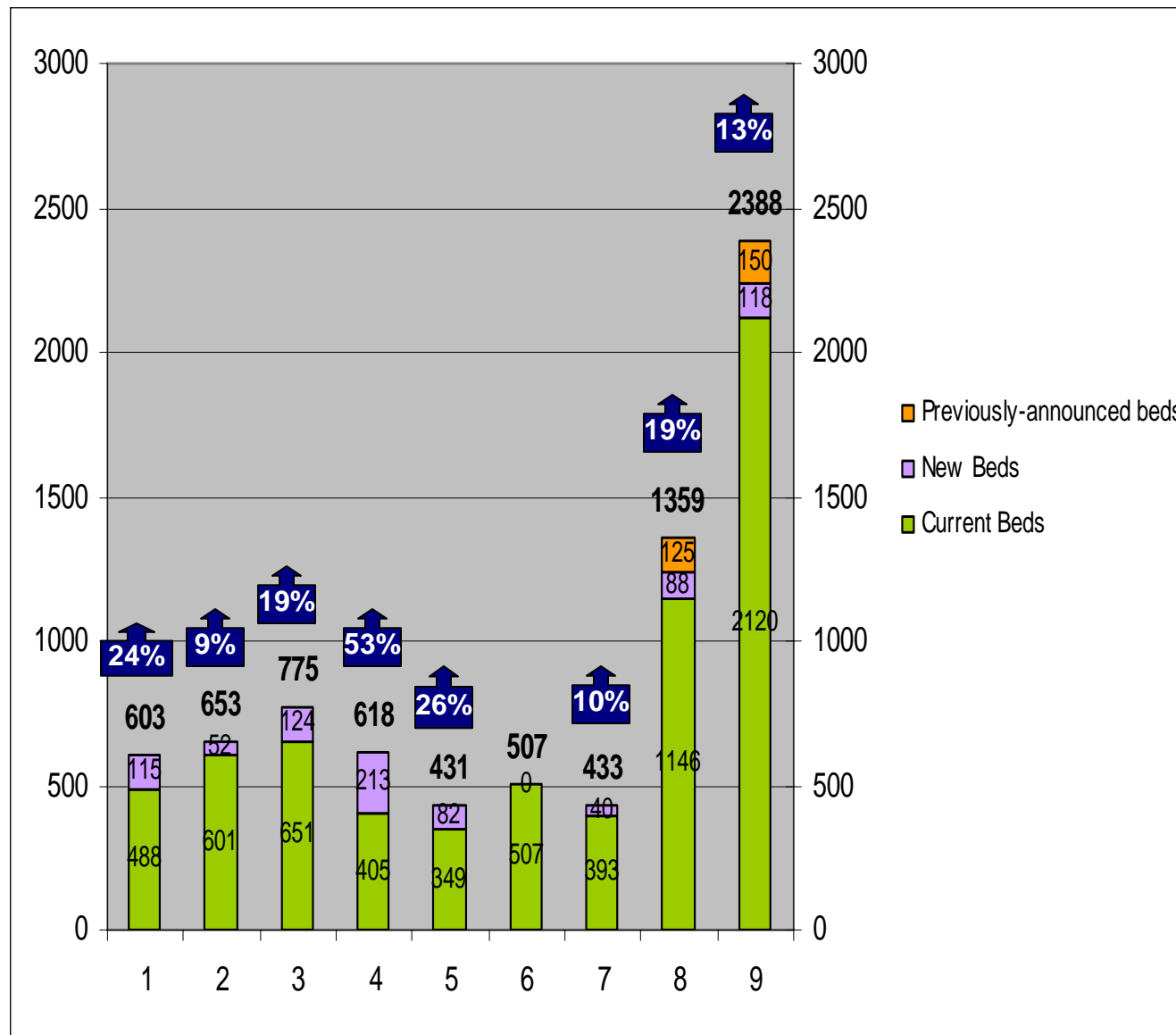
# Distribution of 832 new beds

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## LTC bed Capacity Increase by 2011



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## **Allocation by County/Community Methodology**

### **Step 1:**

- Applied the district bed ratio to each county
- Compared this information with county population projections
- Compared this information with current demand patterns/waitlist data
- Examined location of current inventory

### **Step 2:**

- Gathered District Health Authority feedback regarding priority communities and beds by type
- Gathered Continuing Care District staff feedback regarding priority communities and beds by type
- Developed preliminary recommendations
- Examined feasibility considering program/staffing, operation and capital needs/costs and infrastructure information
- Finalized recommendations

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## Health District 1 – South Shore

2011	New Beds	New NH	New RCF/CBO	LTC Ratio	NH Ratio	RCF/CBO Ratio
	115	78	37	109	95	14

Current Inventory	Beds	NH Beds	RCF/CBO Beds	LTC Ratio	NH Ratio	RCF/CBO Ratio
Lunenburg Co.	358	348	10	84	82	2
Queens Co.	130	102	28	127	100	28

Waitlist Data Home Com.	Co. Total	% of District	District Total
Lunenburg Co.	41	66%	62
Queens Co.	21	34%	

Population Projection 75+	2006	2011	Change
Lunenburg Co.	4268	4561	7%
Queens Co.	1022	990	-3%



## District 1 – South Shore

### New Beds Total: 115

- Lunenburg County: 115
  - Bridgewater Area: 65 (50 NH, 15 RCF)
  - Chester Area: 10 NH
  - New Germany Area: 10 NH
  - New Ross Area: 10 RCF
  - Lunenburg Area: 14 (8 NH, 6 RCF)
  - Pleasantville Area: 6 RCF
- Queens County: 0

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## Health District 2 – South West

2011	New Beds	New NH	New RCF/CBO	LTC Ratio	NH Ratio	RCF/CBO Ratio
	52	52	0	124	107	17

Current Inventory	Beds	NH Beds	RCF/CBO Beds	LTC Ratio	NH Ratio	RCF/CBO Ratio
Digby Co.	212	173	39	113	92	20
Shelburne Co.	137	121	16	114	100	13
Yarmouth Co.	252	217	35	114	98	17

Waitlist Data Home Com.	Co. Total	% of District	District Total
Digby Co.	16	30%	54
Shelburne Co.	10	19%	
Yarmouth	28	52%	

Population Projection 75+	2006	2011	Change
Digby Co.	1881	1942	3%
Shelburne Co.	1207	1233	2%
Yarmouth Co.	2220	2082	-6%

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## District 2 – South West

### New Beds Total: 52

- Digby County: 0
- Shelburne County: 40
  - Barrington Area: 40
- Yarmouth County: 12
  - Yarmouth Area: 12 NH

### Replacement Beds

- Tideview Terrace (90 Beds)
- Tidal View Manor (105 Beds)

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## Health District 3 – Annapolis Valley

2011	New Beds	New NH	New RCF/CBO	LTC Ratio	NH Ratio	RCF/CBO Ratio
	124	124	0	112	95	17

Current Inventory	Beds	NH Beds	RCF/CBO Beds	LTC Ratio	NH Ratio	RCF/CBO Ratio
Annapolis Co.	235	207	28	115	102	13
Kings Co.	416	325	91	97	76	19

Waitlist Data Home Com.	Co. Total	% of District	District Total
Annapolis Co.	32	42%	77
Kings Co.	45	58%	

Population Projection 75+	2006	2011	Change
Annapolis Co.	2036	2145	5%
Kings Co.	4293	4791	12%

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## District 3 - Annapolis Valley

### **New Beds Total: 124**

- Annapolis County: 12
  - Annapolis Royal Area: 12 RCF
- Kings County: 112
  - Kentville Area: 62 NH
  - Wolfville Area: 50 NH

### **Replacement Beds**

- North Hills – move all 50 NH Beds to Middleton Area

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## Health District 4 – Colchester East Hants

2011	New Beds	New NH	New RCF/CBO	LTC Ratio	NH Ratio	RCF/CBO Ratio
	213	213	0	122	94	29

Current Inventory	Beds	NH Beds	RCF/CBO Beds	LTC Ratio	NH Ratio	RCF/CBO Ratio
Colchester Co.	388	261	127	100	67	30
Hants (E) Co.	17	0	17	21	0	20

Waitlist Data Home Com.	Co. Total	% of District	District Total
Colchester Co.	67	85%	79
Hants (E) Co.	12	15%	

Population Projection 75+	2006	2011	Change
Colchester Co.	3882	4198	8%
Hants (E) Co.	815	852	5%

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## District 4 - Colchester East Hants

### New Beds Total: 213

- Colchester County: 142
  - Truro/Bible Hill Area: 60 NH
  - Brookfield Area: 36 NH
  - Debert Area: 36 NH
  - Tatamagouche Area: 10 RCF
- Hants (East) County: 71
  - Shubenacadie/Enfield/Elmsdale Area: 71 NH

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## Health District 5 – Cumberland

2011	New Beds	New NH	New RCF/CBO	LTC Ratio	NH Ratio	RCF/CBO Ratio
	82	82	0	151	107	43

Current Inventory	Beds	NH Beds	RCF/CBO Beds	LTC Ratio	NH Ratio	RCF/CBO Ratio
Cumberland Co.	349	225	124	120	77	43

Waitlist Data Home Com.	Co. Total	% of District	District Total
Cumberland Co.	44	100%	44

Population Projection 75+	2006	2011	Change
Cumberland Co.	2916	2858	-2%



## District 5 – Cumberland

### New Beds Total: 82

- Cumberland County: 82
  - Amherst Area: 28 NH
  - Springhill Area: 20 NH
  - Pugwash Area: 10 NH
  - River Hebert Area: 6 CBO
  - Advocate Harbour Area: 6 RCF/CBO
  - North Shore Area: 6 CBO
  - Parrsboro Area: 6 RCF/CBO

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## Health District 6 – Pictou

2011	New Beds	New NH	New RCF/CBO	LTC Ratio	NH Ratio	RCF/CBO Ratio
	0	0	0	140	118	21

Current Inventory	Beds	NH Beds	RCF/CBO Beds	LTC Ratio	NH Ratio	RCF/CBO Ratio
Pictou Co.	507	429	78	134	113	21

Waitlist Data Home Com.	Co. Total	% of District	District Total
Pictou Co.	59	100%	59

Population Projection 75+	2006	2011	Change
Pictou Co.	3790	3634	-4%

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## District 6 - Pictou

New Beds: 0

Replacement Beds:

- Shiretown (89 beds) to be replaced

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## Health District 7 – Guysborough Antigonish Strait

2011	New Beds	New NH	New RCF/CBO	LTC Ratio	NH Ratio	RCF/CBO Ratio
	40	31	9	115	100	15

Current Inventory	Beds	NH Beds	RCF/CBO Beds	LTC Ratio	NH Ratio	RCF/CBO Ratio
Antigonish Co.	148	108	40	102	74	26
Guysborough	104	104	0	128	128	0
Inverness Co.	50	50	0	121	121	0
Richmond Co.	91	83	8	100	92	9

Waitlist Data Home Com.	Co. Total	% of District	District Total
Antigonish Co.	39	51%	76
Guysborough	11	14%	
Inverness Co.	8	11%	
Richmond Co.	18	24%	

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## Health District 7 – Guysborough Antigonish Strait

2011	New Beds	New NH	New RCF/CBO	LTC Ratio	NH Ratio	RCF/CBO Ratio
	40	31	9	115	100	15

Population Projection 75+	2006	2011	Change
Antigonish Co.	1452	1558	7%
Guysborough	811	855	5%
Inverness Co.	413	402	-3%
Richmond Co.	907	936	3%

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## District 7 – Guysborough Antigonish Strait

### New Beds Total: 40

- Antigonish County: 25
  - Antigonish Area: 25 NH
- Guysborough County: 3
  - Guysborough Area: 3 CBO
- Inverness County: 12
  - Port Hawkesbury Area: 12 (6 NH, 6 RCF)
- Richmond County: 0

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## Health District 8 – Cape Breton

2011	New Beds	New NH	New RCF/CBO	LTC Ratio	NH Ratio	RCF/CBO Ratio
	88	70*	18*	135	117*	18*

- 125 beds (planning underway)
  - 90 NH
  - 25 RCF
  - 10 RCF
- 88 new beds
- Total of 98 beds for CBDHA

\*final numbers pending outcome of 64-bed RFP

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## Health District 8 – Cape Breton

2011	New Beds	New NH	New RCF/CBO	LTC Ratio	NH Ratio	RCF/CBO Ratio
	88	70*	18*	135	117*	18*

2006	Beds	NH Beds	RCF/CBO Beds	LTC Ratio	NH Ratio	RCF/CBO Ratio
Cape Breton	1040	870	45	109	103	5
Inverness Co.	142	131	11	141	130	11
Victoria Co.	89	89	0	152	152	0

Waitlist Data Home Com.	Co. Total	% of District	District Total
Cape Breton	261	87%	300
Inverness Co.	29	10%	
Victoria Co.	10	3%	

\*final numbers pending outcome of 64-bed RFP

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## Health District 8 – Cape Breton

2011	New Beds	New NH	New RCF/CBO	LTC Ratio	NH Ratio	RCF/CBO Ratio
	88	70*	18*	135	117*	18*

Population Projection 75+	2006	2011	Change
Cape Breton	8423	8468	1%
Inverness Co.	1004	1002	0%
Victoria Co.	586	600	2%

\*final numbers pending outcome of 64-bed RFP



## District 8 – Cape Breton

### New Beds Total: 88 + 10 = 98

- Inverness County: 10 Francophone
  - Cheticamp Area: 10 RCF
- Victoria County: 0
- Cape Breton County: 88 (+64 previously announced)
  - Beds will be located in the following communities: Sydney, Glace Bay, New Waterford, Northside Area.
  - Final distribution of new beds is dependent on outcome of the 64 bed RFP

### Replacement Beds

- Alderwood (70 beds)
- Inverary Manor (60 beds)

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## Health District 9 – Capital

2011	New Beds	New NH	New RCF/CBO	LTC Ratio	NH Ratio	RCF/CBO Ratio
	118	3	115	97	84	13

2006	Beds	NH Beds	RCF/CBO Beds	LTC Ratio	NH Ratio	RCF/CBO Ratio
Halifax Co.	2008	1694	164	92	84	8
Hants (W) Co.	262	247	15	165	156	9

Waitlist Data Home Com.	Co. Total	% of District	District Total
Halifax Co.	412	99%	417
Hants (W) Co.	5	1%	

Population Projection 75+	2006	2011	Change
Halifax Co.	20236	22820	13%
Hants (W) Co.	1587	1673	5%

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## District 9 – Capital

### New Beds Total: 118

- Halifax County: 118
  - Cole Harbour Area: 50 (37 NH, 13 RCF)
  - Bedford/Sackville/Fall River Area: 50 (37 NH, 13 RCF)
  - Dartmouth Area and Eastern HRM: 18 CBO
- West Hants County: 0

### Replacement Beds

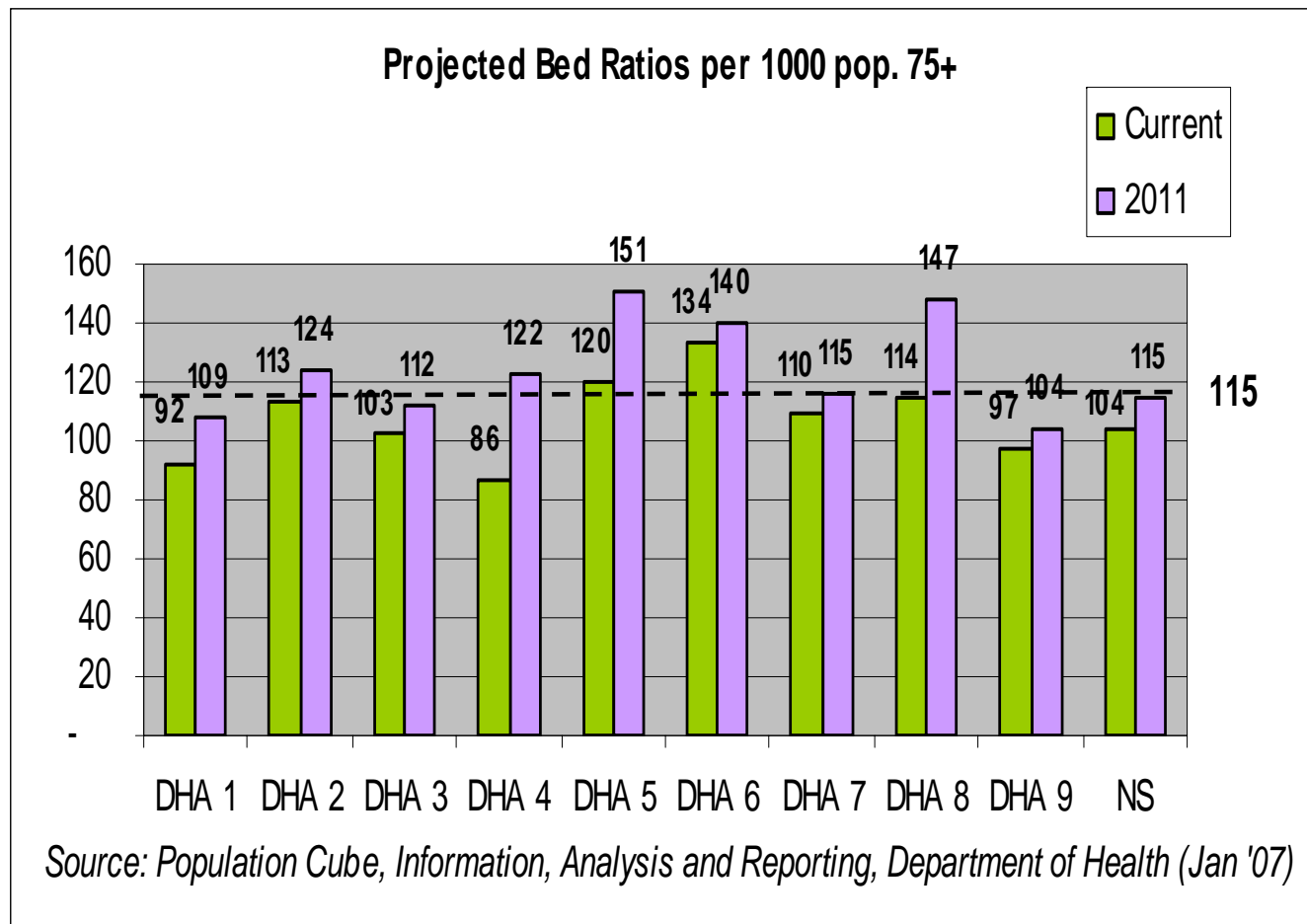
- Duncan MacMillan (25 beds)
- Windsor Elms (108 beds)
- Glades Lodge (124 beds)

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## Bed Ratios – All Beds 2011 Projections Based on Distribution Decision

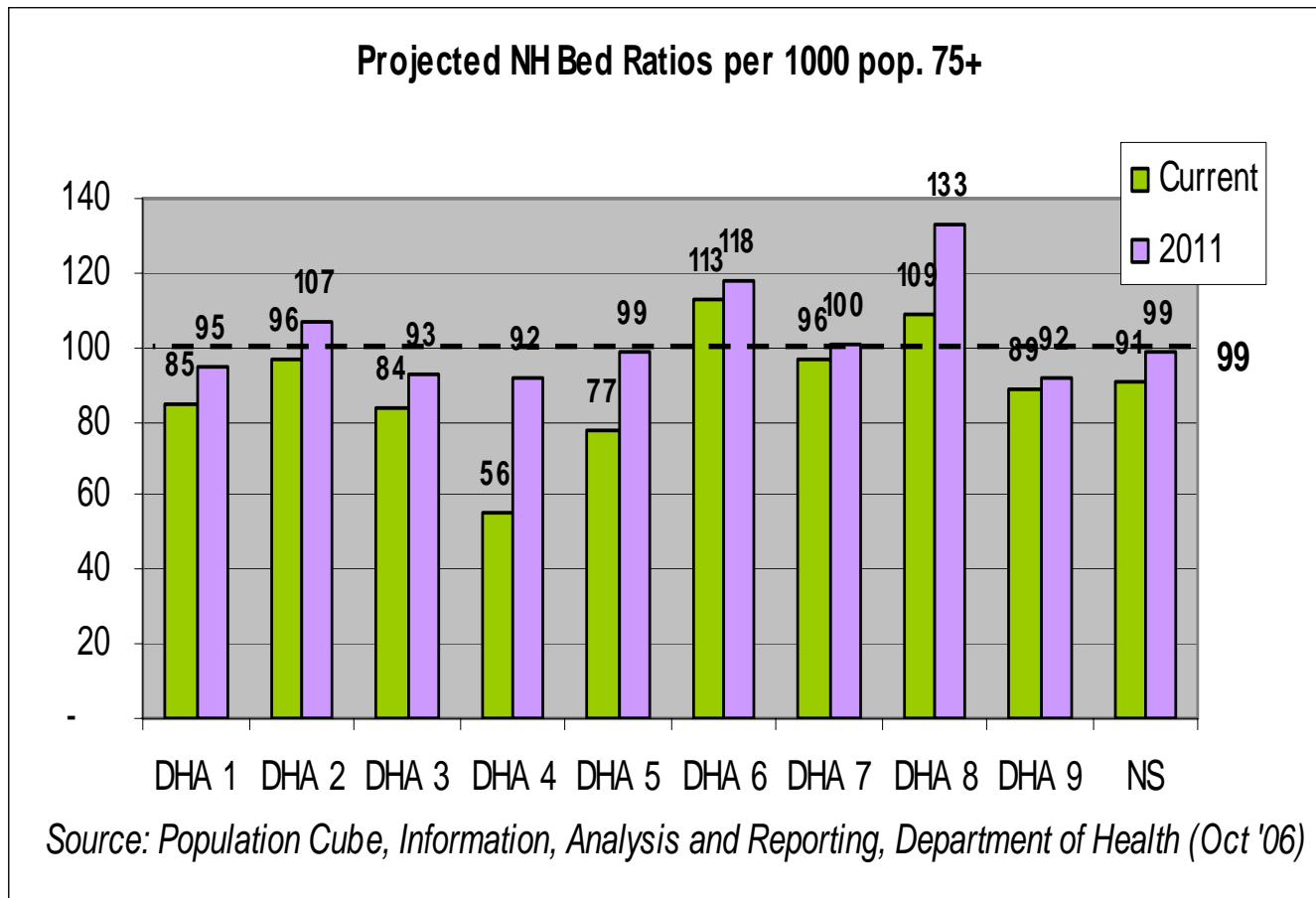


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## Bed Ratios – NH Beds 2011 Projections Based on Distribution Decision

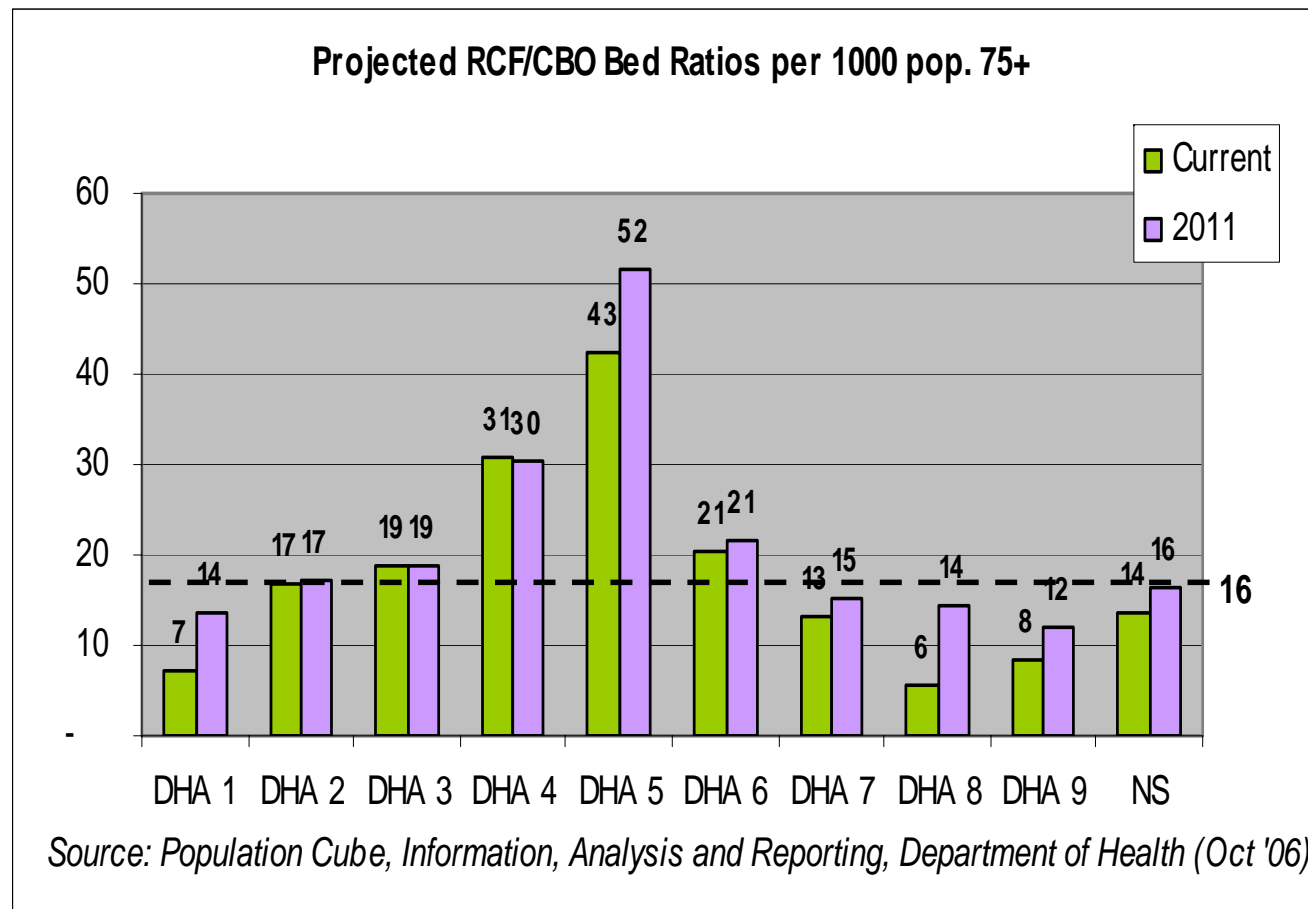


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## Bed Ratios – RCF/CBO Beds 2011 Projections Based on Distribution Decision



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**The End**

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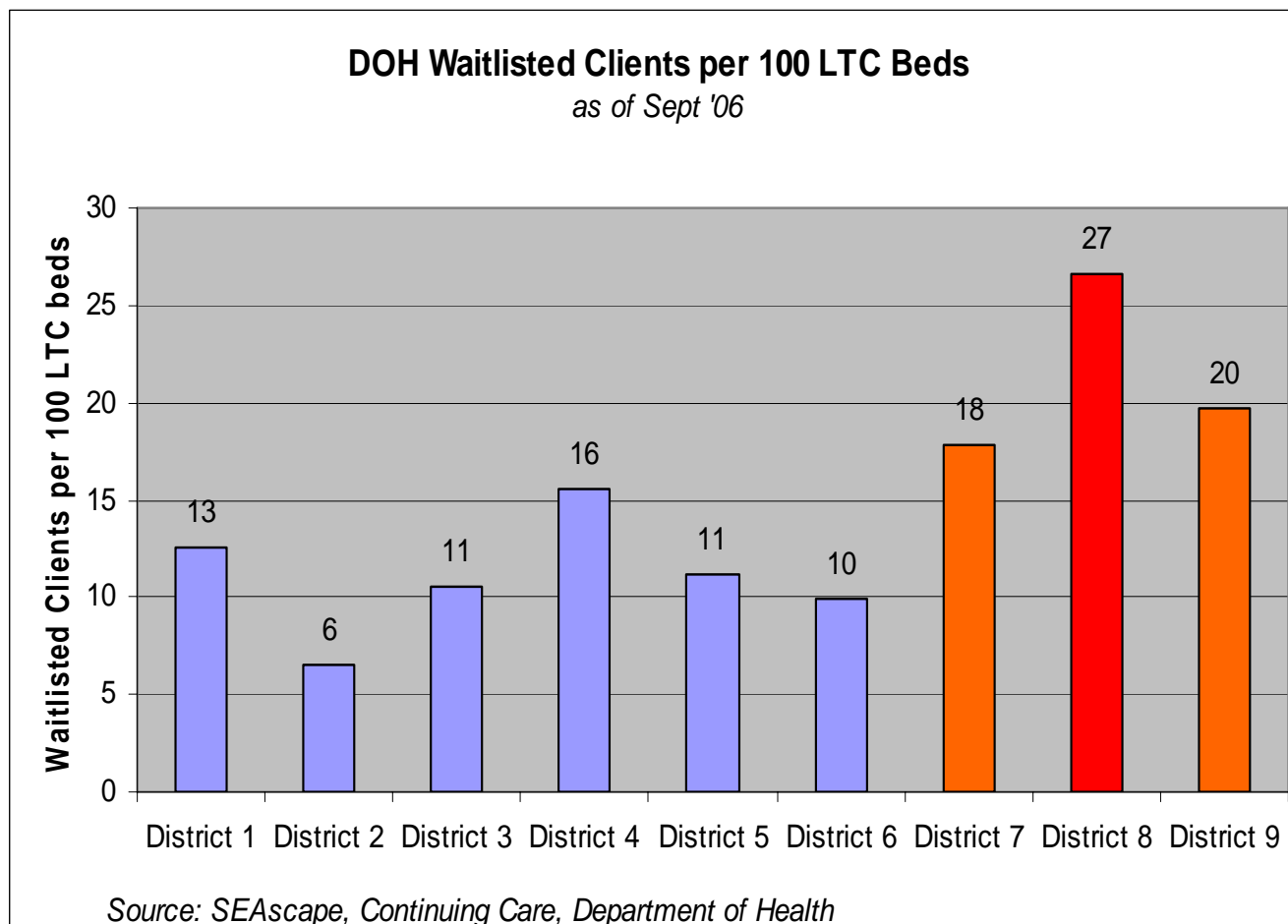
## Supplemental Data Analysis

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## Waitlisted Clients per 100 LTC Beds

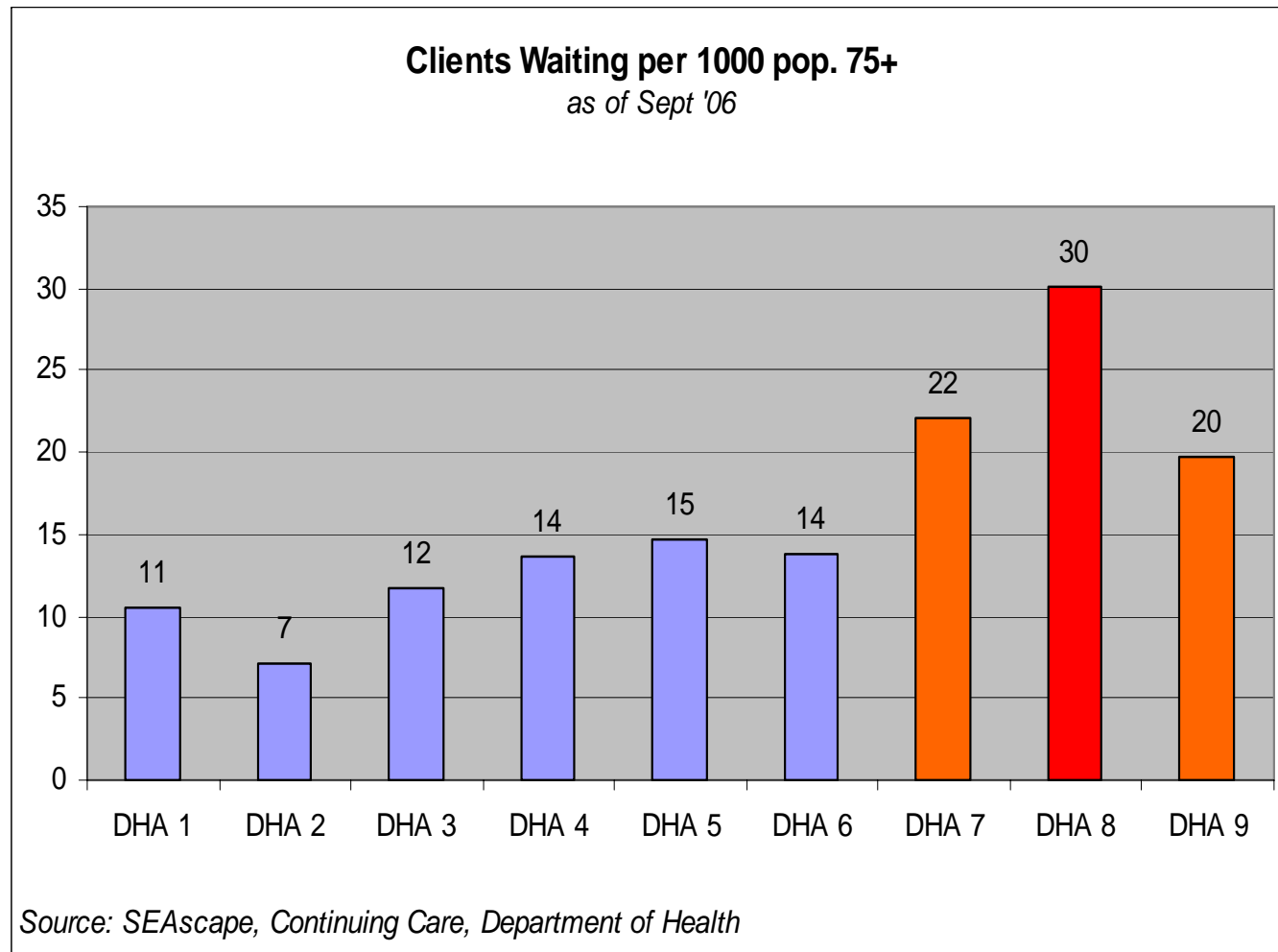


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## Waitlisted Clients per 1000 pop. 75+

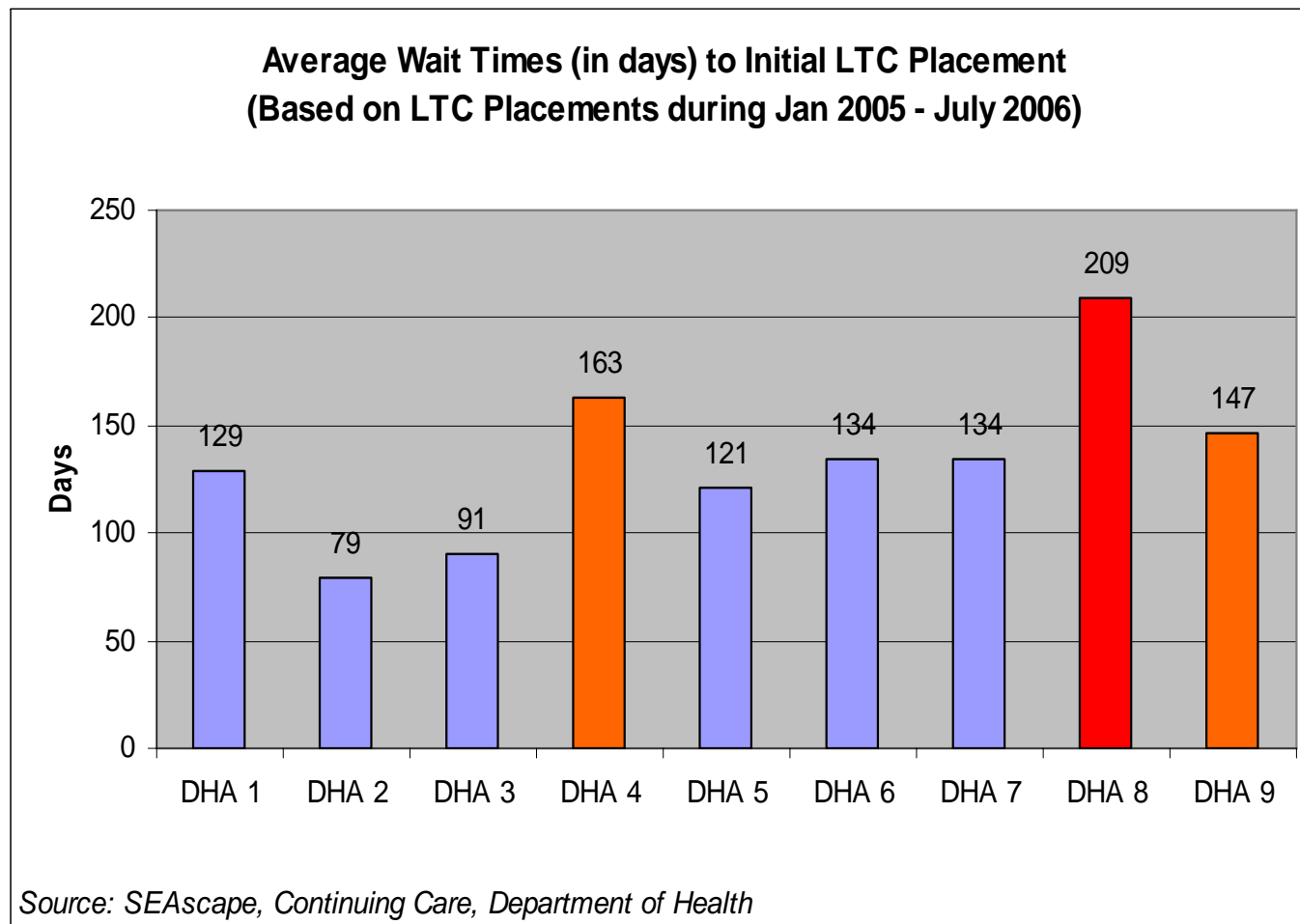


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## LTC Average Wait Times

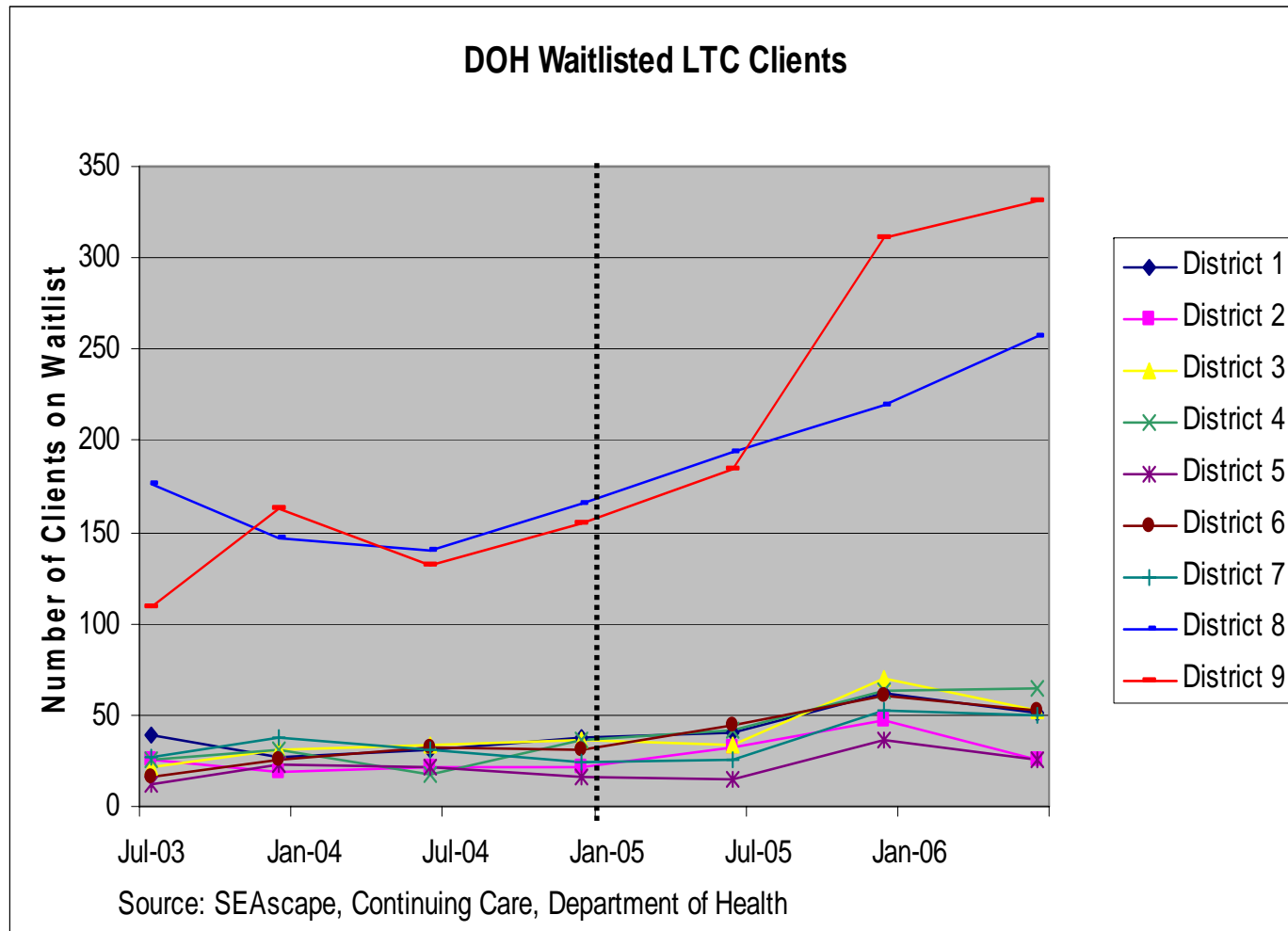


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## Waitlist Trends

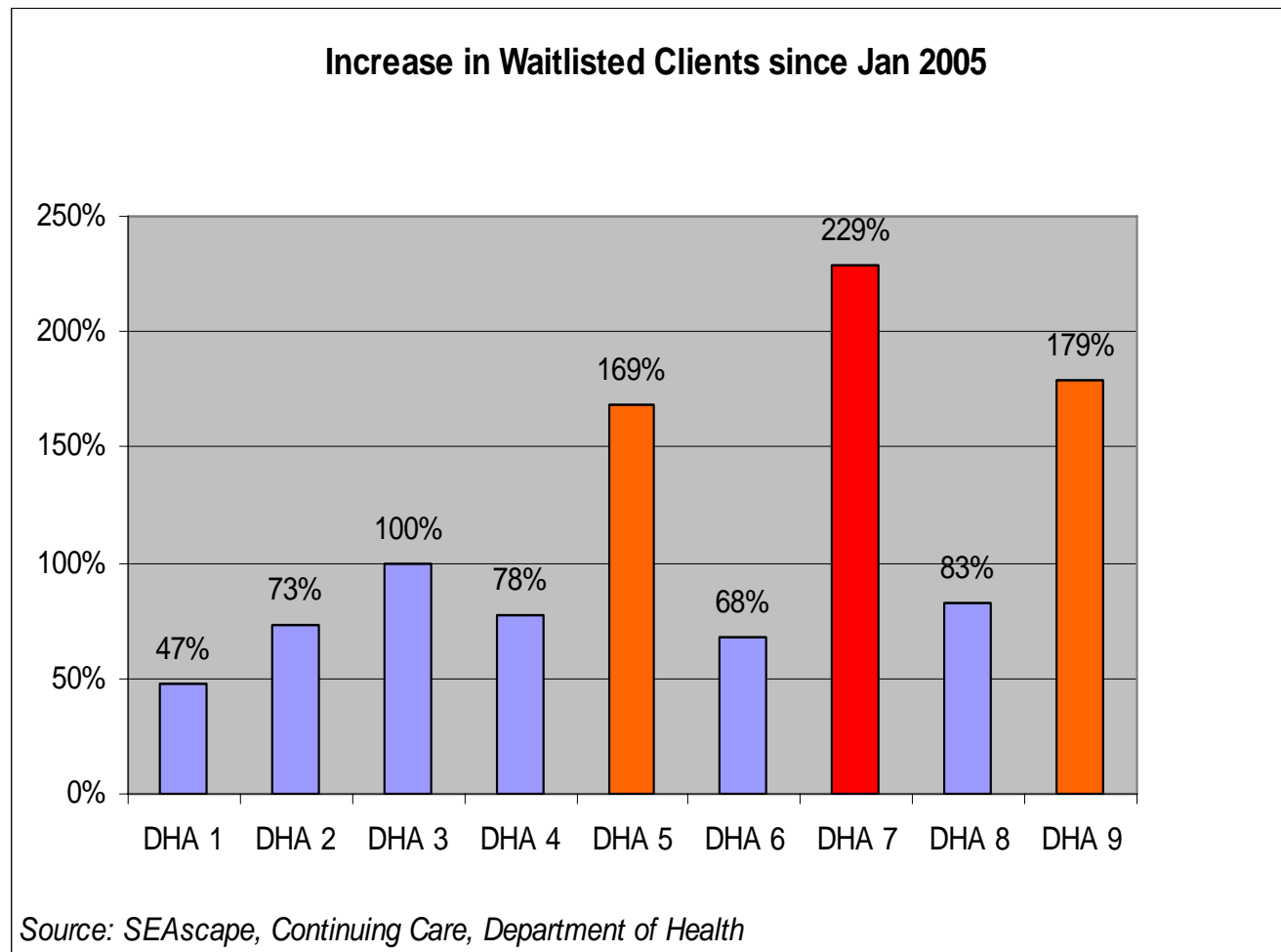


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## Increase in Waitlisted LTC Clients

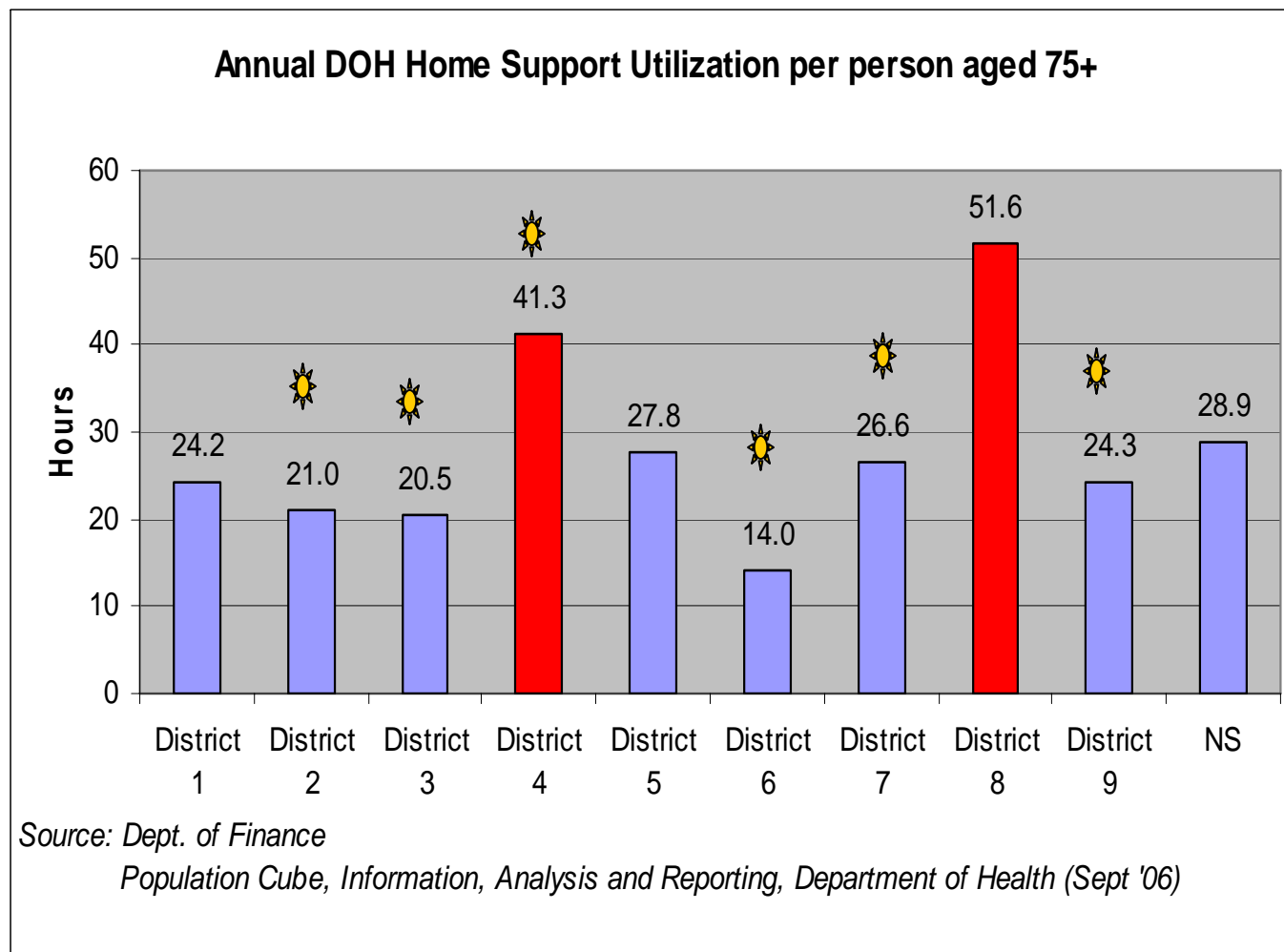


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## Home Support Utilization



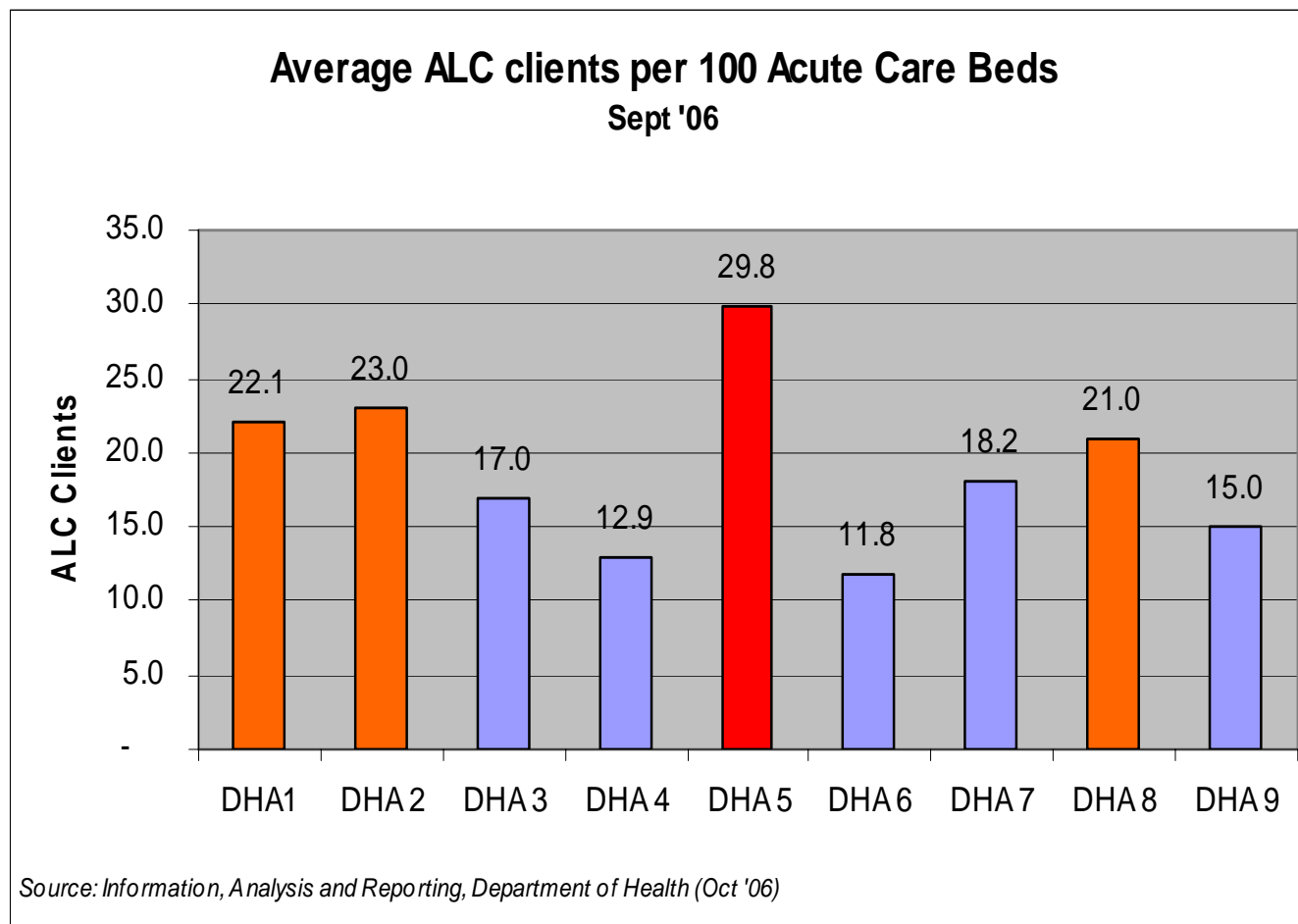
☀ Currently has clients waiting for Home Support services (partial or full)

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## ALC Clients per 100 Acute Care Beds



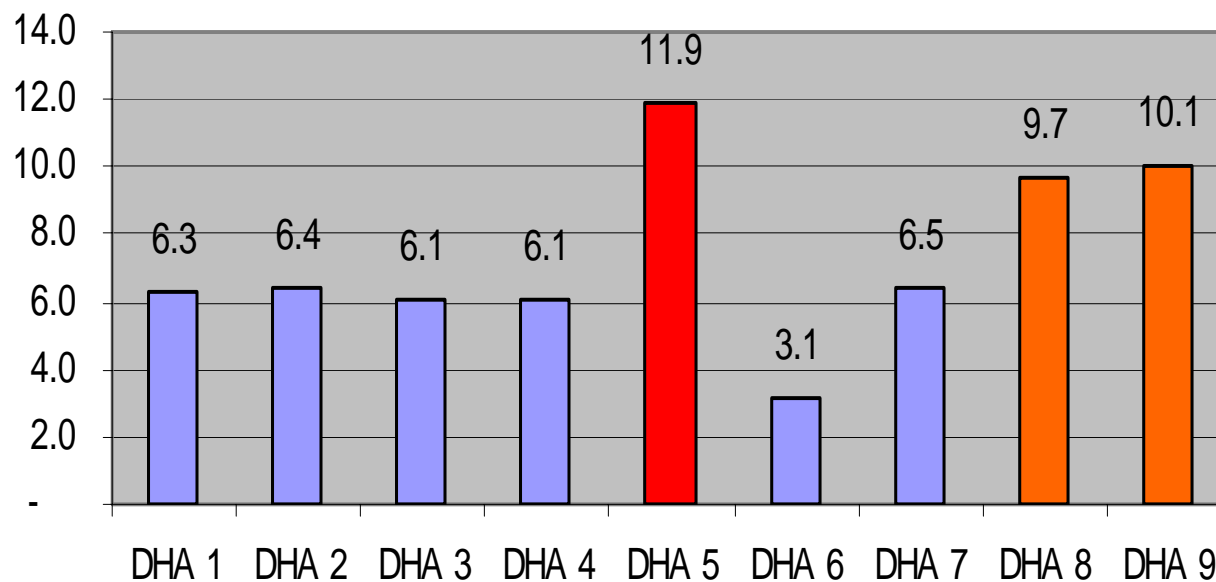
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## ALC Clients per 100 NH Beds

Average ALC Clients per 100 NH Beds  
as of Sept 06



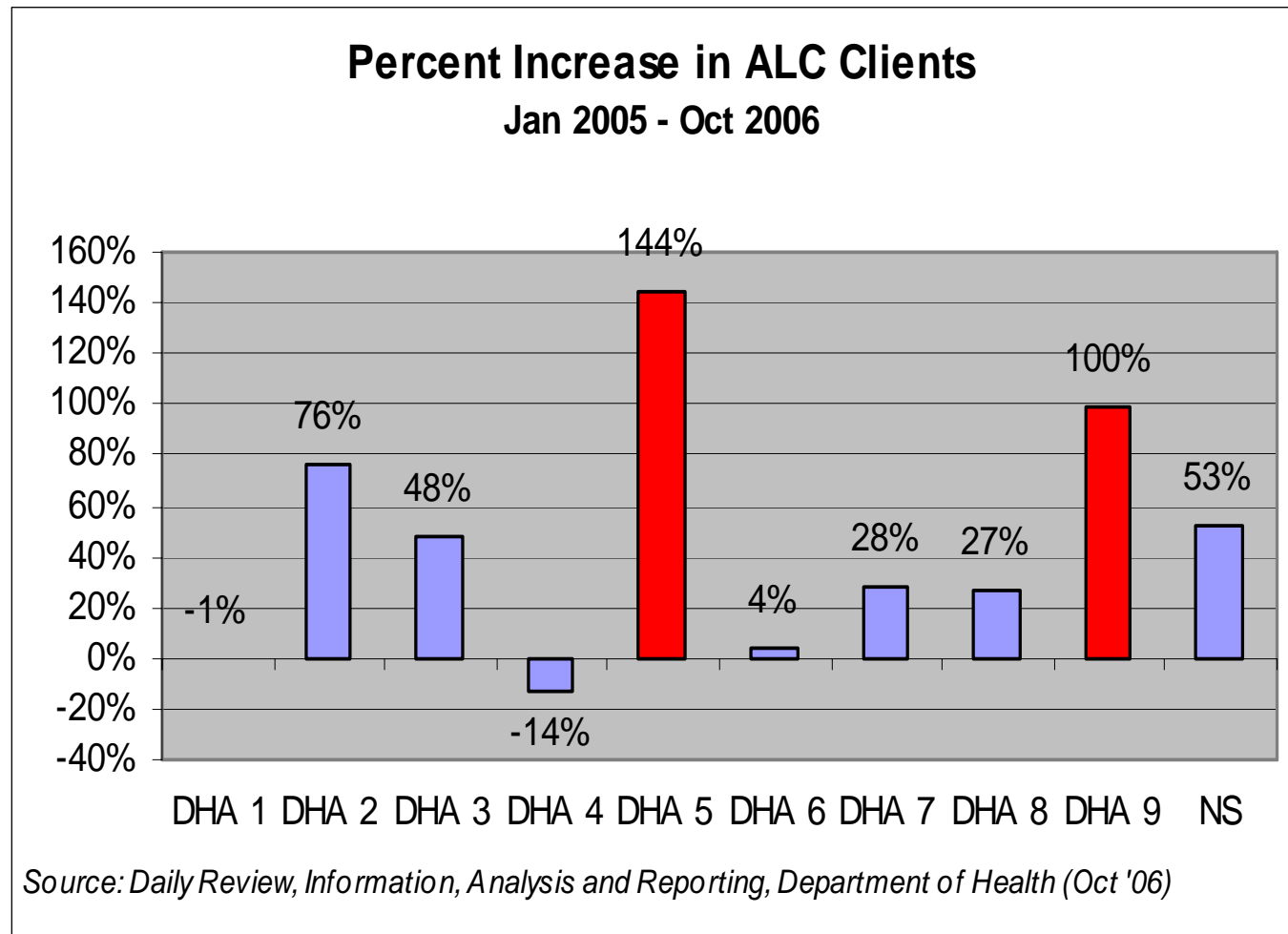
Source: Daily Review, Information, Analysis and Reporting, Department of Health (Sept'06)

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## ALC Client Increase

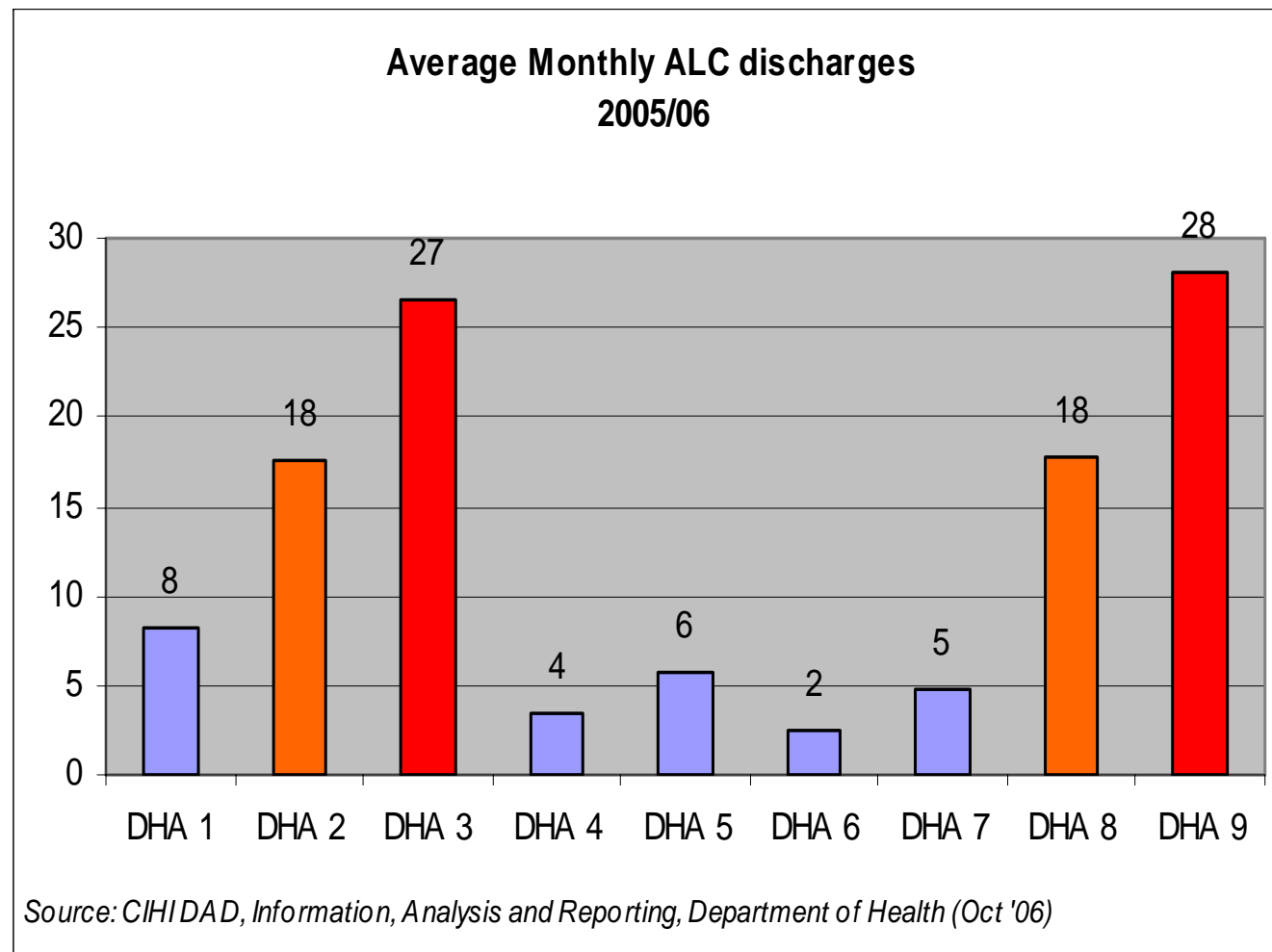


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## ALC Discharges





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Sector Update

February 13, 14, 16, 2007

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## Agenda

- Strategy Update
- Project Management Office
- Request for Proposal Process
- Interim Measures
- Methodology

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## Government Context

DoH/DCS Continuum of Care and Support

- Department of Health
  - Nova Scotia Continuing Care Strategy
    - Announced May 2006
    - Year 1 initiatives approved July 2006
    - Home and Community Initiatives: \$68M
    - Long-Term Care Initiatives: \$194M
- Department of Community Services
  - Services for Persons with Disabilities Renewal

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## The Continuing Care Strategy

Government has committed to:

- The long term redesign of the continuing care system
- Focus on and investment in home and community care
- Expanding the type and benefits of continuing care services
- Investing in research and evaluation
- Investing in infrastructure
- Investing in health promotion and preventative services to promote healthy aging

# Continuing Care Strategy

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Continuing Care Strategy - Year 1 Update		
Program Area	Target Date	06/07 Budget
Self Managed Care	December 2005	1,750,000
Expand home repair/adaptation	November 2006	1,000,000
ALC/ER Backlog	November 2006	3,629,000
Challenging Behavior Program	March 2007	975,000
In-home Peritoneal Dialysis	March 2007	98,100
Palliative Care Entitlements	March 2007	832,500
Home Oxygen	April 2007	180,000
Primary Care in Long-term Care	April 2007	337,500
Home Care in Schools	September 2007	175,000
Develop a Caregiver Strategy	2007/08	-
Home Care on Reserves	2007/08	-
New Home Care Entitlements	2007/08*	2,750,000
Respite Options	2007/08*	1,000,000
HC Nursing in DCS Facilities	2007/08*	225,000

\* Monies reallocated to meet existing home care demand

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Continuing Care Strategy - Year 2-10 Update	
Years 2-3	Years 4-10
<p><b>Year 2:</b>            Improve System Access            Develop Adult Day Services            Develop an Information Management Strategy</p> <p><b>Year 3:</b>            Develop a Public Awareness Strategy            Expand the Equipment Loan Program            Provide Home Care in DOH RCF/CBOs            Develop New Long Term Care Funding Policies            Invest in Technology</p>	<p>Develop a Transportation Strategy            Expand Housing Options            Develop a Continuing Care Human Resources Strategy            Expand Self-Managed Care            Expand Single Entry Access            Expand Home Care Options            Expand Ambulatory Care Services            Respond to Acquired Brain Injury Needs            Improve Access to Oral, Vision and Hearing Services            Standardize Case Management            Expand the Role of LTC Facilities            Take Action on Infrastructure Review</p>

# Continuing Care Strategy

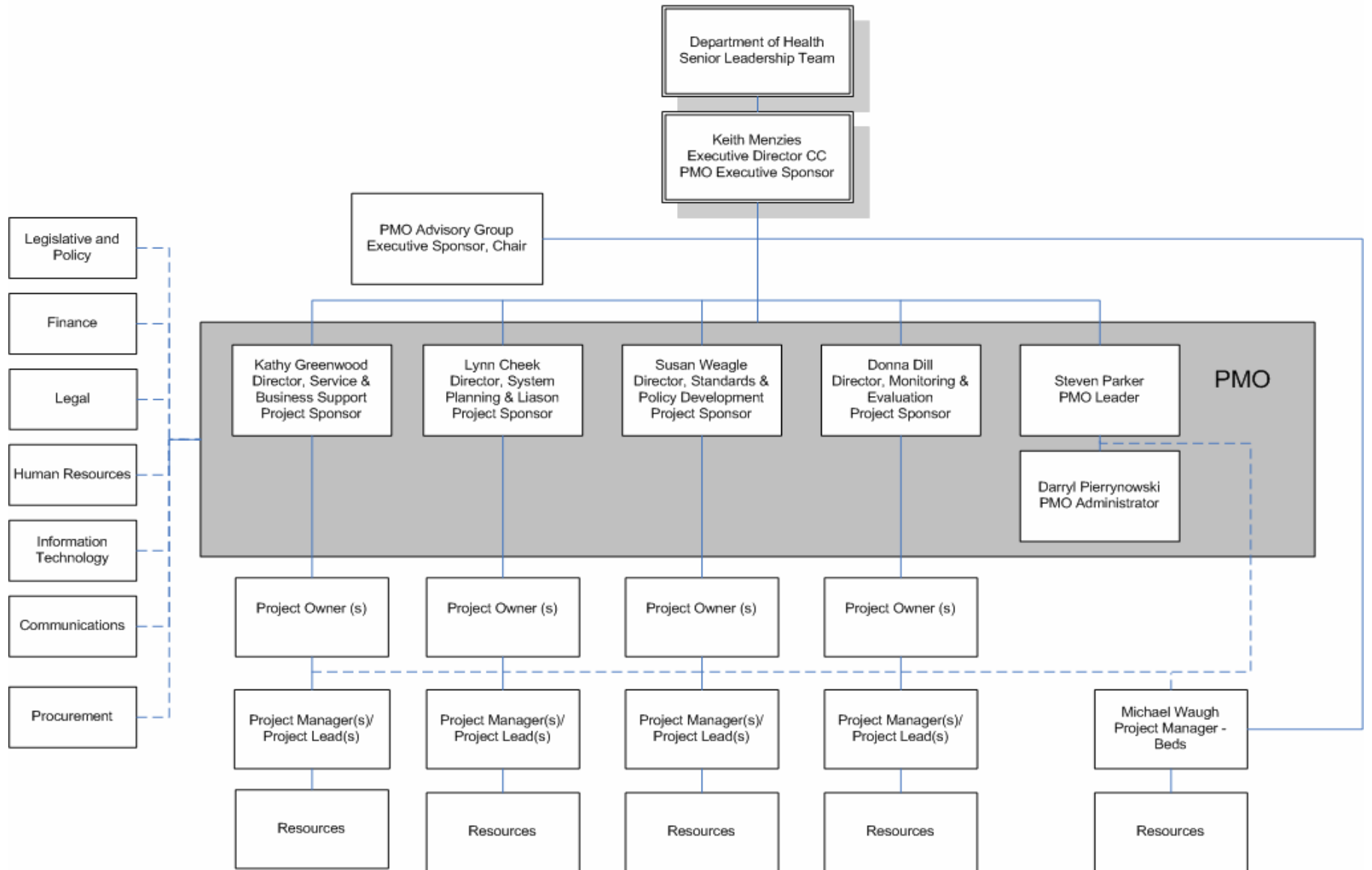
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## Continuing Care Strategy - Long Term Care

Program Area	Target Date	Budget
<b>NEW BEDS</b>		
<ul style="list-style-type: none"> <li>▪ 125 LTC Beds in Cape Breton                             <ul style="list-style-type: none"> <li>• 26 - CND/Taigh Na Mara/Taigh Solas</li> <li>• 15 - Northside Community Guest Home</li> <li>• 10 - Seaview Manor</li> <li>• 64 - RFP closed January 18/07 (Cape Breton)</li> <li>• 10 - RCF beds (Acadian/Francophone)</li> </ul> </li> <li>▪ 150 LTC beds in Bedford/Sackville (Northwood)</li> <li>▪ 50 Restorative Beds</li> <li>▪ 77 Interim LTC beds</li> <li>▪ 80 Interim LTC beds (Hospital)</li> <li>▪ 832 New LTC beds</li> <li>▪ 488 New LTC beds</li> </ul>		
<b>REPLACEMENT BEDS</b>		
<ul style="list-style-type: none"> <li>▪ Richmond Villa (75 beds)</li> <li>▪ Westside Villa (60 beds)</li> <li>▪ 721 replacement beds</li> <li>▪ 895 replacement beds</li> </ul>		
		<b><u>\$193.6M</u></b>

# Continuing Care Project Management Office Organizational Structure



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## Advisory Group

- Provide advice to assist with alignment of the PMO with DoH, CC and DHA vision, goals, objectives and priorities
- Provide championship in members' organizations
- Provide input into overall budgets and schedules and scope changes
- Observe and provide advice on overall progress, issues and risks
- Support the resourcing of project staff

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## Functional Working Group

- Assist with the resolution of project issues and risks requiring specific functional expertise
- Review and provide input on individual project deliverables and plans
- Proactively provide input and guidance on policies that should be followed e.g. procurement rules
- Act as the single point of contact for the DoH functional area



## Awarding LTC Beds

- A Request for Proposals (RFP) process will be used
- The RFP will outline the evaluation criteria, the format to follow when responding, and how successful vendors will be assessed and selected.
- **RFP Release**
  - Part 1: April 2007
    - The location and types of beds
    - Contracting process
    - Selection process, including evaluation criteria and response requirements
  - Part 2: May 2007
    - Space, design and program requirements for the facilities
    - Program and financial proposal requirements
- **Evaluation**
  - According to criteria and weighting outlined in the RFP, including:
    - The ability to deliver the proposed facilities and services
    - The specifics of the proposed facilities and services
    - The proposed net costs to the province

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## Awarding LTC Beds

- The **RFP** Requirements are based on:
  - NS Legislation and Regulations governing Long Term Care
  - Long Term Care research in respect to design, space, and programs
  - Long Term Care best practices in other jurisdictions
  - Long Term Care best practices and lessons learned with the NS Sector



## Awarding LTC Beds

- Sector involvement may guide the **RFP** Requirements based on:
  - Feedback from the NS Sector questionnaire (invite sent to complete online or send document by email). Due February 23
  - Sector representatives that work for organizations not responding to the RFP
  - Feedback from sector during consultations

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## Sector Consultations

- Session #1. February 22
  - Procurement process
- Session #2. Mid April
  - Feedback on contents of RFP Part 1
- Session #3. Early May
  - Feedback on contents of **DRAFT** RFP Part 2
- Session #4. Mid June
  - Feedback on contents of RFP Part 2

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## Awarding LTC Beds

<http://www.gov.ns.ca/tenders>

### Timeline

February 22, 2007	RFP information session
Early April 2007	RFP – Part 1 released on NS Procurement website
Mid April 2007	Consultation- on Part 1 of the RFP
Early May 2007	RFP Part 2 draft released on NS Procurement website
Mid May 2007	Consultation- on Part 2 draft of the RFP
Late May 2007	Complete RFP (Parts 1 & 2) released on NS Procurement website
Mid June 2007	Consultation- on Part 2 of the RFP
Late June 2007	RFP responses are due
Summer/Fall 2007	Evaluation of proposals takes place
Summer/Fall 2007	Preferred vendors are selected and contracts are negotiated

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## Current Pressures

- Continuing Care is welcoming proposals:
  - To increase licensed capacity in the interim 3 years
  - Ideally in place within 2-3 months
- Proposals should include:
  - Numbers of beds
  - Cost
  - Timelines