



DEPARTMENT OF HEALTH AND SOCIAL SERVICES RESPONSE TO HOME AND COMMUNITY CARE REVIEW RECOMMENDATIONS

The Department of Health and Social Services (Department) conducted a Home and Community Care (HCC) to support aging in place with dignity. A thorough review of existing HCC programming and services was required to help determine if the scope and capacity of the current HCC program is able to meet the growing demand for services as the NWT population ages.

The Final Report was received September 26, 2019, and includes 22 recommendations related to scope of services, projected resource requirements, standards for the program and other recommendations. These recommendations are focused on positioning the HCC program to provide consistent, effective client centered services and will assist the Department with decisions related to program scope, future investments and allocation of resources in HCC.

The Department has accepted 15 recommendations where work can begin with existing resources. Planning and implementation of this work will be led by a Working Group and a high level work plan has been established.

The remaining 7 recommendations that will require additional resources have been accepted in principle, and a timeframe has been assigned to advance this work. A Working Group will support the Department in developing a work plan to ensure service needs and outcomes can be measured, data validated and alternative service delivery options explored. Currently the two year pilot of the Paid Family/Community Caregiver option is set for completion in 2021-22 and the interRAI assessment tools implementation is set for completion in 2022-23. These key activities will provide the data required to ensure HCC programming is meeting the needs of the people of the NWT, allow the Department and Working Group to advance recommendations aimed at the scope and consistency of services, and support the Department in determining what additional resources will be required to support efficient, effective delivery of HCC services.

| RECOMMENDATION | ACCEPTANCE OF RECOMMENDATIONS | TIME LINE | NEXT STEPS |
|---|--|--------------------|---|
| Scope of Services Provided by NWT HCC Program | | | |
| 1. The defined scope of services to be provided by the NWT HCC program should be based on a common set of principles. | Accept | 2020-21 to 2021-22 | Incorporate principles into Home and Community Care Standards Department of Health and Social Services (DHSS) |
| 2. Define the scope of services to be provided by the NWT HCC program. | Accept in principle Defer changes to IADL pending outcome of Paid Family /Community Caregiver Pilot in 2021/22. | 2020-21 to 2022-23 | Working group with DHSS/Northwest Territories Health and Social Services Authority (NTHSSA) /Tlicho Community Services Agency (TCSA)/ Hay River Health and Social Services Authority (HRHSSA) |
| 3. Define the services that are out of scope for the NWT HCC program. | Accept in principle Defer changes pending outcome of Paid Family /Community Caregiver Pilot in 2021/22. | 2020-21 to 2022-23 | Working group with DHSS/NTHSSA/TCSA/HRHSSA |
| 4. Improve communication of which services are within scope and out-of-scope of the HCC NWT Program | Accept | 2020-21 to 2022-23 | Communication plan will be developed and implemented. Working group with DHSS/NTHSSA/TCSA/HRHSSA |
| 5. Expanding the hours of the HCC program operations in each HSSA/region | Accept | 2020-21 to 2022-23 | Introduce expanded hours of service in select communities using FNIHCC funding. Working group with DHSS/NTHSSA/TCSA/HRHSSA |
| Projected NWT HCC Program Resource Requirement | | | |
| 6. The DHSS should plan for an 80% increase in demand for HCC services by the year 2035 | Accept in principle Defer response; will monitor as interRAI implementation progresses. | 2020-21 to 2022-23 | Working group with DHSS/NTHSSA/TCSA/HRHSSA |
| 7. Develop guidelines regarding the average hours of care and or support per year provided by HSWs to HCC clients | Accept in principle Defer response; will monitor as interRAI implementation progresses. | 2020-21 to 2022-23 | Working group with DHSS/NTHSSA/TCSA/HRSSA |
| 8. The DHSS should plan for recruiting additional HSWs annually to meet the growing demand for HCC services in the NWT to the year 2035 | Accept in principle Defer response; will monitor as interRAI implementation progresses. | 2020-21 to 2022-23 | Working group with DHSS/NTHSSA/TCSA/HRHSSA and Aurora College |
| 9. Develop guidelines regarding the average hours of care per year provided by nurses to HCC clients | Accept in principle Defer response; will monitor as interRAI implementation progresses. | 2020-21 to 2022-23 | Working group with DHSS/NTHSSA/TCSA/HRHSSA |
| 10. The DHSS should plan for recruiting additional nurses annually to meet the growing demand for HCC services in the NWT to the year 2035. | Accept in principle Defer response; will monitor as interRAI implementation progresses. | 2020-21 to 2022-23 | Working group with DHSS/NTHSSA/TCSA/HRHSSA and Aurora College |

| | | | |
|---|--|---------------------|--|
| 11. The DHSS will need to secure additional funding for the HCC program either through the core homecare funding envelope and/or the FNIHCC funding envelope | Accept | 2020-21 to 2023-24 | Continue to monitor – leverage FNIHCC funding and evaluate our need for additional GNWT funding for 2023-24 Working group with DHSS/NTHSSA/TCSA/HRHSSA |
| 12. The DHSS should explore the requirements for other HCC clinical service resource supports: allied health professionals, advanced wound care specialists, advanced foot care specialists, and medical social workers | Accept | 2020-21 to 2023-24 | Review need for clinical supports and leverage FNIHCC funding to trial. Evaluate need for additional GNWT funding for 2023-24. Working group with DHSS/NTHSSA/TCSA/HRHSSA |
| 13. The DHSS should strengthen the service delivery model in remote communities, to be more consistent with the service delivery model in larger regional communities. | Accept Option 2 Create dedicated regional HCC nursing positions: to provide HSW oversight at a distance (via telehealth) and in person through monthly visits to communities. | 2020-21 to 2023-24 | Introduce Regional HCC nurses in select regions of NTHSSA using FNIHCC funding. Working group with DHSS/NTHSSA/TCSA/HRHSSA |
| Standards For NWT HCC Program | | | |
| 14. Continue with implementation of interRAI | Accept | 2020-21 to 2022-23 | Implementation projected to begin in late 2020-21/early 2021-22. DHSS |
| 15. The DHSS should consider reviewing and adopting Accreditation Canada Standards for HCC service delivery | Accept | 2019-20 to 2020-21 | Incorporate into Home and Community Care Standards. DHSS |
| 16. The DHSS should consider standardizing HCC program forms across the NWT | Accept | 2020-21 to 2021-22 | Forms will be standardized prior to interRAI implementation. DHSS, NTHSSA, TCSA, HRHSSA |
| 17. Ensure that all HSWs are certified and receive consistent training. | Accept | 2019-20 to 2021 -22 | DHSS,NTHSSA, TCSA,HRHSSA, and Aurora College |
| 18. Improve data collection to more accurately monitor HCC service delivery across the NWT. | Accept | 2019-20 to 2022-23 | Implement HCC Performance Monitoring Plan. Working group with DHSS/NTHSSA/TCSA/HRHSSA |
| OTHER NWT HCC RECCOMENDATIONS | | | |
| 19. The DHSS should proceed with test-piloting a paid caregiver support model in the NWT. | Accept | 2019-20 to 2021-22 | Proceed with pilot. NTHSSA – implementation DHSS – evaluation support |
| 20. Increase use of telehealth services | Accept | 2020-21 to 2021-22 | NTHSSA, TCSA, HRHSSA |
| 21. Continue to improve communication with hospitals. | Accept | 2019-20 & ongoing | Strengthen and implement policies for communication between care sites. NTHSSA, TCSA, HRHSSA |
| 22. Improve communication and coordination of services with GNWT departments and other organizations/agencies. | Accept | 2019-20 & ongoing | Strengthen and implement policies for case management. NTHSSA, TCSA, HRHSSA |