

Information to Continuing Care Sector

March 26, 2020

If you don't see your question below please know we are working on obtaining the information and it is likely that it involves work that is underway by a working group but not close enough for definitive answers. We will continue to provide answers as they become available.

General Questions

1. What is the NSHA business continuity plan to ensure a consistent flow of referrals/updates, telephone access to their coordination staff and processing of financial invoicing for providers?

It is critical that we continue to provide care in a safe manner. To support social distancing, follow the Chief Medical Officer of Health directives and reduce the number of close contacts for our clients, care coordinators are completing non-urgent assessments by telephone and we are reducing our community OT/PT visits in Central Zone to urgent only. Clients can reach out to their care coordinators directly by telephone or by calling our NSHA Continuing Care 1-800-225-7225 Intake Line. The Intake Line is fully operational. Financial processing of invoices will continue as per regular processes. In addition, the placement team continues to support the placement process, with a focus on supporting long-term care placements from hospital. Our business continuity plan is focused on ensuring the continuity of intake, care coordination and placement throughout the pandemic.

2. How often will NSHA and DHW be providing an opportunity to discuss emerging issues with continuing care providers and agencies?

NSHA and DHW met with home care, long-term care (LTC) and equipment providers on March 17 and March 23. We are committed to weekly meetings and will schedule them more frequently if required to discuss the most up-to-date information and concerns being raised. Please follow the [Communication Protocol](#) distributed on March 18, 2020.

3. How do I know when and whom to contact at the NSHA or DHW?

On Wednesday March 18, 2020 we sent a memo to all continuing care providers which included normal communication channels as well as those related to the pandemic. This information is also posted on the NSHA corporate website at <http://www.cdha.nshealth.ca/coronavirus> under the heading 'Continuing Care'.

4. What are expected volumes for hospital discharges and how will this be communicated?

NSHA is focused on creating capacity in the hospital system to care for patients who require hospitalization for COVID-19 treatment and other acute illnesses or emergency care needs. Our hospital-based care coordinators are reviewing potential discharges closely and will communicate and collaborate with home care agencies as quickly as possible to support a safe discharge to home with high priority care needs. LTC placements from hospital are being prioritized and community placements/transfers are occurring where urgent.



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5. Should service providers be tracking our costs for future reimbursement?

An expense tracking template and clarification about eligible expenses were sent out from DHW to the sector on March 16 and March 20. The tracking sheet is to be used for additional costs incurred to support COVID-19 preparedness.

Tracking is to begin March 23, 2020 and to be submitted biweekly to DHW at DHAclaims@novascotia.ca using the subject line "[COVID-19 Reporting](#)".

Please direct any questions to John Cochran, DHW financial lead supporting COVID-19 at john.cochran@novascotia.ca.

Home Care Questions

6. What messages do you have for clients to alleviate their fears and prevent home care cancellations?

NSHA and DHW provided a [client letter](#) and [fact sheet](#) to home care service providers and NSHA care coordinators on March 19 for sharing with clients and families. This information outlines what to expect from home care staff during their home visits and how to connect with their care coordinator, in addition to important methods to stop the spread of disease. We are using multiple methods to get this information to clients and families and appreciate the agencies' willingness to help us.

7. Will we be required to report KPIs and will we be held to KPI standards and targets?

Home care providers will not be held to KPI standards and targets. Monthly KPI reports are not required during the pandemic period. Please continue to collect data and submit weekly statistics until advised otherwise. DHW will provide direction on financial reporting.

8. What is the direction for Home Care providers to limit exposure and limit transmission of COVID-19?

Home care providers will complete COVID-19 screening before they make a home visit. Additionally, before each hands-on patient/client interaction, the health care worker will complete a 'point of care risk assessment' (PCRA) by asking questions to determine the risk of exposure and the appropriate Routine Practices and Additional Precautions required for safe care. The PCRA helps the home care worker determine the appropriate PPE to select.

Home care providers should follow infection prevention and control recommendations and public health recommendations related to COVID-19. Please refer to the [Infection Prevention & Control Guidelines for Home & Community Care](#) found under the heading 'Continuing Care' at <http://www.cdha.nshealth.ca/coronavirus>.



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9. If a family member is self-isolating because they have been away from the province or out of Canada, do we still need to provide care?

Care should continue if it can be delivered safely. Any symptomatic people in the household should be asked to remain in another room during the home visit. Droplet and Contact Precautions should still be initiated.

Please refer to the most up-to-date [Infection Prevention & Control Guidelines for Home & Community Care](#) found under the heading 'Continuing Care' at <http://www.cdha.nshealth.ca/coronavirus> for more information.

10. If a home care client or another member of the household tests positive for COVID-19, will home care continue?

Care should continue if it can be delivered safely. Care providers, in addition to Routine Practices, will implement Droplet & Contact Precautions and use the correct PPE when within 2 metres of the client if the client has tested positive for COVID-19.

Any symptomatic people in the household should be asked to remain in another room during the home visit. Droplet and Contact Precautions should still be initiated.

Please refer to the most up-to-date [Infection Prevention & Control Guidelines for Home & Community Care](#) found under the heading 'Continuing Care' at <http://www.cdha.nshealth.ca/coronavirus> for more information.

Long-term Care Questions

11. How do we handle testing for influenza? Is the collection of a Nasopharyngeal (NP) swab considered an aerosol generating procedure?

In long-term care, continue with pre-existing practices related to testing for influenza-like illnesses (ILI). Please follow the [Guide to Influenza-like Illness for Long-Term Care](#).

Collection of NP swabs is not an aerosol generating procedure and doesn't require an N95 mask and should be performed as ordered by physician for any residents that are suspect for ILI or COVID-19 or any other suspected respiratory virus.

12. Is it ok to continue with group activities?

No. Nursing Home and Residential Care Facilities must comply with the 5 person restriction on social gathering and implement social distancing as outlined in the Health Protection Order. The exemption

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applies to health care workers within the facility as required to facilitate appropriate resident care.

Please refer to the Health Protection Order by the Medical Officer of Health at <https://novascotia.ca/coronavirus/#alerts>

13. Are residents able to continue outings in the community on their own or with their families?

No. The recent order issued by the Chief Medical Officer of Health restricts the movement of residents of long-term care facilities and RCF's to the facility itself and the grounds of the facility. This restriction is for the period the order remains in effect.

Please refer to the Health Protection Order by the Medical Officer of Health at <https://novascotia.ca/coronavirus/#alerts>

14. Are there any restrictions on respite bookings?

Effective March 23, 2020 all respite bed admissions have been closed until June 30, 2020. New bookings on July 1, 2020 or later will not be accepted until further notice. Please refer to the memo sent on March 22, 2020 for further information.

15. Can residents take a temporary leave from their Long-Term Care facility for 30 days and have their bed held for them?

Given we are in a pandemic and the situation is changing rapidly, we are not able to hold vacant long-term care beds nor can we guarantee a timeframe for residents who choose to leave the facility. We will ensure a resident can return to the facility where they had been living at some future point after the pandemic has ended.

16. Will long term care facilities be expected to admit clients from community?

The current focus at this time is a variance to admit clients from hospital to long term care and URGENT placements from community.

17. What will be the admission process when beds, closed due to illness in the facility, are reopened?

Admission processes will remain unchanged. The NSHA Placement team will work to place clients into reopened beds. As of March 16, NSHA has instituted a province-wide variance to placement. To create capacity within the hospital system, we are focusing on transferring patients in hospital ready for discharge to long-term care and home care. We are completing urgent community placements as needed. This process will be reassessed throughout the pandemic.



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18. Are service providers (e.g., Home Oxygen, equipment) permitted to access LTC and hospital facilities?

All members of the health care team (including clinical and technical team members of equipment providers) are permitted to enter LTC and hospital facilities to provide service to residents and patients. The facility should request identification and should follow appropriate screening protocols. They are also exempt from self-isolation if they travel across the provincial border for work.

19. Will families be able to be with their loved ones during end of life care?

While remaining committed to the closure of facilities, we do recognize that there will be circumstances where an exception may need to be made for compassionate reasons. In instances where a resident's condition is poor and death is imminent, we must ensure that a process exists to support family members to attend a dying loved one.

A DHW Continuing Care Information Release (CCIR) dated March 19, 2020 was issued to provide direction for facilities. Included in this CCIR was the recommendation that 1-2 family members or support persons be designated by the resident/ SDM and that these designated people remain the same. DHW Continuing Care has recommended that each facility develop procedures to guide decision making and practice in these circumstances. Infection Prevention and Control principles should be used for guidance.

20. My facility is due for a licensing visit in April, will this take place?

Those who have received visits should receive their March license soon. The DHW Investigation and Compliance team will be reaching out to facilities in the coming weeks regarding licenses due in April and May.

As protocols and process may change in response to this rapidly evolving situation. If links do not work, we encourage you to visit <http://www.cdha.nshealth.ca/coronavirus> for the most up to date version of these documents.

