

Nursing Homes: to Health with them!

Since the late 1990's calls have been repeated to "bring nursing homes back to the Health Department" in New Brunswick. The reason is that in the eyes of planners, it seems so simple: "all those elderly folks waiting for placement in Nursing Homes, mostly in highly expensive hospital beds..... they could be in a nursing home if we just had control of them!"

That is simply uninformed reasoning, simplistic logic and New Brunswick's health and long term care is in the disarray that it is because since the mid-1990's, knee-jerk, simplistic logic has been applied to this incredibly important and expensive two portfolios. Primary Care has not advanced much, Emergency Services are still over-run with non-emergencies, access to specialty care continues to get worse, and doctor's office automation stalled, Alternate Level of Care patients continue to grow. Knee-jerk administration of the province's most expensive and complex resource is not wise.

So my caution is simply that NB avoids another knee-jerk strategy based on false assumptions and ill-informed counsel.

Prior to the late 1990's, health and all of long term care along with seniors housing and more were part of one Department of Health and Community Services. It was huge, almost unmanageable, department. The Hospital Services and the Nursing Home Services Branches worked very closely together. Out of that synergy the Single Entry Point system was created which was universally seen as a godsend for organizing post-acute and long term care. Nurses, Social Workers and Physicians worked together to ensure that the patient received the right service for his/her needs.

But the Department and budget was so huge that it was seen that one cabinet member controlled well over half the provincial budget. Indeed, some departments had budgets that were a mere fraction of what this huge department would spend in one day!

So a decision was made to split the two into the Department of Health and the Department of Social Development. Hence, for the last 20 years we have had departments that are staffed with talented people doing their own thing within the silos that exist. The whole of long term care developed in piece meal fashion with no real synergy with health.

Ask anyone trying to advocate for patients or help families get the services they need for their frail elderly mother....they will use language like "dysfunctional, convoluted, uncaring" as they describe that which should be fairly simple!

I personally recall in 2010 attempting to develop a timely and innovative approach to senior primary care; do you think we could get intelligent, meaningful discussion with the Departments of Social Development and Health? Not on your life. People were nice but no action; it did not fit in anyone's job description.

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As a taxpayer I cringe whenever government divides a large department or decides to put it back together; you know that the budget will have to bear millions of dollars in added expense, as has been the experience of NBPower, as laws and regulations are repaired, policy documents are overhauled, staff are moved around, and for a couple of years confusion reigns!

Let us assume that government should decide to “put nursing homes back under health”. What then? First of all there are many human resources issues that someone will have to work through. There is the issue of the governance of the nursing home system and whether there should continue to individual boards or regional boards or another model. Horizon has had a service relationship with some small homes that has not worked very well and the homes have withdrawn from that relationship because there is a strong belief that Horizon simply does not understand the issues of long term care.

The entire package of Home Support, Home Care, Adult Residential Facilities and Special Care Homes must be very carefully integrated.

The goal of the planners is to find a way to make the transition from acute care to long term care easier, more timely and appropriate. The Health Authorities now have over 800 persons identified as ALC and they know these people will be more appropriately cared for in structured long term care. One of the important fallacies, however, is the mistaken belief that all these people require nursing home care. The evidence does not support that and at least half of these good people could and should be managed either at home with strong home care or in a Special Care Home. In both these options, the cost both to the patient and the government is substantially less than if the patient goes to nursing home.

In many cases the care either at home or in special care is much more appropriate than in a nursing home, all depending on how much support the patient needs for daily living.

So the wrong strategy would be to place nursing homes under health; the correct strategy would be for home care, special care, assisted living, independent living is managed as a unit. This can only happen when Health and Social Development function seamlessly and when the Assessment Process, a bone of huge contention in the system for over a decade, is made more transparent and accurate.

In other provinces there seems to be a higher level of synergy amongst these functions; Ontario has the Department of Health and Long Term Care; In Saskatchewan there are two cabinet Ministers, one of whom seems to have rural and remote care in his portfolio. In Manitoba we see the Department of Health, Seniors and Active Living.

We just need to fix a health and long term care system that has been creaking for too many years.

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