



Glossary of Continuing Care Terms

Continuing Care is about keeping people healthy in their communities.

Continuing Care contributes to the integrated continuum of health services by providing a range of home, community and residentially based services to support individuals with identified health needs.

Care is provided in a manner that enables the individual to live as independently as possible in the community or in a residentially based service. In most cases, the need for care and support is for the longer term (continuing care).

The Continuing Care Branch, Department of Health, provides access to:

- home care,
- long-term care (such as a nursing home or a residential care facility), and
- protection for vulnerable adults (Adult Protection Services).

Single Entry Access: One-stop shopping for continuing care services.

Single Entry Access: Department of Health Continuing Care Services may be accessed through a single point of entry that ensures care needs are identified through the use of a consistent assessment process. By contacting 1-800-225-7225, anyone can begin the process from anywhere in the province.

Care Coordinators conduct assessments and coordinate access to home care and long term care facility services. Where appropriate, Adult Protection Workers conduct assessments and coordinate access to services to meet the needs of adults in need of protection as defined by the *Adult Protection Act*.

To provide services, the Branch collaborates with approximately 160 provider organizations, including non-profit home support agencies, Victorian Order of Nurses (VON), nursing homes, residential care facilities, and community based options. Long-term care facilities are variously owned and operated by municipalities, DHAs, private-for-profit owners, and non-profit organizations.

Protection Services are available for Vulnerable Adults.

Adult Protection Services are extended to adults 16 years of age or older who are abused or neglected (including self-neglect and/or neglect by a caregiver) and who cannot physically or mentally protect themselves. Provided under the authority of the *Adult Protection Act*, these services are currently provided to approximately 1,300 clients annually, 75% of whom are over 65 years of age.

Home care offers nursing and home support services – relative to specific needs - in the individual's home.

Home Care programs provide support to approximately 12,000 Nova Scotians at any point throughout the year. Services include both short-term (acute) and longer-term professional nursing care provided by registered nurses (RNs) and licensed practical nurses (LPNs).

Home care services are meant to add to the help people can receive from others such as family, community, or friends. Home care will help people remain as independent as possible in the community. It is always the first option considered for care in the community. The services include:

- home support (such as personal care, respite, and light housekeeping),
- nursing (such as dressing changes, catheter care, and intravenous therapy), &
- home oxygen.

Adult Day and Respite programs give caregivers a break.

Respite Services may be provided to primary caregivers to give them temporary relief or support by providing a substitute for the caregiver in the home or by providing alternate accommodations to the client in a residential setting. Access to subsidized in home and facility based respite services are available through the Continuing Care Branch of the Department of Health.

Adult Day Programs provides personal assistance, supervision and an organized program of health, social and recreational activities in a supportive group setting. Nursing, rehabilitation, and a range of other professional and ancillary services may be provided. The program is designed to maintain persons with physical and/or mental disabilities, or restore them to their optimum capacity for self-care. It can also be used to provide respite care, training and informal support to family caregivers. Access to adult day programs varies across the province. A listing of available services may be found in the *Program for Seniors 2005*, a publication of the Seniors Secretariate.

Assisted Living Facilities provide a private market alternative for those who seek housing with minimal supports.

Assisted Living - Assisted living is defined by the Department of Health as including the following elements: Assisted Living - Assisted living is defined as including the following elements:

- a. A living arrangement where individuals, able to direct their own care, reside in separate, self contained units. (Individuals able to self direct their own care are cognitively capable and have the ability to make informed, voluntary decisions regarding care requirements and living arrangements or alternatively, are living with a spouse/partner able to do so.) The resident controls access to the unit.
- a. A living arrangement where individuals, able to direct their own care, reside in separate, self contained units. (Individuals able to self direct their own care are cognitively capable and have the ability to make informed, voluntary decisions regarding care

requirements and living arrangements or alternatively, are living with a spouse/partner able to do so.) The resident controls access to the unit.

b. An arrangement where some or all of the individual's needs, related to activities of daily living, are met through services which are provided as a formal part of the person's residential arrangement. (That is, the services are provided by the operator of the residence and are a mandatory part of the individual's monthly accommodation costs. This requirement may be incorporated in a lease/rental agreement or in some form of a documented service plan negotiated between the resident and the operator.)

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This includes Enriched Housing units under the jurisdiction of the Department of Community Services, Housing Services branch. This includes those Enriched Housing units under the jurisdiction of the Department of Community Services, Housing Services branch.

Individuals enter a long-term care facility when they can no longer receive the care they need in the home or community.

Long-Term Care consists of residentially based programs providing support to approximately 6,600 Nova Scotians. These include licensed Nursing Homes, licensed Residential Care Facilities, and approved Community Based Options (CBOs).

Homes for Special Care is an umbrella term used in Nova Scotia's *Homes for Special Care Act* that includes nursing homes/homes for the aged and residential care facilities licensed by the Department of Health. It also includes 5 types of care facilities licensed by the Department of Community Services.

- Nursing Homes or Homes for the Aged provide personal and/or skilled nursing care in a residential setting to individuals who require the availability of a registered nurse on-site at all times.
- Residential Care Facility - Department of Health residential care facilities (RCFs) provide an important option for seniors who need housing and continuing care. When home care is not appropriate and nursing home care is not required, an RCF can provide people with personal care, supervision and accommodation in a safe and supportive environment.

In Nova Scotia, RCFs operate either under the jurisdiction of the Department of Health or the Department of Community Services. Those under the Department of Health provide mainly care to seniors and are inspected by departmental staff to ensure they are operating in compliance with the Homes for Special Care Act and Regulations.

RCFs are mostly owned and operated by private individuals or organizations. In Nova Scotia, there are 35 RCFs licensed by the Department of Health. They range in size from 6 beds to 85 beds.

Community Based Options - Department of Health approved community-based options (CBOs) provide an important option for seniors who need housing and continuing care. When home care is not appropriate and nursing home care is not required, a CBO can provide people with personal care, supervision and accommodation.

These homes offer small, home-like, safe and supportive environments which may be a rented or purchased unit or a family home. In Nova Scotia, CBOs operate either under the jurisdiction of the Department of Health or the Department of Community Services.

Those under the Department of Health provide mainly care to seniors and are inspected by departmental staff to ensure they are operating in compliance with the requirements of the Interim Standards for Community Based Options. These standards were implemented in 1996, as the basis for determining the establishment and operation of CBOs.

Community Based Options are owned and operated by private individuals organizations. In Nova Scotia, there are 28 CBOs approved by the Department of Health, mostly located in the Sydney and Halifax areas. There are two types of CBOs under the Department of Health: Small Options and Community Residences.

- Department of Health approved Community Residences are family homes in which accommodation and minimal supervision is provided for three or less seniors who are not immediate family of the operator. The home assists the resident in the development of self-care skills.
- Department of Health approved Small Option Homes provide support and supervision for three or less seniors in a purchased or rented unit. The home assists the resident in the development of selfcare skills. Trained staff is available on site at all times.