Alberta Association on Gerontology
Associated with the Canadian Association on Gerontology/Associée avec l'Association canadienne de gérontologie

Submission to the MLA Task Force on *Continuing Care Health Service and Accommodation Standards*

July 31, 2005

The Alberta Association on Gerontology (AAG) is a province-wide interdisciplinary organization that seeks to enhance the lives of the aging population through support of persons involved in and concerned with gerontology. AAG seeks to provide a vehicle for networking among individuals and organizations interested in gerontology in Alberta and to stimulate the development of opportunities that enhance the knowledge and practice of people interested in gerontology in Alberta.

Gerontology is the interdisciplinary study of aging. It encompasses the biological, psychological, sociological, health and economic aspects of aging. As both a basic and applied social science, it involves the study of aging from the individual as well as from the societal perspective. Gerontologists might have a degree in gerontology, or may have a specialization in aging within another discipline. They can work in a variety of settings such as health facilities, mental health services, social service agencies, marketing and communications, retirement planning, recreation and leisure, housing agencies, government agencies, community agencies, advocacy groups, or research and educational institutions, to name a few examples. Because of their broad understanding of aging, gerontologists are able to assume many different roles and provide perspective to specialists in other fields whose work leads them to deal with the older population.

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EXECUTIVE SUMMARY

The Alberta Association on Gerontology is pleased to have been among the organizations invited to make a presentation to the Task Force. In this document we provide detail to explain and support the points covered in our July 27, 2005 oral presentation. Our main messages and recommendations are as follows:

1. STANDARDS MUST HAVE BROADLY-BASED PUBLIC AND PROFESSIONAL SUPPORT.

When continuing care standards were developed in this province in the past, these were done collaboratively at the provincial level through committees that included the operators of services, professional associations as well as consumer representatives.

It is a positive development that the task force has been formed and has consulted with select groups, and particularly provider organizations. We strongly recommend that as the standards are reworked based on this initial feedback, the process be done collaboratively and not behind closed doors. To achieve the goal of client centered services, it is of critical importance that seniors' organizations, and other groups that represent citizens, be involved in this process of developing and monitoring standards. This will ensure credibility and support for the standards.

The participation of key professional groups is also essential to ensure that new standards are based on best practice evidence. Participation of leaders from the continuing and community care systems will help to assure that implementation issues are worked out in advance and are feasible. Leaders selected for participation in this process should hold formal credentials in a health profession, gerontology and/or in administration to assure that administrative perspectives are congruent with best practices evidence.

This might lengthen the process for standards development, but given that the last standards were developed in 1985 with the Nursing Homes Act and Regulation, a few extra months for a better end product seems like a good idea.

Operators, professional associations and consumers also need to be involved in planning continuing care services in the province. Since regionalization, this has been left to Regional Health Authorities (RHAs), who themselves have limited planning capacity due to administrative cutbacks in the healthcare system.

2. EACH TYPE OF RESIDENTIAL OR CARE SETTING, EACH TYPE OF SERVICE OR CARE PROVIDER, AND EACH SERVICE MUST HAVE SPECIFIC AND APPROPRIATE LICENSING/CONTRACTS, REGULATIONS, STANDARDS, MONITORING, AND PUBLIC ACCOUNTABILITY MECHANISMS.

We see the cooperation of two government ministries in the development of standards to address all residential and care settings in continuing care to be very positive. This has not been done in the past and many new residential and care setting models have developed in recent years.

Right now, the standards are quite confusing, as it is unclear which apply to what type of setting. One size will not fit all. The scope of the current draft standards needs to include each type of residential and/or care setting, and the requirements need then to be specific to each. Licensing and regulating all congregate living environments (serving four or more persons), as has been done in other jurisdictions, is a critical role for government in ensuring the safety of vulnerable citizens. Licenses or contracts must not be renewed when operators do not meet specified requirements that are consistent across the province.

Core services need to be specific for each of these environments, as well as for home care services, and again need to be consistent across the province. Home care is now providing services that used to be provided by acute care hospitals which is a positive direction overall, but not when funds are diverted from older frail people rather than from acute care and thus home care services that used to be core are no longer regularly provided.

Since regionalization, planning, standards development and monitoring have been devolved to RHAs, and provincial reporting requirements and databases containing information about trends and outcomes in the continuing care system across the province have been compromised. Provincial standards, and provincial reporting requirements, are needed and must be enforced.

One issue that AAG has taken an interest in recently is the whole area of privacy in long term care facilities. We are currently developing a paper to submit to government on the importance of ensuring privacy, and in particular private rooms. Research evidence and consumers' stated preferences both support this direction. This might have some relevance as provincial standards are developed.

3. APPROPRIATE FINANCIAL RESOURCES MUST BE PROVIDED TO THE CONTINUING CARE SYSTEM, INCLUDING HOME CARE. THERE SHOULD BE PUBLIC MONITORING AND ACCOUNTABILITY TO ENSURE THAT RESOURCES ARE USED FOR THE SPECIFIED PURPOSES

While we support the implementation of new standards given that the existing ones are mostly twenty years old, these will come with a price. Government cannot expect more without investing more. In a province with a surplus of several billion dollars, only $10M was added in the provincial budget this spring, to increase care hours in long term care facilities. This is unacceptably low. When funds are added, there must be accountability mechanisms to assure that funds are directed to the intended purposes.

- Increased accountability, which these standards demand, must be accompanied by support for the administrative overhead needed to provide the required reports and monitoring systems.
- Appropriate human resources, and particularly regulated professionals such as registered nurses, rehabilitation practitioners, and social workers, are required to assure safety and quality of care and to implement best practices in all sectors of the continuing care system. If funding for licensed professionals continues to be eroded, and overall funding inadequate, the quality of the system will continue to erode. Well educated, credentialed professionals are required to provide the oversight and administration of the system, as well as deliver the care.

- Leaders in the continuing care system should hold formal credentials in a health profession, or gerontology, and in administration. This should be a requirement for obtaining contracts/ licenses. Expert leadership doesn't come cheap. But it's worth it to those receiving the care, and to the government which bears ultimate responsibility for the quality of this important system.

4. ALBERTA HAS THE OPPORTUNITY AT THIS MOMENT IN TIME TO CREATE THE BEST CONTINUING CARE SYSTEM IN THE NATION, AND ONE THAT IS RECOGNIZED WORLDWIDE.

Minimum standards are needed for core services. But there is a need to go beyond the immediate and necessary focus on deficits in the system which we which we know are there because of inadequate staffing levels. AAG would like to see the standards accompanied by a bold vision of where we could go.

- A provincial fund set aside for best practice guideline development in continuing care could set the stage for this.
- Funding a research and best practice centre of excellence located at the University of Alberta, or with a leading continuing care organization would be a bold move to create a leading edge centre in the west like Baycrest Geriatric Centre is in Toronto.
- Funding innovative demonstration projects that are evaluated and disseminated could provide the ability for operators and regional health authorities to try exciting and innovative new approaches to care, as happened in the early 90s in this province with the New Models in Continuing Care Demonstration Project which was funded by the federal government.

1. STANDARDS MUST HAVE BROADLY-BASED PUBLIC AND PROFESSIONAL SUPPORT.

It is a positive development that the task force has been formed and has consulted with select groups; however, we strongly recommend that as the standards are reworked based on this initial feedback, the process be done collaboratively and not behind closed doors. To achieve the goal of client centered services, it is of critical importance that seniors' organizations, and other groups that represent citizens, be involved in this process of developing and monitoring standards.

The participation of key professional groups is also essential to ensure that new standards are based on best practice evidence. Participation of leaders from the continuing and community care systems will help to assure that implementation issues are worked out in advance and are feasible. Leaders selected for participation in this process should hold formal credentials in a health profession, gerontology and/or in administration to assure that administrative perspectives are congruent with best practices evidence.

It is essential that standards and monitoring mechanisms for Alberta's continuing care system have broadly-based credibility and public support. Unfortunately at this time, the circulation of the standards document may be perceived as a reaction to the Auditor General's recent report on Alberta's Long Term Care system.

In contrast, a positive approach was taken by the government in the development of the consultation approaches by the Long Term Care Policy Advisory Committee, widely known as the "Broda Report". The report of this committee was the result of extensive consultation with citizens and stakeholder groups, advice from internationally recognized experts, and a review of literature about best practices. Unfortunately, although the recommendations of the Long Term Care Policy Advisory Committee (the "LTC Policy Advisory Committee") have been endorsed by government, they have not yet been fully implemented, and thus, the current standards document and the process for its review are outside the mainstream of expert knowledge and broadly-based public opinion that produced the report entitled *Healthy Aging, New Directions for Care* in April 2000. It is important that any new standards developed for the continuing care system, be congruent with the principles and recommendations of the "LTC Policy Advisory Committee" Report.

All health care planning by the Regional Health Authorities should include knowledgeable members of the community as individuals or as members of stakeholder organizations. All congregate living facilities should have resident and/or family councils where complaints and questions could be heard. Follow-up on suggestions or unanswered questions should made available to all members of the facility, including staff and family members.

Greater transparency by planners, legislators and service providers will, in turn, lead to improved public confidence and support for the continuing care system and its service providers.

2. EACH TYPE OF RESIDENTIAL OR CARE SETTING, EACH TYPE OF SERVICE OR CARE PROVIDER, AND EACH SERVICE MUST HAVE SPECIFIC AND APPROPRIATE LICENSING/CONTRACTS, REGULATIONS, STANDARDS, MONITORING, AND PUBLIC ACCOUNTABILITY MECHANISMS.

Senior citizens' organizations and professional associations have advocated for standards for all types of continuing care environments for years, and these standards exist in many other jurisdictions. Therefore, the cooperation of two government ministries in the development of standards to address *all* residential and care settings, in the continuing care system, is commendable since it has never previously been done and many new residential and care settings have developed in recent years.

There are two main types of living environments in the continuing care system. These are 1) congregate living environments, where more than four people reside, and 2) individual /family living environments which are single homes. Standards must be developed for each type of congregate living environments and for services provided in individual/family environments.

Core (Required) Health and Support Services should be specified for all congregate living environments, as well as for home care services, and need to be consistent across the province.

Congregate living environments in the continuing care system include:

- Auxiliary Hospitals
- Nursing Homes
- Designated Assisted Living
- Assisted Living
- Supportive Housing
- Lodges
- Group Homes or Family Care Homes with more than 4 residents

Each type of congregate living of these environments is different from the others and has unique characteristics that must be reflected in regulatory requirements.

One issue that AAG has taken an interest in recently is the whole area of privacy in long term care facilities. We are currently developing a paper to submit to government on the importance of ensuring privacy, and in particular private rooms. Research evidence and consumers' stated preferences both support this direction. This might have some relevance as provincial standards are developed.

Standards and funding for home care services should include personal care services which have been shown to prevent or delay admission to emergency, hospital or residential continuing care.

Home care is a very important service, but it is now providing some of the care once provided by acute care hospitals, and to severely disabled persons who are surviving longer. This has resulted in decreased services to older frail people. The older frail person who cannot get the assistance required is under stress and much more likely to become a patient in an emergency room, an

acute care hospital, or a long term care facility because of accidents at home or because they feel that they can no longer cope without some of the simple personal care services they need.

Standards, regulation, monitoring and public reporting and accountability are required to identify and assure the provision of *Core Health Services* that *must be made available* in each type of congregate living environment in Alberta. These services would include:

- Registered Nurse Services
- Rehabilitation Services
- Social Services
- Medical Services
- Personal Care Services
- Personal Support Services
- Health Records
- Medical Services

All operators of congregate living environments should be required to obtain licensing or contracts for specified periods of time, and there should be regulations and monitoring which would be transparent to the public.

Renewing of these agreements should depend upon the congregate living facilities meeting specific requirements in terms of services offered, which would be included in the rental costs.

The requirements for core services to be provided in congregate and individual/family environments should be consistent across the province.

Standards, regulation, monitoring and public reporting and accountability are also required to identify and assure the provision *of Core Case Management Services* that *must be made available* to each citizen in Alberta. Standards and regulatory requirements for case management services have been introduced in other countries and some Canadian jurisdictions. Knowledge from this experience should be used to inform the development and monitoring of case management services and standards in Alberta.

The **Health Facilities Review Committee** has made a contribution to public accountability of the continuing care system in Alberta, but its mandate needs to be broadened to include participation in the licensing/contracting process, the power to insist on changes when they are needed, and to implement fines or revoking of licensing/contracts when recommendations are not followed. The Health Facilities Review Committee should include members of the public who are knowledgeable and who are aware of the need of people to have choices and to feel empowered. These are qualities that enable those who have some dependencies to have a better quality of life when living in a facility.

The Protection of Persons in Care Act needs to apply to all residential and service delivery settings and to individual/family settings in the continuing care system.

Transparency in the implementation and enforcement of this legislation should include public reporting to enable citizens to identify the strengths and shortcomings of particular residential and care settings and providers.

In addition to these broad mechanisms, regular monitoring and measurement of settings and services against the standards needs to be carried out. Requirements for public reporting by all service providers need to be introduced.

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We support the development and implementation of new standards, and point out that these will come with a price. Government cannot expect more without investing more. In a province with a surplus of several billion dollars, only $10M was added in this spring's provincial budget to increase care hours in long term care facilities. This is unacceptably low. When funds are added, there must be accountability mechanisms to assure that funds are directed to the intended purposes.

- **Increased accountability, which these standards demand, must be accompanied by support for the administrative overhead needed to provide the required reports and monitoring systems.**
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In summary, AAG recommends that:

1. Standards be developed with broad based input – not just these consultation sessions but as the specifics are written and moved into legislation and hopefully soon a Continuing Care Act.
2. Separate standards, including core services, and licensing requirements be developed for all continuing care service settings including home care. Provincial reporting systems and public reporting must be mandated for all continuing care environments and service providers. This is necessary to assure public confidence, monitor provincial trends, and to provide information for planning.
3. A significant infusion of financial resources be provided in order to bring the system up to minimum existing standards, implement the new standards and move beyond that to best practices. These resources need to be accompanied by accountability requirements placed on regional health authorities and service operators
4. The province invest in best practice development in continuing care at the same time as investing in bringing up the minimum standard level. This could include a centre of excellence in long term care that develops and tests best practices, or the funding of best practice guideline development, or the funding of demonstration projects, or all of the above.

These are exciting times in our province. The positive economic climate and a well-educated workforce can enable Alberta to play a leadership role in the development of leading edge continuing care services in Canada. This leadership will ultimately benefit those who most need the services of our continuing care system.

We would be pleased to answer any questions you might have either now or in the future, and to provide any assistance that might be useful as the standards are developed further.