

# *Transforming Continuing Care to a Culture of Healthy Living and Quality of Life*

**By**

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ALBERTA ASSOCIATION ON GERONTOLOGY

**Futures Policy Forum**

*Transforming Healthy Aging and Quality of Life  
for Older Albertans*

# ***Transformative Cultural Change for Continuing Care in Alberta is needed:***

- **Alberta's population for older adults will be increasing drastically the next ten years.**
  - 2019 13% of population is over 65 years
  - 2046 20% of population is over 65 years (1 in 5 Albertans)
  - Alberta has the highest growth of aging population in Canada next ten year.
- **New aging population (baby boomers) has different life style preferences, change in service delivery approach is needed to match their life style choices.**
  - more educated, more cultural diversity.
  - desire increased choice and independence.
  - Majority of older adults prefer to receive services in the community.
  - Quality of life is important to this group.
- **Acuity of long-term care residents is increasing.**
  - Advanced dementia clients, complex care and palliative care are growing populations.
  - Length of stay is decreasing.
  - New models of care, and upgrading of workforce skills are needed

# ***Transformative Cultural Change for Continuing Care in Alberta is needed:***

- **The workforce and working conditions in continuing care require transformative changes.**
  - Studies demonstrated demanding work and employment conditions for staff working in continuing care.
  - Rising resident acuity has created the gap between training/education experience of the staff and the work employment.
  - Labour supply, staff shortages and staff morale are issues at work.
  - Insufficient funding for adequate staffing and hours of care is a major concern.
- **The living environment of long-term care facilities is in need of design change.**
  - Residents desire smaller home-like living environment with lots of outdoor green space.
  - Couples desire living together to receive services in a shared room.
  - The spread of the pandemic raises awareness on the ventilation and design of facilities.
  - Four-bed wards, shared rooms and crowded spaces created barriers to the implementation of Public Health Guidelines for the pandemic.

# *Continuing Care Facility-Based Review Report 2021:*

*(commissioned by Alberta Health, prepared by MNP)*

- In 2020, Alberta Health commissioned a review of Facility-Based Continuing Care (FBCC) Review by MNP consulting firm.
- Report surveyed 7098 stakeholders in Alberta, including: the public, residents and families of long-term care facilities, administrators, staff of continuing care facilities, stakeholder organizations, policy makers and planners.
- **Respondents to the survey collectively said that transformative cultural changes in continuing care are needed to equip the system to address future needs of Alberta's aging population.**

# **“What opportunities are needed to improve quality of life for residents of facility-based continuing care?”**

(Themes identified from the surveys and interviews)

- **“Shift the culture of care from a clinical task-oriented medical model toward a holistic, relational, person-centered model of care which considers one’s social, emotional, and behavioural sides**
- **Provide supports that allow Albertans to age in place, delay admission to LTC facilities (with high level home care)**
- **Increase recreation opportunities for LTC residents**
- **Increase the quality and variety of food**
- **Improve design of facilities to provide more space for activities, dementia-friendly features, and eliminate shared rooms**
- **Increase opportunities for visitations, reduce social isolation**
- **Improve access to technology and internet**
- **Improve cultural sensitivity”**

# **“What opportunities are needed to improve quality of care and supports for residents of facility-based continuing care?”**

(Themes identified from the surveys and interviews)

- **“Improve the continuity of staffing assignments**
- **Increase access to therapies e.g. OT, PT**
- **Increase access to mental health support**
- **Increase the availability of recreational activities**
- **Improve communication regarding resident care status with caregivers**
- **Increase resident and caregiver involvement in care plan development**
- **Improve access to LTC spaces close to home for indigenous and rural communities**
- **Increase staffing numbers and access to front line staff”**

# Choice was identified as one of the most important dimensions of quality.

## “What opportunities are needed to improve client choice in facility-based continuing care ?”

(Themes identified from the surveys and interviews)

- **Need greater focus on aging in place**
  - Provide options to receive care at home/in the community instead of LTC facilities
- **Change the focus of long-term care to provide person-centered care to improve resident quality of life rather than task-focused care**
- **Involve clients and their caregivers in collaborative care and decisions related to care planning**
  - Allow clients to choose their goals for care
- **Increase choice related to facility types for residents to choose from**
  - Need greater focus on aging in place such as having smaller, more personalized living environments
  - Support development of smaller congregate care settings
  - Provide different service levels under the same roof of one facility
  - Provide options that allow couples and loved ones to live together

## Choice was identified as one of the most important dimensions of quality.

### **“What opportunities are needed to improve client choice in facility-based continuing care?”**

(Themes identified from the surveys and interviews)

- **Provide residents with more choices related to lifestyle including:**
  - Food choices
  - Mealtime choices
  - The choice of when to go to bed and when to wake up
  - The choice of when they have baths
  - Clothing/attire choices
  - Furnishings/décor
  - The choice of what activities they want to engage in socially (e.g. religious, cultural, gardening, creative)
  - Choices of when to communicate with family/friends



Based on suggestions by survey results, Alberta Facility-Based Continuing Care Review Report (MNP) recommended:

## Healthy Aging Vision for Alberta

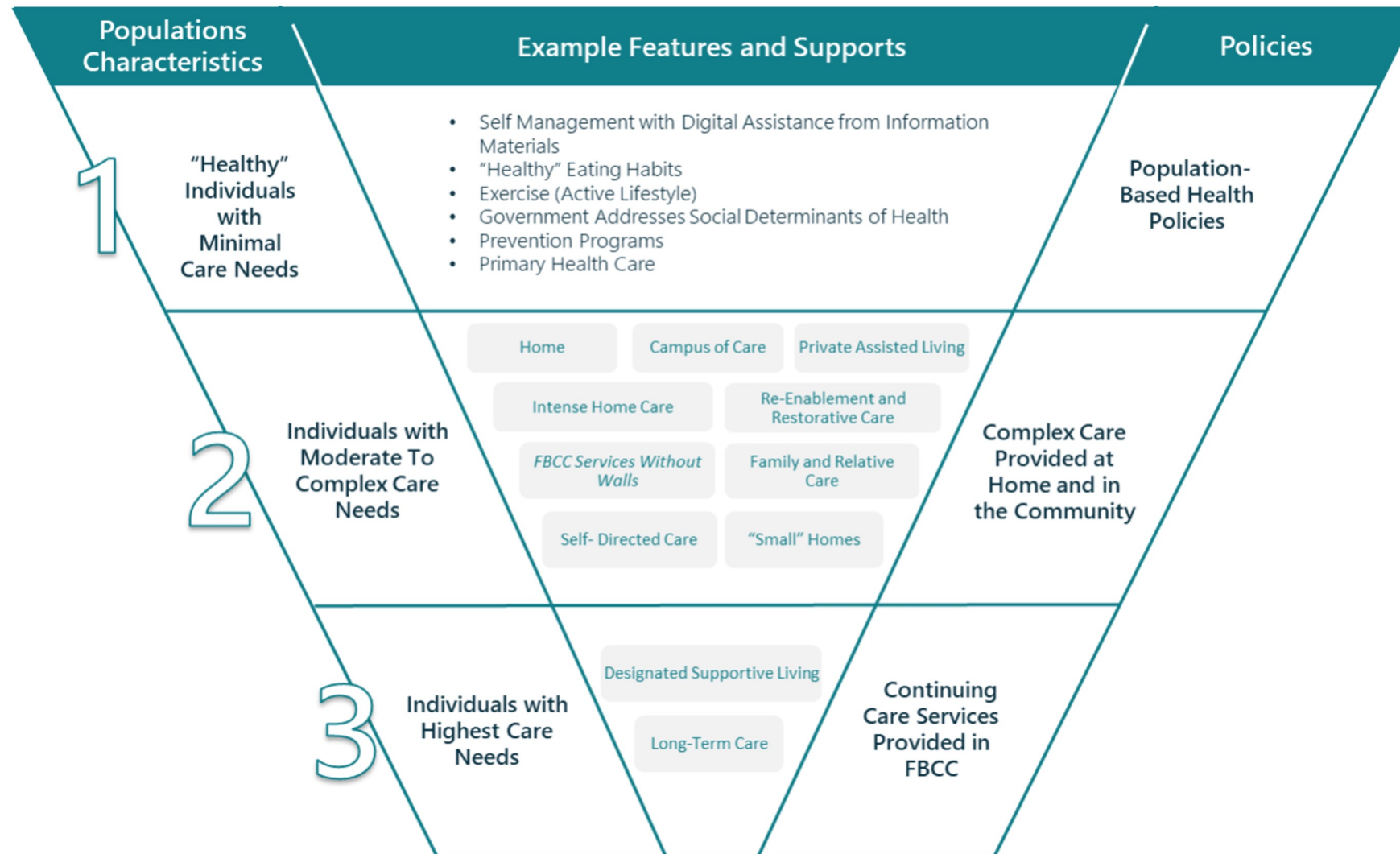
***“Albertans are supported to be healthy and active in their community, with an improved quality of life, and they are engaged, empowered, and enabled to live in inclusive communities with social connectedness and healthcare access”.***



Source: *Improving Quality of Life for Residents in Facility-Based Continuing Care, Alberta Facility-Based Continuing Care Review Recommendations, Final Report—April 30, 2021 by MNP)*

# Report recommended 3 tiers of policies: To create a culture of healthy aging and quality of life

Layers of Policy to Achieve "Healthy Aging"



***Transformative Cultural Change for Continuing Care in Alberta is recommended in four theme areas:***

- **CARE** for the clients of continuing care
- Working condition and training of the **STAFF**
- **LIVING ENVIRONMENT** for the residents
- **GOVERNANCE AND MANAGEMENT** of the continuing care system

# Care for Continuing Care Clients

- **MOVE** to a culture of “Quality of Life”, with compassionate, relational, person-centred care, examples:
  - Establish Quality of Life as the number one priority goal for Alberta’s continuing care system.
  - Develop Quality of Life standards, outcome measures and public reporting.
  - Support couples living together in the same room in facilities , if they desire.
  - Include primary caregivers as essential members of Care Team and provide them with supports to reduce burnout.
  - Improve the overall quality of meals.
- **ENHANCE** quality of care of dementia residents
- **IMPROVE** the provision of culturally appropriate continuing care services
- **IMPROVE** coordination and navigation in the continuing care system, integrating it with other health, community and social services

# Care for Continuing Care Clients

- **INCREASE staffing hours and consistency of staffing to improve quality of care: examples**
  - Increase average direct worked hours of care in for long-term care facilities from 3.4 hours to 4.5 hours. Comparable increases for DSL facilities.
  - Increase the level of professional nursing and therapeutic care hours.
  - Increase the level of mental health professional supports.
- **EXPAND the choices available to Albertans who require continuing care services: examples**
  - Introduce **self-directed care** as an option to provide greater choice regarding locations, types and providers of services..
  - Enhance client choice by **increasing the support of home care services**
- **OPTIMIZE the use of technology, research, and innovation in transforming facility-based continuing care**

# **Working Conditions for staff**

- **DEVELOP a Workplace Improvement Action Plan to enhance working conditions for staff working in both Facility-Based Continuing Care and home care.**
  - Develop a provincial Human Resource Strategy for continuing care (including facility LTC and home care).
  - Establish a full-time employment benchmark for nursing, therapeutic and health care aide staff for FBCC.
  - Form a Workforce Improvement Task Force to assess ways of **improving workforce design, workforce culture and working conditions** for staff working in FBCC.

# **Living Environment for Continuing Care Residents**

- **REFOCUS capital grant programs to prioritize a greater variety of client-centred new models of care:**
  - such as **small homes and campuses of care**
- **REVISE the design guidelines for continuing care facilities to incorporate findings regarding the spread of COVID-19 in LTC facilities.**
  - Halt admissions to four-bed rooms immediately, and phase out shared rooms by 2027.
  - All newly constructed rooms to be private rooms, except for couples rooms reserved for couples.
  - Lowering the number of units in each household from 18 to 14.
  - Increase number of smaller dining rooms and recreational spaces to enable physical distancing.
  - Increase outdoor green spaces.
  - Upgrade the ventilation systems of old facilities.

# *Governance and Management of the Continuing Care System*

- **CONSOLIDATE monitoring processes**, and improve the coordination of inspection.
- **ENHANCE accountability and public reporting.**
  - Enhance the evaluation of the performance of all ownership types in facility-based continuing care, require public reporting by all types of ownership.
  - **Enhance enforcement procedures** for facilities violating government regulations, standards and public health orders.
- **ENSURE sustainability and affordability for the future of continuing care: examples**
  - Evaluate the Patient Care Based Funding model and its underlying assumptions/principles/objectives.
  - Enhance capacity of home and community services.
  - Review fees and charges in all streams of continuing care.
  - Make a significant shift from continuing care institutional services to home/community care services – increase share of Long-term home care from 61% to 70% of continuing care services by 2030.





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# Futures Policy Forum

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- **AAG creates the Futures Policy Forum:**
  - 1. To promote understanding and public discussion relating to the need for transformative changes in continuing care in Alberta.
  - 2. To create a “community of cultural change” with change champions and leaders to support the implementation of the changes.
- **Futures Policy Forum will include:**
  - Monthly Webinars with experts and the public to discuss transformative policy issues.
  - Engagement sessions with the public and older Albertans to discuss service delivery preferences.
  - Think Tank sessions visioning necessary future improvements.



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- **AAG welcome your participation in this Futures Policy Forum Initiative:**
  - We invite you to join in future discussions on topics and policies relating to the transformative changes.
  - We welcome your participation as Change Champions.
  - Your participation is valuable towards the future progress for this transformation.

**THANK YOU !**