

AAG Cultural Change Project

Enhancing Seniors' Services Workforce Think Tank



The Conditions of Work are the Conditions of Care and Service



ALBERTA ASSOCIATION
ON GERONTOLOGY

Improving the Lives of Older Albertans

Report from Think Tank Held December 5, 2022

The Call for Action

Health & community services are failing older Albertans today because providers do not have the staff.

- Continuing care homes and home care providers are not funded (a) for the number of hours of care required to meet care needs and (b) with sufficient funds to pay competitive wages & operate cost-effectively.
- Community-based services have the same concerns with funding that does not support payment of competitive wages & keeping up with service expectations.
- The results: staff are stressed and leave, and replacements are very difficult to recruit; continuing care home residents and community service clients have concerns regarding poor care/ missed visits; and emergency rooms and hospitals experience pressures to care for older adults who should be in a more appropriate setting for care.

There is an urgent need for action to increase providers' ability to retain current employees and recruit to fill gaps and provide expected levels of service.

- Government needs to increase funding for care hours & compensation for continuing care, home care and community-based services, starting April 2023.
- Concurrent with increased funding, service providers must focus on improving workplace culture & conditions of work.
- Government, regulators, educators and providers must continue to work collaboratively to increase the supply of graduates.
- A cross-sectoral cross-ministry Workforce Steering Committee should be established to oversee implementation, develop communication plans and sustain successes and ongoing momentum for a strong seniors' services workforce.

Following the above actions, continued work will be possible and successful to transform the health & community services system toward Alberta's vision for healthy aging and quality of life for older Albertans.

The gains from these actions and investments will be significant:

- Older Albertans and their caregivers will receive improved quality of care and service.
- The acute and primary care health care sectors will have the capacity to do what they do best.
- Employees in health & community services will have satisfying and sought-after careers.
- Health and community service organizations will be viable and positive contributors to the system changes Albertans wish to see.
- Alberta's reputation for leading in innovation and sustainability of services for an aging population will become stronger, a key to a Healthy Alberta.

Executive Summary

Alberta is unique in Canada with its vision for healthy aging and quality of life for older adults and a set of initiatives to transform systems and services to meet changing public expectations and ensure sustainability of health and social services with an aging population. The report *Improving Quality of Life for Residents in Facility-Based Continuing Care* ([MNP Report](#)) sets out this vision for the future: *The time for action is now. Service pressures are real across the health care system. The credibility of this vision and transformation plan is at risk given the lack of human resources across the seniors' services sectors.*



“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.” (MNP, 2021, p. 42).

Workforce issues are not new; they are systemic, historical and cannot be addressed using a piecemeal approach, hence the Workforce Think Tank, and its title: The Conditions of Work are the Conditions of Care and Service.

This report is the outcome of a Workforce Think Tank held December 5, 2022, attended by 62 leaders from across the continuum of seniors' services. It has been reviewed and endorsed by the Futures Policy Forum Stakeholder Collaborative Committee and submitted to Alberta Health by the board of the Alberta Association on Gerontology.

Think Tank deliberations were informed by a review of the evidence, informant interviews, AAG webinar results and reports from across Canada. There was **consensus on the major issues facing seniors' services:**

- Rising resident/client acuity, not recognized by funding increases.
- Gaps between training/educational experience and the work environment
- Access to education programs in rural and remote communities
- Challenging working/employment conditions for staff
- Insufficient funding for staff wages, benefits and hours of care, taking into consideration different service models and associated business costs
- Workplace culture issues
- Diminishing labour supply and staff shortages, especially in rural/remote communities
- Low perceived value of working with older adults

The Think Tank was anchored in a cross-sectoral interactive approach. Over 60 participants gathered on Dec. 5, 2022 in Leduc, Alberta to provide their expertise and insight on key topics related to the four outcomes described above. They represented a wide range of organizations and interests from across Alberta including policy makers, educators, researchers, service providers, associations and community members. Feedback from participants after the event was very positive and indicated that there is momentum and a willingness to work individually and collectively on next steps.

The Think Tank was guided by a **logic model** with the following key components:

- **Alberta's vision** for transformation - “healthy aging and quality of life in a healthy Alberta with service sustainability in an integrated system”
- Enabling this vision with a Comprehensive Seniors Services Workforce Strategy with 4 outcomes: 1) improving retention with sufficient staffing and funding, 2) developing work environments for empowered teams and innovation to meet needs in new ways, 3) ensuring/evolving workforce supply, and 4) implementing new macro human resource management strategies to sustain the workforce for the future.
- Mobilizing this Strategy with *recommendations for change related to structures and processes with individual or collaborative actions by governments, system leaders and service providers.*

The Think Tank resulted in recommendations for the four outcomes (See [Appendix A](#) for a summary of all recommendations):

Outcome 1

Retain existing employees with sufficient staffing and funding for success leading to increased value and viability of seniors' services workplaces.

Seven (7) recommendations are made with priorities as follows:

- a. Government is called on immediately, to increase funding for care hours and current compensation costs for continuing care homes (per recommendations for staffing outlined in the MNP report), increase funding for care hours and compensation for Home care, and address basic funding issues for community services, being mindful to the need to move from historical methods of funding to recognize different program and business costs across the province and implications for all sectors.

--- with attention in further implementation of the new Continuing Care Act to reducing administrative burden wherever possible of inspections & compliance reporting

- b. Care & service providers need to build on improved funding to improve working conditions and workplace cultures for employees.

Outcome 2

Develop work environments with empowered employees and teams and flexibility in serviced delivery to create momentum to meet service needs in new ways and further enhance the quality of work environments.

Seven (7) recommendations are made with directions for change as follows;

- a. Government and AHS build on enhanced funding practices from outcome 1 to implement innovation projects per the Transformation Plan that improve working environments for employees (eg with team based services that optimize role clarity) AND improve quality of living for residents (eg redevelopment of care centres, small homes) and service responsiveness and quality of community based services (eg Home Care Redesign; new models for community services).

--with attention to removing system design barriers that prevent team work and cost-effective service delivery (eg case management model for SL4; lodge home care model)

- b. Educators and service providers collaborate to close education to practice gaps and to evolve education programs to support new expectations to move from task proficiency to professional role optimization.
- c. Care & service providers implement culture change and design of work at the program/unit level to support person-centered care and service by empowered employees and teams working together with residents/clients and families.

Outcome 3

Ensure/evolve workforce supply with innovation in recruitment, robust education and certifications to sustain a productive workforce in a changing world of work.

Eight (8) recommendations for change, with priorities as follows:

- a. Government to support recruitment across the seniors' serving sectors with the increases in funding and change in service design outlined in the above recommendations.
- b. Collaborative action (government, regulators, educators, service providers) mobilize cross-sector action to examine barriers to the supply of Health Care Aides, timely certification and integration of internationally-educated health professionals, and increase in education programs to serve rural and other underserved areas.
- c. Care & service providers develop strategies to make diversity, equity and inclusion hallmarks of seniors' serving workplaces, key to welcoming increasing numbers of internationally prepared professionals as well as serving an increasingly diverse resident/client population.

...and develop strategies to engage families and local communities regarding the changes being made across seniors services, asking for their involvement as volunteers and finding new employees or student recruits.

Outcome 4

Implement new macro human resource practices for the changing world of work to optimize viability and sustainability of the seniors' serving sector.

Four (4) recommendations for both short-term and long-term action:

- a. Government to examine student financial incentives related to increasing overall enrollment, including return in service for rural and remote areas.
- b. Collaborative action (government, educators, service providers) to develop Human Resource Metrics to track progress in improving retention, recruitment and actions targeted for change per this Report and examine potential value of developing a strategic Health Human Resource plan for the seniors' services sector incorporating the impact of Alberta's Transformation plan.

...with an innovation project to examine potential for a graduated skills and knowledge certification program with expanded on-the-job training and defining work in ways that attract older adults and persons with disabilities to employment opportunities across seniors' serving sectors
Care and Service Providers increase retention and cost-effective employment strategies for both individuals and providers through inter-sectoral operational collaboration, including potential for casual pools and harmonization of key contractual requirements and approaches.

Expectations are high for comprehensive change to improve the quality, effectiveness and sustainability of the seniors serving sector. There is an urgent need to address historical issues in staffing and funding before investing in new initiatives.

A [two-year action plan](#), with multi-party action is provided. Initiatives cut across the four outcome areas to reflect the following priorities:

- **(2023/24)** actions to address long-standing funding issues and expand innovation initiatives, with practice changes focused on increasing retention & recruitment.
- **(2024/25)** actions to complete funding enhancements to sustain change seniors' services workplaces for the future, with continued system evolution per the plan for Transformation, now moving forward with the benefit of stronger workplaces across health and community sectors.

It is recognized that final implementation plans may vary from this plan due to stakeholder capacity to mobilize action as indicated and that implementation may extend beyond two years. However, the urgency of the current situation is a call for action beginning April 2023.

Based on the positive experience with the cross-sectoral engagement for the Think Tank and the need for committed action both for the short-term and long-term, a **Multi -Sector Workforce Steering Committee should be established to oversee implementation of Think Tank Recommendations and expand recruitment initiatives being announced by Government.** Important responsibilities of the Steering Group will be to identify metrics for success, develop a communication plan related to progress, and identify work each year and beyond for ongoing sustainability. The Think Tank Report, as well as presentations at the Dec 5th Think Tank, are available on the website for Alberta Association of Gerontology to mobilize understanding of important issues related to the seniors' service workforce and to support momentum for strong seniors' services workplaces.

Two-year Action Plan

Year 1

Year 2

Acknowledgements

The Workforce Think Tank was made possible by the Culture Change Grant from Alberta Health to the Alberta Association on Aging (AAG). The genesis of the idea for the Think Tank came from Vivien Lai, Chair of AAG Futures Policy Forum Initiative and Marlene Raasok, Vice Chair and Project Manager.

We are grateful for the leadership and commitment of the members of the Stakeholder Collaborative Committee and the Workforce Think Tank Planning Committee who brought the event to life. The Planning Committee and the Think Tank were co-chaired by Kelly Baskerville, President, Alberta Association of Gerontological Nursing (AGNA) and Lynne Mansell, President, AAG.

We thank Jocelyn Rempel, Chair in Older Adult Health and Associate Professor at Mount Royal University, who acted as our Project Coordinator for all her organizational and writing skills. AAG also thanks the AAG project team of Marlene Raasok and Lynne Mansell for project support and writing contributions to Think Tank materials and this report.

Most of all we would like to thank our keynote speaker Dr. Carole Estabrooks, the expert panelists and all of the discussion group members from throughout Alberta who gave generously of their time and creativity and are the true authors of the recommendations in the report (see [Appendix B](#) for the full list of names).

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INTRODUCTION

Intent of the Think Tank

1.1 Alberta's Unique Opportunities: Leadership for Healthy Aging & Quality of Life for Older Adults

Alberta is unique in Canada with its vision for healthy aging and quality of life for older adults as well as a set of initiatives to transform systems and services both to meet changing public expectations and ensure sustainability of health and social services with an aging population. Alberta Health (AH) contracted Meyers Norris Penny (MNP) LLP to conduct a review of Alberta's facility-based continuing care system. The final report *Improving Quality of Life for Residents in Facility-Based Continuing Care* (MNP Report) sets out this vision for the future:

“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.” (MNP, 2021, p. 42).

Over the next two years Alberta has a unique window of opportunity to create transformation:

- Action plans led by Alberta Health for implementation of priority recommendations from the MNP Report have been developed and **some initiatives are underway** to address facility-based care issues.
- The new [Continuing Care Act](#) was proclaimed in 2022 with a focus on quality of life that signals expectations for change, and Regulations are close to completion. Standards to support the legislation will be developed over the next 1 to 2 years.
- The **Home Care RFP** will result in a modernized Home Care Program with new approaches to providing services.
- [Healthy Aging Alberta](#), a major initiative led by Alberta Seniors and Community Social Services, is a set of strategies to strengthen the community based services sector.
- The initiative [Modernizing Alberta's Primary Health Care System](#) was launched in late 2022 to enhance primary health care and build on expectations for an integrated health and social services system.

The work of the Alberta Association on Gerontology (AAG) to develop and launch the [Futures Policy Forum \(FPF\)](#) is also unique to Alberta. Overseen by a multisectoral Stakeholder Collaborative Committee, the FPF is leading a series of initiatives to engage stakeholders in understanding and championing the journey of change. The first initiative is a series of webinars supported by sponsors to explore key levers of change. [Webinar 3 Improving the Work Environment for Seniors' Services Workers](#) held in June 2022, was key to the planning of this Think Tank. Thanks to a grant from Alberta Health, AAG is expanding the Futures Policy Forum, with the Workforce Think Tank as the first deliverable of the AAG Culture Change Project.

The MNP Report proposed a comprehensive healthy aging model for transformation with three tiers for changes that outline expectations for shifts in investment for quality delivery in each tier (Figure 1). Increased investment in Tier 2 and 3 services will help to shift service delivery in keeping with public expectations and a sustainable system of services and supports to serve an aging population.

Layers of Policy to Achieve “Healthy Aging”

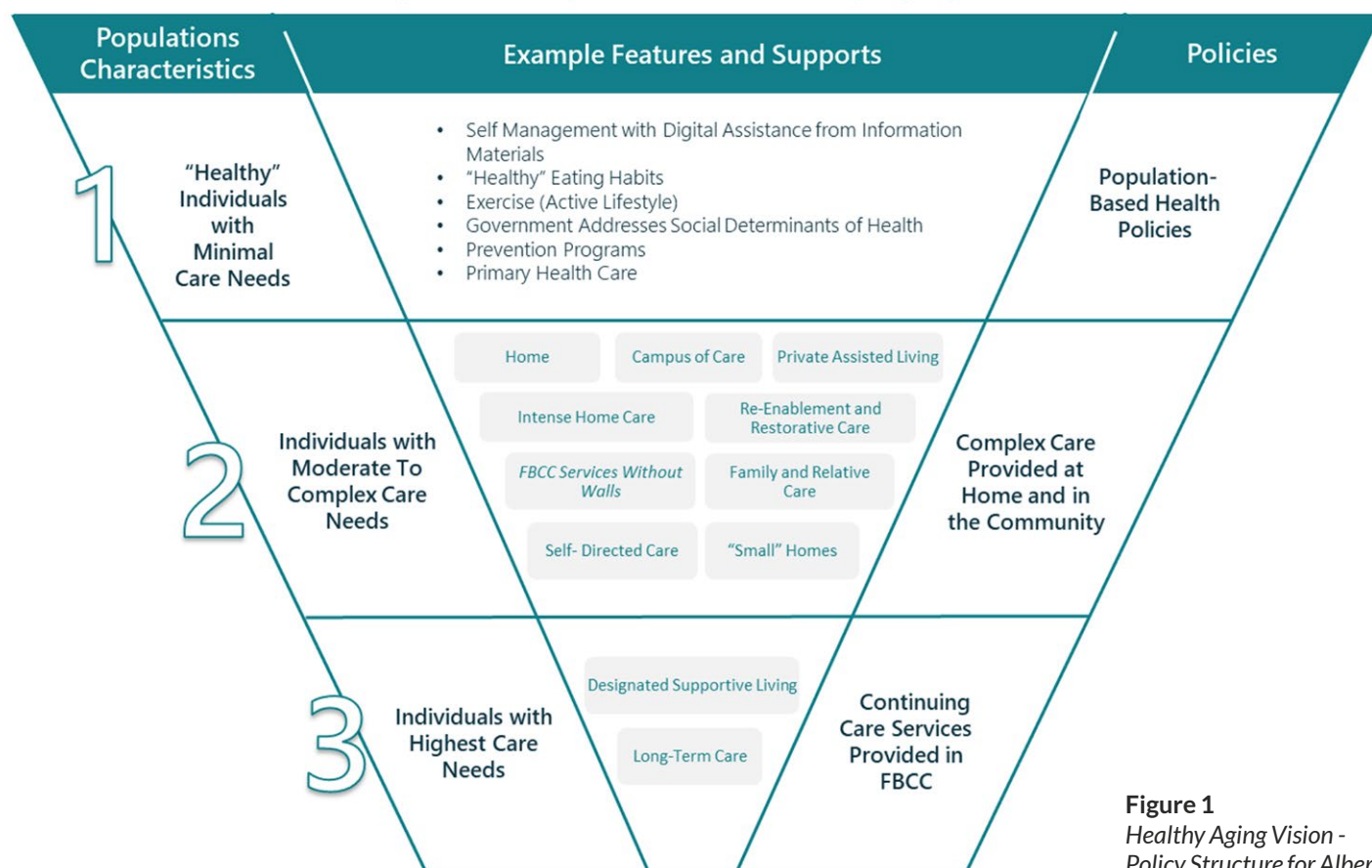


Figure 1
Healthy Aging Vision -
Policy Structure for Alberta

Note. Layers of policy to achieve “Healthy Aging”. From “Improving Quality of Life for Residents in Facility-Based Continuing Care” by MNP, 2021, p. 115. AAG and this report endorse the use of the **Healthy Aging** model to guide transformation across the seniors serving sector.

1.2 Urgency of Seniors’ Services Workforce Issues & the Think Tank Opportunity

Alberta’s opportunities to achieve the vision and goals for system transformation are at risk due to significant workforce issues faced by all seniors serving sectors. Long-standing issues related to inadequacy of staffing and funding for facility-based care were identified as a priority for attention in the MNP Report. Additional evidence regarding the urgency for change across the full seniors’ services system is provided in Section 2. Without solving key workforce issues, plans for system change and improved quality of service are at risk..

This Think Tank responds to the urgency for action. The imperative is captured by the theme for the Think Tank: **The Conditions of Work are the Conditions of Care and Service** (with credit to Dr. Pat Armstrong, a keynote speaker at AAG’s Webinar 3 regarding Seniors Services Workforce in June 2022).

AAG’s think tank strategy focuses on developing recommendations to address policy and practice enablers for change. AAG’s process for implementing the Think Tank included the following steps:

- Gathering evidence and scoping the situation to inform deliberations
- Defining priorities
- Inviting the participation of stakeholders with expertise and experiential insights who can co-create the future, and
- Developing policy recommendations through consensus with a focus on concrete actions over the next 2 years.

1.3 Overview of the Report

This report includes the following sections:

- Section 2 provides background information and evidence to support the Think Tank deliberations and design.
- Section 3 summarizes Think Tank approach, planning process, highlights from the day's learning and discussions, and participant evaluation results.
- Section 4 describes the revised logic model and provides a summary of recommendations, which are captured as priorities for action by year in Section 5.
- Appendices to the Report provide resources for stakeholders and other users of the report

1.4 Limitations of the Report

The Workforce Think Tank focused on the seniors' service workforce from the perspective of paid employees. Due to the limitations of the one day format, several important associated areas were beyond the scope of the Think Tank and this report:

- The importance of unpaid family care partners and volunteers
- Initiatives to reform and integrate with the primary health care system (e.g. MAPS)
- Detailed workforce and service planning being addressed in the Healthy Aging Alberta initiative for community based services.
- Use of assistive and information technology.
- Optimizing the transformation plan for the seniors' service system demands collaboration with the above initiatives and will be addressed in Section 5.4 The Journey Forward.

1.5 Use of the Report

This report was reviewed by the Futures Policy Forum Stakeholder Collaborative Committee. Support was received for the Report, with an emphasis on urgency for action, recommendations and milestones related to recommended government, cross-sectoral, and organizational actions. The draft report was officially supported by the board of AGNA and approved in principle by the board of AAG for submission to Alberta Health. The final version of the report will be circulated to all stakeholders and shared with the public. The report and associated resources will be available on the AAG website as a guide for implementing and monitoring action.

BACKGROUND

Evidence and Insights Related to the Seniors' Services Workforce

2.1. Experience in Other Jurisdictions and Leading Practices

Evidence Re Need for Change. A number of Canadian reports beyond Alberta have been published over the past five years to address workforce issues and provide recommendations for action. The timeline of reports underscores that workforce issues are long-standing.

2018: [The Perfect Storm: A Health Human Resources Crisis in Seniors Care](#). Final report on the BC Continuing Care Collaborative. This report identified a health human resource crisis that was emerging even before the pandemic. Recommended solutions included:

- Improvements to training such as return to service agreements and partnerships between providers and educational institutions to establish satellite centres
- Address gaps between training and practice through collaboration and hands on training
- Enhance recruitment through supports and incentives for ESL programs and timely certification
- Address wage and funding disparities and provide urban and rural incentives
- Retain staff through adequate funding for the population and better scheduling in home health programs
- Provide financial incentives for workers to relocate and remain in rural/remote regions
- Address rural shortage of workers through high school programs, satellite campuses, financial incentives, and awareness building campaigns
- Prioritize the health and safety of workers by providing ongoing education and training, and staffing levels that are reflective of the increasing acuity and complexity of residents.
- Increase awareness of job opportunities and enhance use of technology

2020, June: [Restoring Trust: COVID-19 and the Future of Long-Term Care by the Royal Society of Canada](#). Focusing on nursing home settings, the RSC advised that long-standing deficiencies contributed to the magnitude of the COVID-19 impacts and stated “as a first step, and if we do nothing else right now, we must solve the workforce crisis in LTC. It is the pivotal challenge. Workforce reform and redesign will result in immediate benefit to older Canadians living in nursing homes and is necessary for sustained change”. Recommendations made to federal and provincial governments included:

- Establish national standards for care teams to deliver quality care
- With new funding, implement appropriate and equitable pay and benefits for unregulated workers across the system
- Make full time employment with benefits available in all settings
- Establish and implement minimum education standards, continuing education and orientation for private agencies
- Support educational reforms for specializations in LTC for all provider groups and managers
- Provide mental health supports for all staff
- Collect data using validated tools to measure quality of care, dementia and resident and staff disparities.

2020, July: [Ontario Long Term Care Staffing Study](#) by the Long-Term Care Staffing Study Advisory Group of the Ontario Ministry of Long-Term Care. The Ontario ministry launched the staffing study to obtain strategic advice on staffing from across the province in recognition of the critical role of staffing that was highlighted during the pandemic. Recommendations were made in 5 priority areas:

- The number of staff working in LTC needs to increase and more funding will be required. A minimum daily average of four hours of direct care per resident, with guidelines improving staffing ratios and skill mix for PSWs, nursing staff, and allied health professionals is needed.
- The culture of LTC needs to change – at both the system and individual home level
- Workload and working conditions must get better, to retain staff and improve the conditions for care.
- Excellence in LTC requires effective leadership and access to specialized expertise.
- Attract and prepare the right people for employment in LTC, and provide opportunities for learning and growth. Expanding the labour pool includes aligning the number of graduates with needs of staff and growth.

Following Ontario Premier Doug Ford's pledge that the Ontario government was "totally committed" to the provision of four (4.0) hours of care per resident per day in LTC homes, the government announced that it would invest up to \$1.9 billion annually by 2020-25 to create more than 27,000 new positions for personal support workers (PSWs), RNs, and LPNs)

2021: [Vital Signs: Workforce Challenges for Seniors Care](#) by Marsh McLennan. This international report responds to the toll that COVID-19 has taken on seniors care providers against a backdrop of longstanding financial and operational challenges and increasing demand. Key takeaways include:

- Hiring and retaining workers requires adequate funding and stakeholder support to improve pay, working conditions and career prospects
- Boosting workers' skills and qualifications by exploring team-based ways of working, co-investing in workers' capabilities and supporting policies favourable to hiring and training staff
- Ensuring workplace health and safety by employers improving communication, occupational support, management and governance

2023: [National Long-Term Care Services Standards Report](#) by Health Standards Organization (HSO). Focusing on continuing care homes (long-term care), the standards provide updated criteria and guidelines for delivering resident-centered, high quality care enabled by a healthy and competent workforce. Highlights of standards relevant to the workforce include:

- Staffing levels that specify a minimum of 4.1 hours of direct care per day
- Full scope of practice and team-based care models
- Access to orientation and continuous learning
- Training on safety practices to benefit the workforce and residents
- Effective strategies for recruitment and retention that include equitable, adequate and competitive compensation and benefits
- Work-life balance policies and wellness programs to minimize burnout, and recognize the contributions of staff
- Strategies to avoid understaffing and improve resilience
- Responding to staff concerns
- Effective communication to increase engagement
- Workforce data collection and reporting

2023: [COVID-19 in Continuing Care Facilities](#) by the Auditor General of Alberta. Results of the audit to identify areas of improvement to prepare for future pandemics and outbreaks. Recommendation 3 was related to the workforce: Develop a continuing care staffing strategy to increase staffing system resilience (p. 29). The report describes the staffing context including:

- Low ratios of full-time staff
- Staffing shortages
- Stress and burnout

2023: [A New Strategy to Grow Alberta's Health Workforce](#) by Alberta Health. A news release on Feb. 16, 2023 announcing that Budget 2023 will provide \$158 million to support multiple initiatives to recruit and retain health care workers including rural physicians, rural/remote communities, recruiting internationally trained nurses from the UK and US and a nurse navigator program to support all immigrating nurses.

Leading Practices in Workplace Culture. There is also a growing body of evidence demonstrating that staff empowerment and collaborative decision-making have a significant effect on both the overall quality of resident care AND staff satisfaction, retention, and recruitment. The following models have been adopted by some Alberta programs:

- Daniella Greenwood has been an early advocate for consistent staffing with demonstrated gains for employees and residents. Attempts to implement these principles in some Alberta care centres, pre-COVID, have been very difficult given current staffing levels.
- Greenwood, D. (2018). Consistent staffing models: Sharing the learning. Australian Journal of Dementia Care. meaning-fulageing.org.au
- Feasible and Sustainable Culture Change Initiative (FASCCI) Model was developed by Dr. Sienna Casper
- Caspar, S., Berg, K., Slaughter, S., Keller, H., & Kellett, P. (2020). Staff Engagement for Practice Change in Long-Term Care: Evaluating the Feasible and Sustainable Culture Change Initiative (FASCCI) Model. Journal of Long-term Care, (2020), 30–41. DOI: <http://doi.org/10.31389/jltc.25>
- Strategies such as the Butterfly Model have shown gains for staff as well as residents
- Sainsbury, R., & Gaudet, N. (2018). Lifestyle Options/Choices in Community Living ‘Life my way. Living well with dementia’ [Final Report](#). Alberta Health Services.
- The Pioneer Network in the US has been an early champion for culture change, again showing the positive impacts for both individuals being served and employees. Their recent amalgamation with the Green House organization is allowing the network to mobilize a full suite of change strategies to change the “face and reality of long-term care”. <https://thegreenhouseproject.org>
- Culture change work in Alberta care centres (2018-2020) built on this research but sustainability has been difficult due to inadequate staffing levels. Similarly, early adopters of small homes approaches have challenges to sustain this model due to staffing and funding levels and line-by-line financial accountability.

2.2 Workplace Challenges for Caregivers: Impact of COVID and Increasing Resident Acuity

Impacts of COVID-19 on health care providers according to the Canadian Institute for Health Information (CIHI) [report](#) from November 2022:

Between 2020-2021:

- There was a decline of 2.2% of registered nurses (RNs) and 0.8% of licensed practical nurses (LPNs) in long-term care
- Shift of RNs and LPNs to private nursing agencies, occupational health centres and self-employment

Experiences of health care workers during COVID-19 pandemic:

- 2 out of 5 PSWs (41.5%) reported feeling more stressed than before the pandemic.
- 82.5% indicated that the pandemic caused them to experience difficulties in a range of interpersonal, health and financial areas including balancing caregiving responsibilities, meeting financial obligations and emotional distress
- 37.7% intending to leave or change jobs in the next 3 years due to stress or burnout

Colleen Torgunrud (2022) outlined the pandemic’s impact on the workforce during AAG’s Futures Policy Forum Webinar 3:

- COVID exacerbated an already stressed/stretched workforce;
- The pandemic has been a “double blow” for the workforce and has increased moral distress/trauma/compassion fatigue/burnout, with less time and energy to address the distress.
- Contributed to major concerns with attrition and “the great resignation” leading to significant loss of experience in the workforce.

Carol Estabrooks’ (2019) research shows that the length of stay in LTC facilities has decreased from about 5 years to 6 months over the last few years (Figure 2).

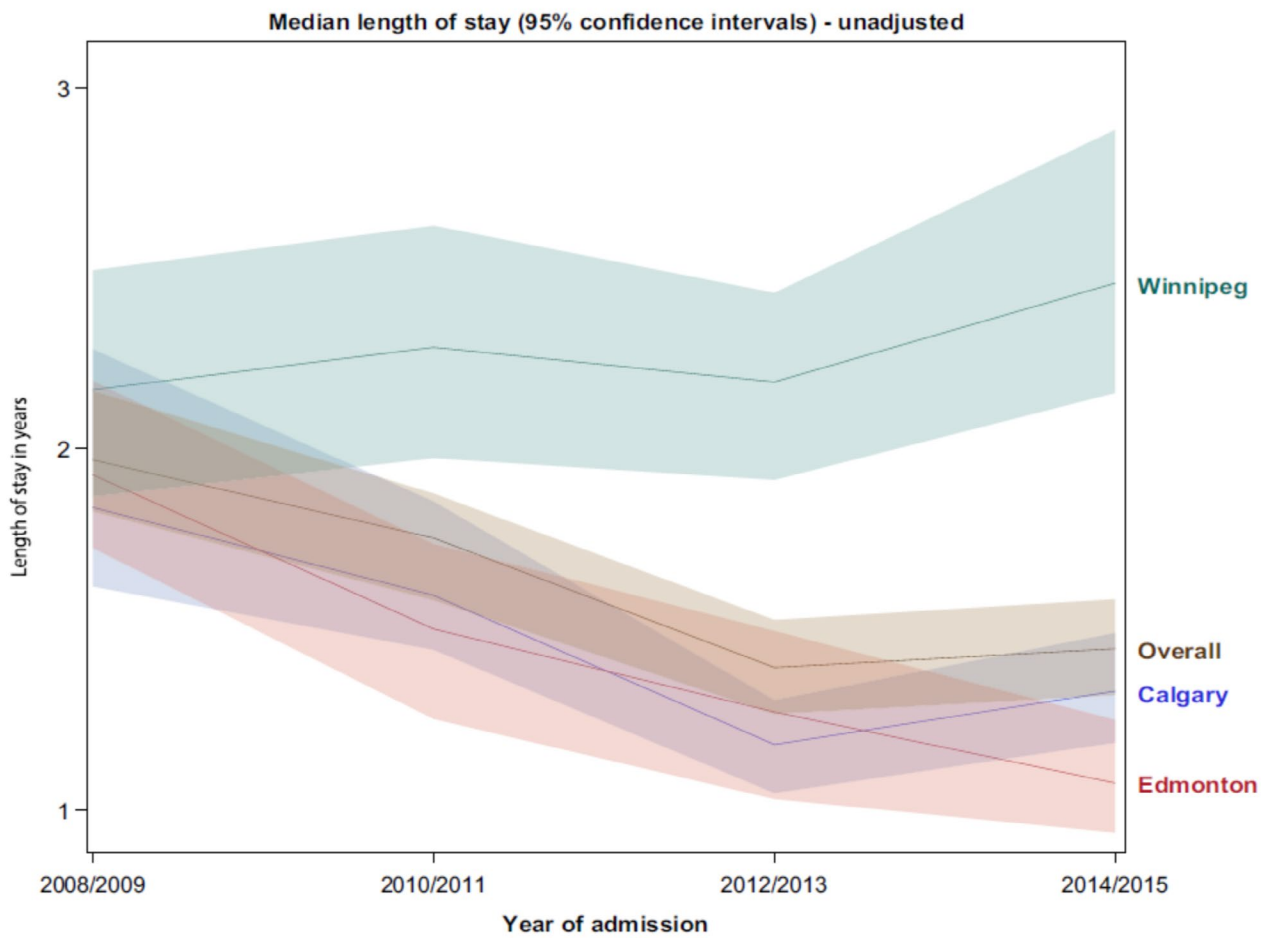


Figure 2
Unadjusted Length of Stay by Health Jurisdiction and Year of Admission

Note. Unadjusted median length of stay and 95% CIs by health jurisdiction and year of admission (colored bands are 95% CIs of median length of stay). From “Nursing Home Length of Stay in 3 Canadian Health Regions: Temporal Trends, Jurisdictional Differences, and Associated Factors,” by Hoben et al., 2019, *Journal of the American Medical Directors Association*, 20(9), p. 1125. <https://doi.org/10.1016/j.jamda.2019.01.144>.

Similar mismatch of available staffing levels and client needs are reported across the community services and housing sectors.

2.3 Key Alberta Reports and Mandates

2.3.1 Improving Quality of Life for Residents in Facility-Based Continuing Care by MNP (April 2021)

The MNP Report built on the above evidence, commenting that existing research demonstrates that interventions aimed at increasing the provision of person-centred care most often fail if they do not address contextual and system issues. The report proposed that a multilevel systems approach is required.

The MNP Expert Panel members reported that Facility-Based Continuing Care (FBCC) workplaces can be improved with action to:

- Reduce staff burnout, as care staff and managers experience high levels of burnout which can reduce quality of care and ability to retain experienced staff
- Build a strong culture, as happy staff lead to happy residents and families which creates a culture of supporting staff
- Improve training for staff to meet the growing demands associated with increasing resident acuity
- Develop a formal Human Resources plan for FBCC keeping in mind what is needed for the future, competencies of staff and how to evaluate the effectiveness of the plan
- Reduce the administrative burden on front line staff so they have more time to spend with residents
- Improve the use of IT or management of health data to free up staff time for resident care
- Have a collective team focus, as the entire care team from cleaning staff to care staff should be looked at as a collective group and each member of the team should be working towards the same goal

Surveys and focus groups identified the urgency for change.

- Respondents to the FBCC administrator and staff surveys rated the level of staff morale at FBCC sites from 5.0 to 6.3 out of 10. FBCC staff survey respondents rated their level of satisfaction from 5.8 to 7.0 out of 10.
- Respondents to the FBCC administrator, FBCC staff and external organizations surveys were asked to rate six different proposed workplace improvements for FBCC. The three options with the highest rating included supports for staff wellbeing, increasing staff wages, and increasing staff benefits.
- Other opportunities identified for improving the workplace for FBCC staff included ensuring a proper balance of full-time and part-time hours

Relevant policy directions and recommendations are quoted from the report as follows:

Policy Direction 5: Increase staffing hours and consistency of staffing to increase quality of care. (pp. 139-144).

- Recommendation #16: Increase direct care hours (includes nursing, personal care and therapeutic) at FBCC sites to an average of 4.5 worked hours per resident day for LTC and up to an average of 4.0 worked hours per resident day for DSL within a four-year period.
- Recommendation #17: Increase the level of professional hours (nursing and therapeutics) for Facility Based Continuing Care (FBCC) residents
- Recommendation #18: Increase the level of mental health supports for FBCC residents
- Recommendation #19: Support FBCC operators to implement consistent staffing assignments.

Policy Direction 6: Develop a Workplace Improvement Plan to enhance working conditions for staff working in FBCC and home care. (pp. 144-148)

- Recommendation #20: Develop a provincial Human Resource Strategy for continuing care (taking into consideration FBCC, home care, etc.)
- Recommendation #21: Establish a full time employment benchmark for nursing, therapeutics, and health care aide (HCA) staff for FBCC and include the benchmark as one of the quality indicators for monitoring facility care.
- Recommendation #22: Form a Workforce Improvement Task Force to assess ways of improving workforce design and working conditions for staff working in FBCC.

2.3.2 Continuing to Serve Seniors During the Pandemic: Detailed Report – Community Conversation and the Sector Capacity Survey by Healthy Aging Alberta (Fall 2021)

Healthy Aging Alberta brings together the community-based senior serving sector and systems allies as a network that empowers older adults to age how they choose by improving their health and well-being. This can be accomplished by ensuring access to reliable nonmedical supports necessary for older Albertans to continue living and thriving independently in the community. Over 95% of seniors in Alberta live in their own homes. According to the National Institute on Aging, nearly 100% of seniors in Canada prefer to live in their own homes for as long as possible. According to the World Health Organization, 30-55% of our health outcomes result from the social determinants of health addressed by the nonmedical supports that community-based organizations provide. Without ensuring that these services are available across the province consistently and equitably, the health of older adults will continue to deteriorate at a faster rate reducing their quality of life and necessitating access to higher levels of care through the healthcare system and facility-based care earlier in their lives.

Despite the critical role these organizations play, until now, a mechanism did not exist in Alberta to coordinate these services and articulate their impact to ensure they are sustainably resourced, reliably available, and integrated into the broader continuum of care for older adults. Healthy Aging Alberta coordinates community-based senior serving organizations into a cohesive network that can collaborate around service delivery with allied systems such as health and housing in the best interest of older adults. Over the past two years, Healthy Aging Alberta has made significant progress working closely with the now Ministry of Seniors, Community and Social Services, Alberta Health, and private foundations to facilitate additional resources into the sector. This supports the development of more effective service delivery models through provincial coordination that provides visibility to what is happening on the ground to inform provincial policy and investment decisions.

Workforce sustainability – for both staff and volunteers – has emerged as a significant challenge for the CBSS sector.

- In a survey conducted by Healthy Aging Alberta around sector capacity, 70% of organizations saw an increase in demand for services and complexity of needs, while over 80% of organizations reported a decrease in funding and an increased staff turnover, mental health challenges, burnout, and poor morale. The executive summary and complete report on the capacity survey can be accessed [here](#).
- Volunteers play a critical part in the CBSS sector workforce. A recent federal grant required 60% of the workforce to be volunteers for a program to meet the funding criteria. We need to consider volunteers and volunteer management in our workforce planning.

- A continual struggle in the CBSS sector is the competition with health and housing for a skilled workforce, and it can be difficult to attract workers due to lower wages, no pensions, and the complexity of work without dedicated resources for professional development and practice support.
- When looking at new projects and positions in the community-based sector, there is often a blend of accredited professionals like Social Workers and Gerontologists and paraprofessionals with skills in relationship building, cultural brokering and/or supportive counselling, required to meet the unique needs of our participant populations. Having a blend of these positions allows for greater flexibility with participants and matching skill sets to participant needs in ways that leverage workforce strengths. The idea of part-accreditation or progressive mastery is interesting to explore in this context.

As cross-sector holistic care and service gains momentum, cross-sectoral human resource planning is a must. Human resource issues for the community-based sector are equally important to the issues in health and housing; together, we share the same employee pool and have the same challenges in developing sustainability to be contributors to Alberta's vision for healthy aging and quality of life for Older Albertans.

2.3.3 Government of Alberta Ministers Mandate Letters (Nov 2022)

Excerpts relevant to workforce issues are quoted below:

- **Minister of Health:** *Address health care staffing challenges, particularly in rural areas, through improving health workforce planning, evaluating retention policies, leveraging the scope of allied health professionals, streamlining immigration and certification processes, and further increasing the number of training seats for health care professionals in Alberta.*
- **Minister of Seniors, Community and Social Services:** *Work with the social services sector to address workforce challenges within your ministry, including assessment and actions with respect to social sector worker wages.*

2.4 AAG Futures Policy Forum Webinar Evaluation Reports

1. [Improving the Work Environment for Seniors' Services Workers Webinar \(June 2022\)](#)

In their feedback, speakers and participants underscored the critical importance of immediate action to address workforce retention and recruitment concerns:

By government: funding, and delivery flexibility to enable employers to change the conditions for work to retain and sustain the current workforce—with attention to developing new approaches to staffing

- *capitalizing on identified priorities for change in facility-based continuing care and home care*
- *formalizing workforce planning and development strategies for the community-serving sector*

By employers to focus on both typical human resource aspects of creating a sustainable workforce AND culture change to support changing expectations of residents and employees for quality of life for residents (and families) and work with meaning for employees (e.g. leadership development, culture change development including cultural competency)

By educators to examine curriculum and approaches to education to enhance preparedness of graduates to meet resident needs with their increasing complexities and expectations for teamwork AND to expand enrollment to meet needs, thinking creatively about optimizing service environments across all sectors for student practicums.

The immediate actions described above should be followed by approaches to sustain the workforce for the full scope of the seniors' servicing sector for the long-term in a competitive environment for students and employees by:

- increasing education program enrollment to meet needs
- examining system design barriers to staffing effectiveness and workforce and resident satisfaction (eg System design for Supported Living 4)
- examining Professional regulatory opportunities to increase flexibility for work and support for new models of service delivery
- developing foreign worker strategies

2. [Enhancing Community Capacity and Transforming Home Care and Community Seniors' Services Webinar \(Oct 2022\)](#)

This webinar and the feedback report provided compelling evidence of the need to invest in this sector to improve the capacity to deliver expected services

- Speakers highlighted urgent concerns to stop the “bleeding” of employees from the continuing and community care sectors—providing projections of upwards of 25% loss of employees very soon.
- Data were provided about the low levels of investment in Canada in community supports

Feedback from participants on the post-webinar survey underscored the need to address staffing issues and support for staff retention across community and community-based services.

3. [Valuing Care and Family Caregivers \(January 2023\)](#)

Speaker Jane Badets outlined another challenge related to the workforce, namely that there is a projected decreasing availability of unpaid caregivers as support across the seniors care system.

2.5 Conclusions

There was consensus in the above reports on major issues facing the workforce including:

- Rising resident/client acuity
- Gap between training/educational experience and the work environment
- Access to education programs in rural and remote communities
- Challenging working/employment conditions for staff
- Workplace culture issues
- Diminishing labour supply and staff shortages, especially in rural/remote communities
- Insufficient funding for staff wages, benefits and hours of care, taking into consideration different service models and associated business costs
- Low perceived value of working with older adults

There were also recurring themes that these issues are long-standing and action is required, urgently, to address them in order to sustain what we have today. Changes to what we have and do today are a second area for attention.

THINK TANK

Planning and Implementation

3.1 Think Tank Approach

Process of Think Tank Formation

The Stakeholder Collaborative Committee (SCC) recommended key stakeholders to form the planning committee for the Think Tank; cross-sectoral membership was a requirement and included government representatives, educators, community providers, associations and regulators.

Purpose of Think Tank: To learn and engage a cross-sectoral group of leaders to inform policy recommendations for change to enhance seniors' services workforce across health, housing, and community sectors as fundamental in order to move toward Alberta's unique transformation opportunities. The Think Tank was designed to:

- Provide input to address urgent workforce issues in tangible ways and contribute to recommendations for action over the next 1 to 2 years.
- Consider cross-sectoral implications recognizing there is one workforce pool for employers.
- Build on stakeholder expertise and experience to create new learning about possible solutions, implications of potential changes and priorities for action in Alberta.
- Strengthen the seniors' serving workforce and vision for healthy aging through the dual objectives of healthy aging/quality of life for older Albertans AND quality of work life for employees.

3.2 Planning Process, Methodology and Framework

The Think Tank Planning Committee, co-chaired by AAG and AGNA, met on a regular basis to identify methodology and priorities for the think tank. A consultant/project coordinator was engaged to provide project support, engage with planning committee members and key stakeholders, and steward the delivery of the think tank event and final report.

Think Tank Methodology was developed to focus discussion on priority change topics with key stakeholders and to develop recommendations for long-term culture change.

Key Elements of Think Tank Methodology and Implementation:

- a. Co-Create Focus and Recommendations:** The Think Tank process was guided by the collaboration of stakeholders who co-authored policy recommendations. Stakeholders included the planning committee members, and the participants at the in-person think tank who represented champions for change across sectors and areas responsible for change (e.g. policy and regulatory bodies and system management areas) to mobilize outcomes. The think tank provided an opportunity for cross-sectoral discussions designed to bring input from health, housing and community-based sectors. Attendees were by invitation only, and included leaders across the seniors' services sector, including representatives of Alberta Health, Seniors Services and Social Services, regulatory bodies, educators, and system advocates involved in AAG's Stakeholder Collaborative Committee. (See Appendix B for list of participants at Think Tank)
- b. Evidence-Informed Policy Deliberation and Development:** Policy change priorities and development of recommendations were based on synthesis of stakeholder experience and expertise, research evidence and published reports regarding the needs and opportunities for change, interviews of key informants (see [Appendix C](#)), and the consideration of the government and regulatory environment impacting the policy area.

Ten priorities (see [Appendix D](#)) were identified and discussed with the think tank planning committee, key informants and attendees at a concurrent session during the ACCA conference in September 2022. The priorities were ranked on the basis of the criteria that were developed and then utilized to identify three outcomes to focus the think tank deliberations.

Building on our learning from Dr. Estabrooks and her model for systemic change, illustrated below (Figure 3), concrete areas for action were identified and summarized in relation to responsibility across government (funding & system design), system leaders (e.g. educators, regulators, associations), and service provider organizations.

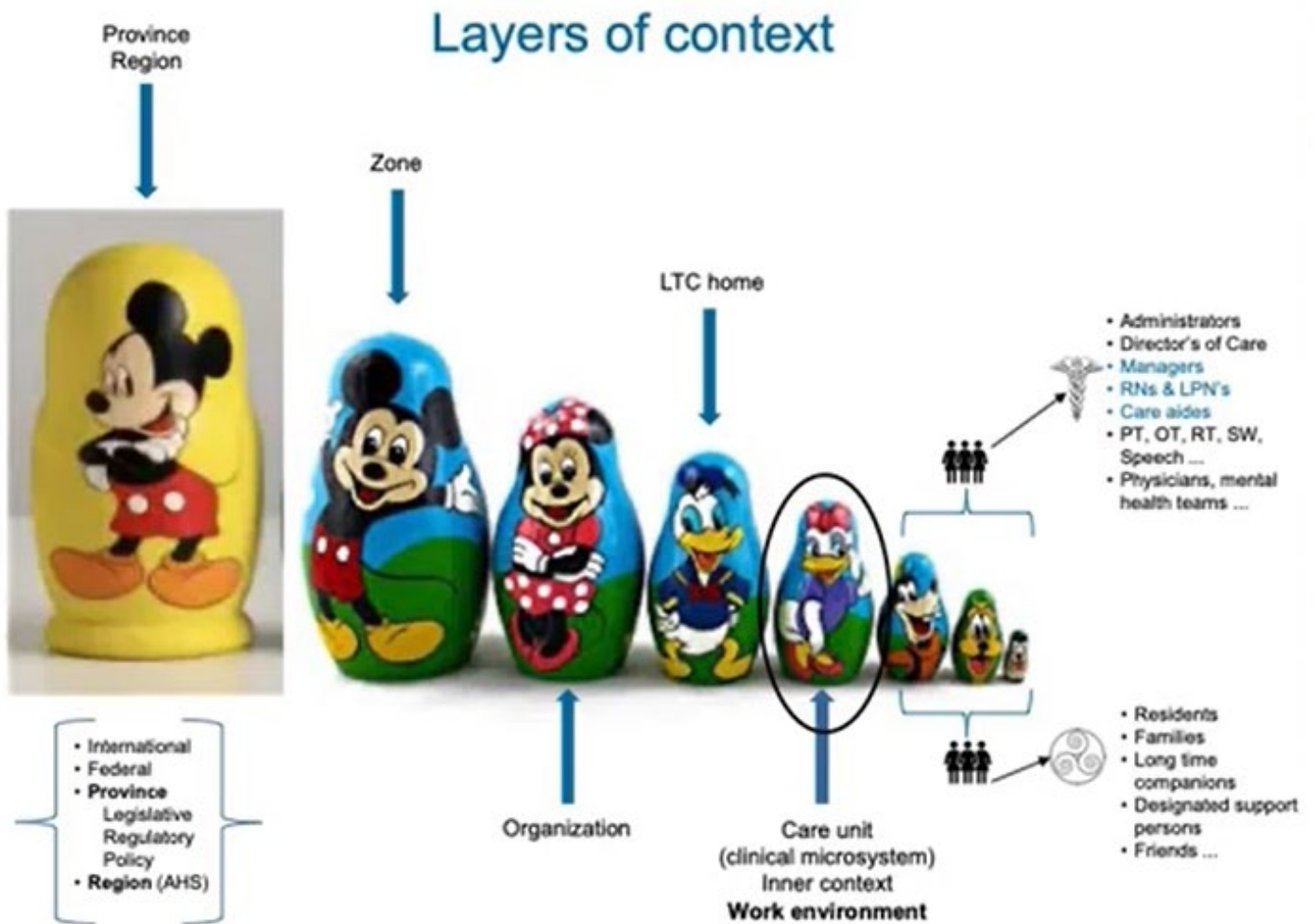


Figure 3
Nested Dolls Framework demonstrating the layers of context

c. Focused Impact: Policy deliberation and recommendations were focused on a select number of actions for long-term cultural change that could be actioned within the next two-three years. The discussions and decision-making processes provided clear criteria (see [Appendix D](#)) for selecting Think Tank topics.

Framework: Think Tank deliberations were guided by a preliminary logic model which links priorities for change to the overarching goal to “create positive conditions for work and workforce culture”. Three outcomes for action were identified based on learning from evidence and input from a cross-sectoral Planning Group

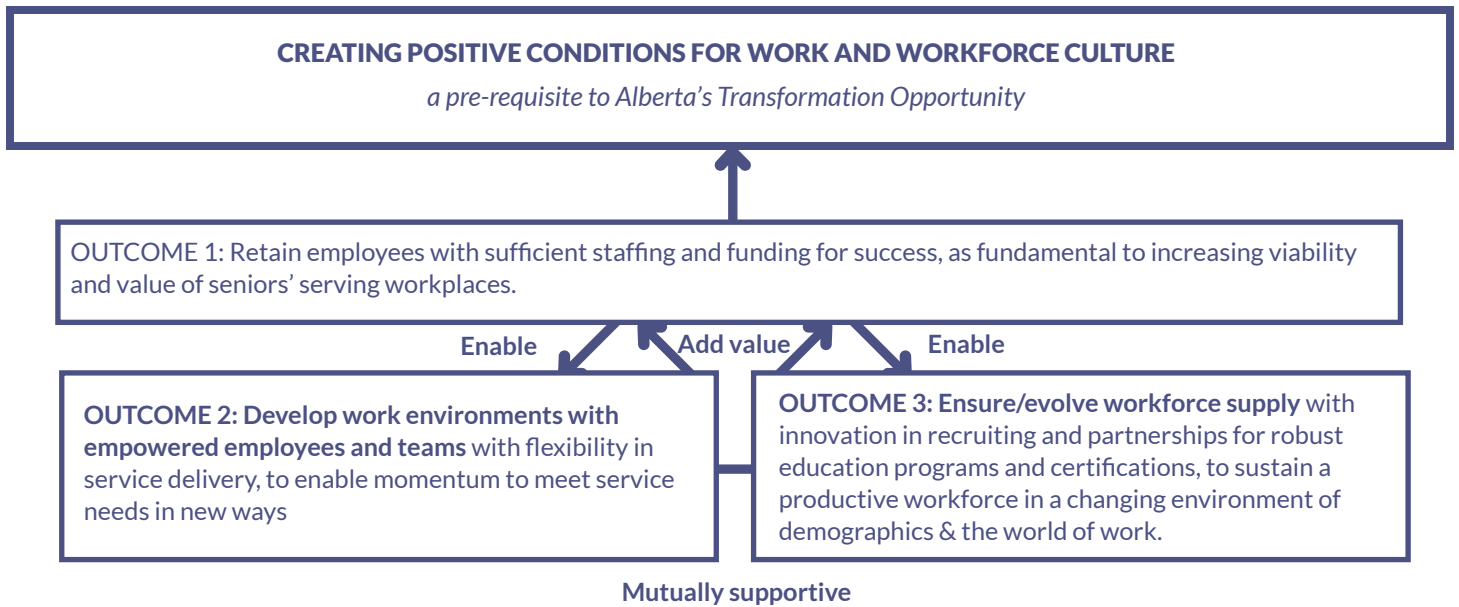


Figure 4
AAG Think Tank Logic Model

d. Think Tank Deliverable for Advocacy and Action: A report summarizing input regarding needs and opportunities for change, decision-making to select priority change topics, think tank deliberations, policy recommendations, and strategies for advocacy was drafted. The SCC provided input to inform the final submission of the report. Distribution of the report to key stakeholders and changemakers will be initiated by the SCC.

e. Lessons Learned: Input was gathered from participants involved in the process, with documentation of lessons learned from the overall process. See section 3.5 for think tank evaluation results and lessons.

3.3 Attendance and Overview of Agenda

The think tank was held on December 5th, 2022 in Leduc, Alberta. There were 62 attendees from across Alberta and across many stakeholder groups (See Appendix B for attendees). The target attendance was 50-75 participants. An [agenda package](#), with relevant background documents, was sent to all invitees to review prior to attending the Think Tank. The day consisted of a keynote speaker, and three panel presentations, followed by focused discussion groups. See [Appendix E](#) for the detailed agenda. Participants at the think tank were intentionally assigned tables for each of the three facilitated discussions, allowing for cross-sectoral discussion and an expanded understanding of current workforce issues across the seniors' services continuum. The facilitators were guided by specific questions for each outcome with a request to identify specific actions, ideally within a 2 year time frame.

Due to the format of the think tank, it was not possible to include all perspectives from the seniors sector including residents/clients, volunteers, family care partners, unions, frontline staff, regulators and professional colleges, however many participants provided several perspective through their own personal experience as a family caregiver or previous work experience across the sector.

3.4 Highlights from Keynote, Panels and Discussion Groups

Video recordings of all presentations are available on the [AAG site](#).

The following are highlights from the keynote speaker, panel contributors, and group discussions. A comprehensive summary of the discussions can be found in [Appendix F](#)

Keynote Presentation

Call to Action: Creating a Positive Workforce Culture (a positive work environment)

Carole A. Estabrooks CM, PhD, RN, FRSC, FCAHS, FAAN, FCAN

Professor & Tier 1 Canada Research Chair, Faculty of Nursing, College of Health Sciences, University of Alberta

Research in Alberta and Canada shows high stress among seniors' services workers in continuing care, although it is encouraging to note that these same workers also show high levels of professional efficacy - the sense that your work is important, that you are successful at your work, that your work has meaning and matters for residents

- Research shows the difference in employee satisfaction between workplaces which have paid more attention to workplace culture than those that have not.
- Addressing workforce issues is complex. She outlined the “Nested Dolls Model” which is being used in the Think Tank to shape action planning:
 - a. Global /province-wide action (government) creates the conditions for change
 - b. System-wide parameters (eg regulatory bodies, education, system leaders) define system operating practices
 - c. Health and Social care providers lead organizational culture change and initiatives to support employees
 - d. The design of work as the most innermost doll and key to improving both employee and client result is expressed in the design of work teams and monitored through results related to both the workforce and quality of life and care experiences of clients and care partners
- She underscored the need for action, with calls to improve data collection related to the seniors' serving workforce to monitor progress. She called for an end to repeated demonstration projects as vehicles for change; rather , focusing on learning from new initiatives in a plan for ongoing and systemic change.

Outcome #1

Retain existing employees with sufficient staffing and funding for success leading to increased value and viability of seniors' serving workplaces

Panel

Moderator: Marilyn Willison-Leach (Retired Senior VP Operations AgeCare), Blair Phillips (AgeCare), Carla Beck (The Bethany Group), Michelle Meade (CBI Home Health), Karen McDonald (Sage Seniors Association)

- Facility-based continuing care providers spoke about learning from COVID: need to rebuild from stressors of managing COVID & learn from unintended consequences such as the major negative impact of single site order for staffing, in moving forward, need to focus on site-based leadership and wholistic staffing (care staffing and life enrichment services) that addresses resident needs. COVID-related funding to address increased business costs including wage top-ups for front-line staff need to be continued with a sustainability focus.
- Leaders spoke of long-standing issues in the mechanisms for funding facility-based care (funding levels to address current business costs and staffing to address rising care acuity); these need to be addressed before expanding service levels.
- Home Care service delivery is particularly vulnerable with wages and working conditions that are not competitive with health care settings, resulting in high staff turnover and vacancies—and quality of care concerns for clients and care partners.
- Community-based service providers also are non-competitive in relation to health care settings, with difficulties in recruiting and retaining staff. A major component of their workforce is based on developing employees with desired attitudes and aptitudes for social supports, increasing the need for ongoing staff development which is not part of budgets. Funding for new initiatives based on short-term projects increases challenges to provide competitive positions.

Discussion Group Highlights

To improve the quality of care, increase retention of employees and move towards a more integrated system, the following areas of focus, with actionable items, were identified during the table discussions.

- Increase direct care hours in facility based continuing care as per MNP recommendations, as well as increase hours of care/service for homecare and community based services
- Standardize wages for health care workers across the continuing care sector, and acute care; increasing wages as acuity of clients increases
- Provide more flexibility with funding models, and consider shifting from task-based funding to outcomes-based funding
- Foster an environment for intersectoral collaboration, where resources across all care sectors are shared
- Invest in technology for staffing solutions
- Recognize and create a plan to address system level changes that are required to shift the model of care to focus on aging in place and preventative care, rather than reactive care
- Provide funding and support to enhance workplace culture through leadership training, change management, recognition programs, DEI (diversity, equity and inclusion) and cultural training
- Increase utilization of community services, including volunteers, community hubs, navigation of resources and leveraging community-based organizations
- Innovative solutions to recruit and support internationally educated health care workers

Outcome #2

Develop work environments with empowered employees and teams and flexibility in service delivery >> enabling momentum to meet service needs in new ways.

Panel

Moderator: Dr. Katherine Chubbs (The Good Samaritan Society), Jeanne Besner (AHS & Chai Health Council of Canada- retired), Marlene Raasok (Retired Educator; Board Member-The Good Samaritan Society, AAG), Arlene Adamson (Silvera for Seniors; ASCHA), Mariam Elghahuagi (Healthy Aging Alberta)

- Research related to optimizing performance underscores the need to develop work teams with clear roles for team members and intentional design of work expectations to optimize these roles. We need to move away from current practices that focus on work tasks defined by credentialed employees as the design of program teams. There needs to be collaboration among service providers & educators to gain clarity of different role expectations for employees working in different service contexts, with education curricula developing understanding of role enactment (as opposed to task proficiency) and employers providing supports (e.g. onboarding, continuing education) to support effective role implementation in their context. Without this, workplaces risk disempowered individuals and sub-standard care results.
- Culture change can make a difference in employee outcomes with improved employee retention and satisfaction as well as improved resident outcomes (as demonstrated by experiences with the Butterfly Model and the FASCCI model). However, sustaining these changes is not possible with current funding. New models for facility-based continuing care such as the small homes (implemented by a number of providers in the late 1990's in Alberta and now popularized by the Green House Model) also have proven benefits for workplace satisfaction and retention; however, current funding models do not support sustainability. With its plans for transformation, Alberta has an opportunity to move forward with innovation projects related to home care and small homes by bringing new initiatives with new service delivery models and new models of funding and outcomes accountability with impact assessment and shared learning for systemic change.
- Community-based housing experience the same issues of non-competitive wages for their hospitality staff as do community-based social service providers. In Lodges, there is a need to address this issue and explore ways to shift away from current Home Care visitation models to on-site teams, focused on more holistic roles and relationships with all team members, residents and their families. There is also interest in articulating value of positions in hospitality as entry to this workplace
- Community based social service providers have new opportunities to design inclusive roles to support demonstration initiatives for social prescribing. The focus by Healthy Aging Alberta on social determinants of health as the underpinning for social supports is learning of value across all sectors.

Discussion Group Highlights

To optimize teams and staff roles, prepare students to work in cross-disciplinary/connected teams, focused on person-directed/relational care, and involve educators/regulators to support these changes, with actionable items identified during the table discussions.

- Increase direct care hours in facility based continuing care as per MNP recommendations, as well as increase hours of care/service for homecare and community based services
- Standardize wages for health care workers across the continuing care sector, and acute care; increasing wages as acuity of clients increases
- Provide more flexibility with funding models, and consider shifting from task-based funding to outcomes-based funding
- Foster an environment for intersectoral collaboration, where resources across all care sectors are shared
- Invest in technology for staffing solutions
- Recognize and create a plan to address system level changes that are required to shift the model of care to focus on aging in place and preventative care, rather than reactive care
- Provide funding and support to enhance workplace culture through leadership training, change management, recognition programs, DEI (diversity, equity and inclusion) and cultural training
- Increase utilization of community services, including volunteers, community hubs, navigation of resources and leveraging community-based organizations
- Innovative solutions to recruit and support internationally educated health care workers

Outcome #3

Ensuring/evolving workforce supply with innovation in recruiting and partnerships for robust education programs and certifications, key to sustaining productive workforces in a changing environment of demographics and the world of work.

Panel

Moderator: Wayne Morishita (ACCA), Steve Kovacic (The Good Samaritan Society), Ernsline Akinyode (MaKami College), Janet Yorke (Bow Valley College), Jennifer Mah (Norquest College), Dr. Kathleen Hunter (University of Alberta)

- Continuing care leaders spoke of the need to shift impressions about the work environments for seniors' services workers to attract new employees and students to this area. Increases in staffing and funding (panel 1) are foundational to changing the realities of this workforce; strengthening supports for site leaders and employees is a priority; and developing new messages regarding the value of this work and careers for seniors' service workers is also required. Leaders spoke of a desire to look broadly for potential employees and students, with strengthened community-focused engagement.
- Increasing employment of immigrants and foreign-educated graduates is a reality; creating positive workforce cultures with increasing diversity requires specific attention to ethnicity, diversity and inclusion.
- Educators addressed expectations to increase enrollment for Licenced Practical Nurses. There is strong enrollment; there is a desire to change curriculum to increase use of simulation to optimize clinical learning needs across a greater range of sites, which will be required to support these increases.
- Educators also spoke to significant concerns related to Health Care Aide Education across the province: enrollment quotas are not being met; there are also concerns that a number of graduates are not successful on the new certification exam, further reducing availability of HCA's.
- Enrollment in Registered Nurse programs is strong; however, interest in working in the seniors' serving sector is weak. Research shows social biases against working in these areas as compared to other health care opportunities which compound issues of non-competitive workplaces.
- Issues related to delays in approving international graduates for work in Alberta were also identified

Discussion Group Highlights

To improve recruitment in the seniors' services sector, several strategies were discussed including enhancing the understanding of career opportunities, promotion through educational institutions, and shifts to the current HCA educational and bursary program.

- Marketing and public relations campaigns need to highlight the value of careers in the seniors' services sector
- Promote hospitality careers in seniors housing to enable access to a larger pool of employees
- Engage in local recruitment strategies, including the recruitment of volunteers to the sector and also to paid positions
- Enhance work culture to attract new employees
- Address issues related to the upcoming regulation of health care aides, and the impact on recruitment and retention
- Consider changes to the HCA program delivery methods. For example, consider an 'in-house' HCA education program in a continuing care facility as a form of recruitment
- Collaborate with Alberta Education to expand the highschool apprenticeship program for HCA training
- Increase HCA program accessibility by providing paid practicums, childcare support, accommodation support, re-examination of entry-level English requirements
- Re-examine bursary program accessibility and barriers to acceptance
- Enhance partnerships between employers across all sectors with educators – for planning and collaborative development of pre-practicum readiness education for educators, students and sites—including Diversity, Equity & Inclusion
- Align theoretical and educational components with the practical application
- Enhance capacity and opportunities for ongoing training of multiskilled workers through a cross-sector exploration of apprenticeship/certification of knowledge & skills system
- Develop and promote continuing education and micro credentialing including competency-based training for current workforce

3.5 Participant Evaluation Results

The planning committee received extremely positive feedback for the Think Tank during the event. Participants appreciated the cross-sectoral approach, the presence of leaders and changemakers and the face-to-face opportunities to make connections and have discussions.

There were 29 out of 62 participants who completed the evaluation survey. The following highlights the results of the survey.

Participant Comments



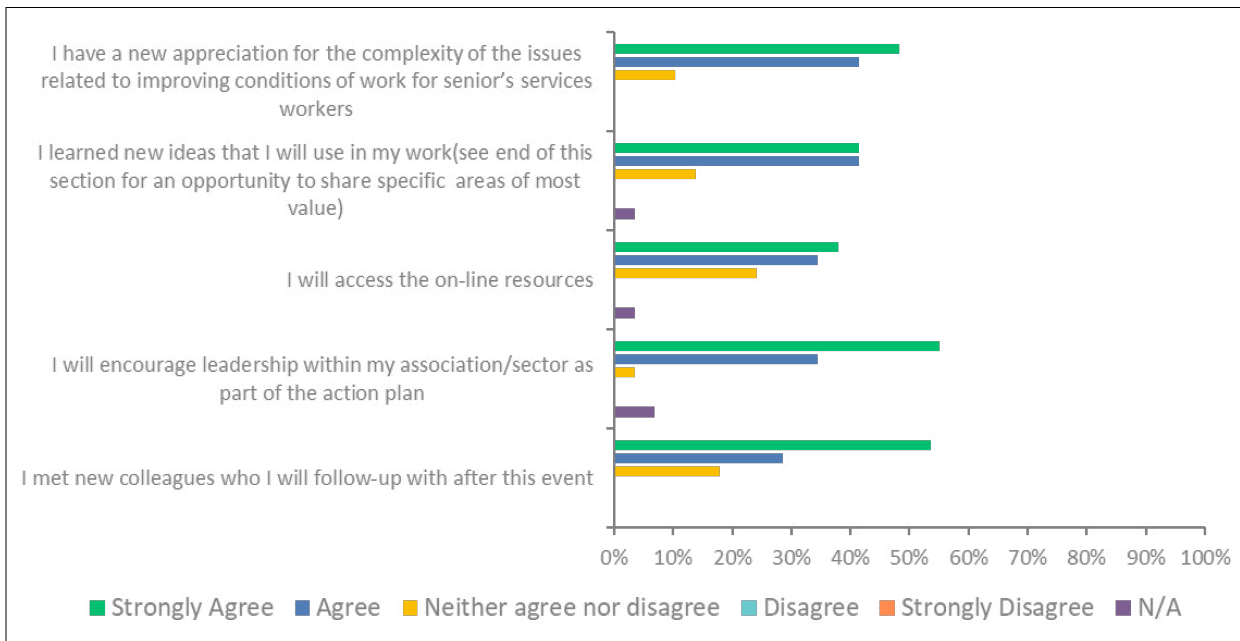


Figure 5
 Evaluation results from Think Tank Participants (Question 3: What was the value to you as a participant?)

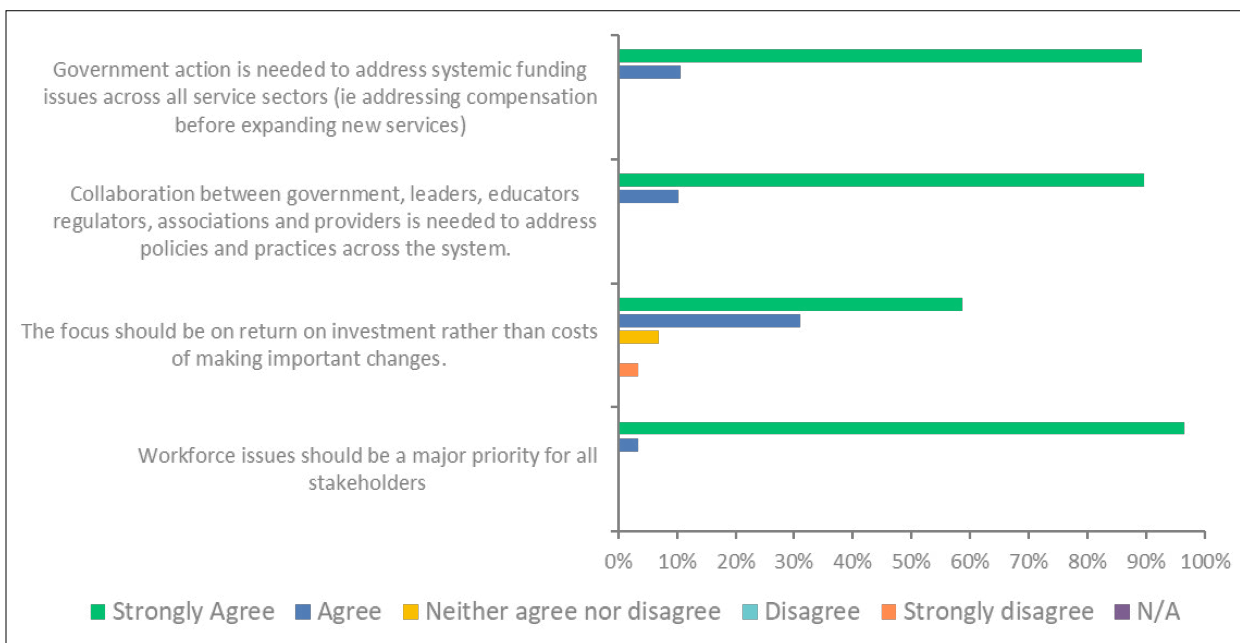


Figure 6
 Evaluation results from Think Tank Participants (Question 4: Possibility for system change to address issues in the Seniors' Serving Workforce)

3.6 Summary Reflections

Implementation of the Think Tank benefited greatly from the approach of cross-sectoral engagement and focus on priority outcomes. The Planning Committee, supported by a Project Coordinator and key AAG resource people, allowed implementation to proceed in a timely and effective fashion.

Evidence underscores urgency for change; Alberta has an opportunity for leadership in addressing workforce concerns from a cross-sectoral perspective. Input provides recommendations for change and has created momentum for ongoing collaboration to make and sustain the changes required.

THINK TANK

Recommendations

4.1 Expanded Logic Model

Based on the themes from speakers, panelists and discussion groups, an expanded logic model is recommended, as depicted below.

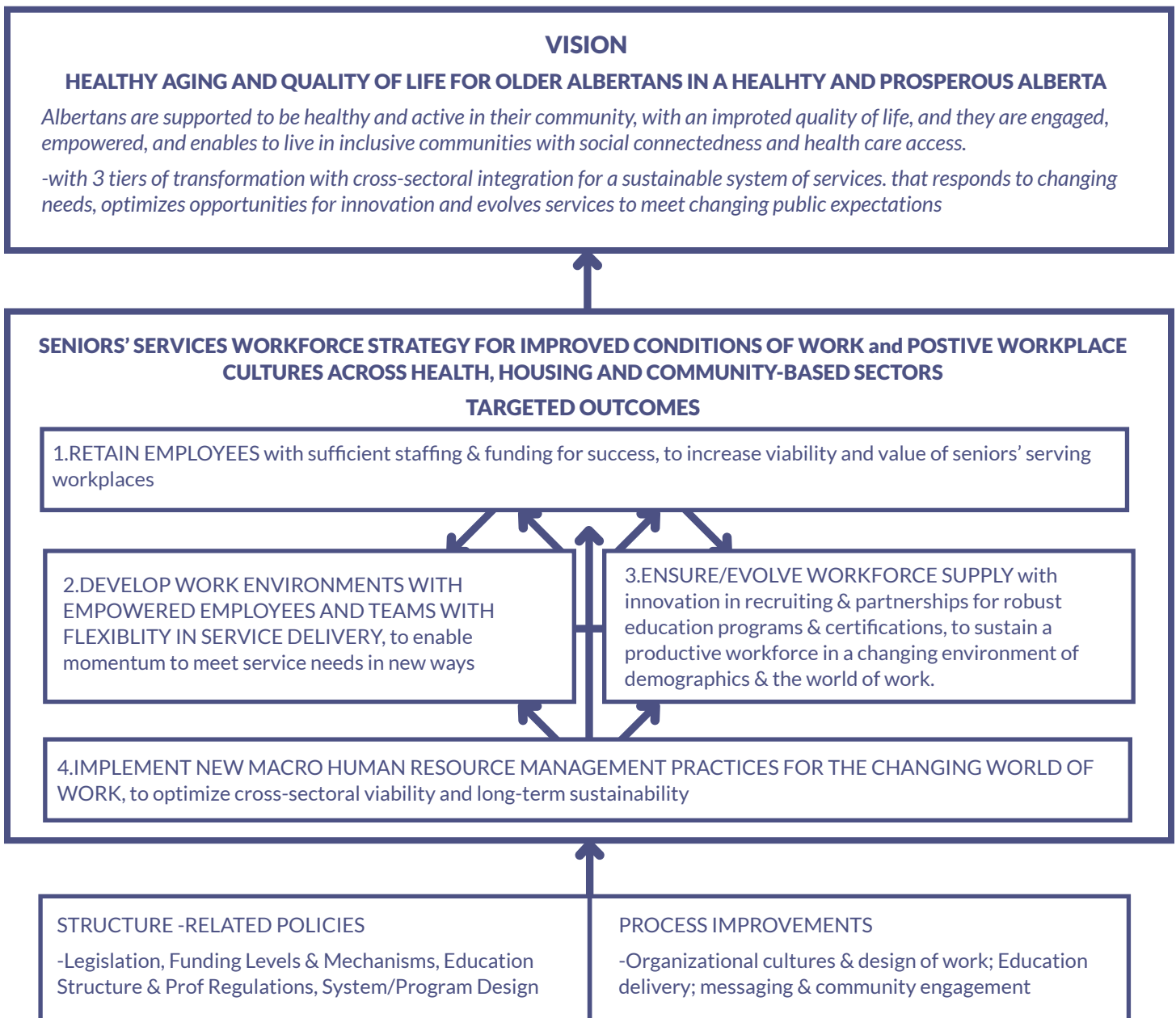


Figure 7
Expanded Logic Model for Seniors' Services: The Conditions of Work are the Conditions of Care and Service

The Logic Model is anchored in the **vision for Alberta's future:**

- A future where there is steady progress toward healthy aging and quality of life for older Albertans in a healthy and prosperous Alberta
- A future with 3 tiers of transformation mobilized through cross-sectoral integration with a sustainable system of services that evolve to meet changing needs

Key to realizing this vision is a Seniors' Services Workforce Strategy with Improved Conditions for Work and Positive Workforce Cultures Across Health, Housing and Community-Based Sectors. Four outcomes are targeted for action to move toward this vision:

Outcome 1: Retain employees with sufficient staffing & funding for success, to increase viability and value of seniors' serving workplaces

- Staffing & funding changes address long-standing issues across all sectors, a prerequisite to outcomes 2 & 3

Outcome 2: Develop work environments with empowered teams with flexibility in service delivery, enabling momentum to meet service needs in new ways

Outcome 3: Ensure/evolve workforce supply, with innovation in recruiting & partnerships for robust education programs and certifications

Outcome 4: Implement new macro-Health Human Resource practices for the changing world of work, optimizing collaboration and new ideas. The addition of this fourth outcome area was based on discussion group input that focused on the need for strategic and longer-term actions that support each of the first three outcomes.

Changes to **"Structure-Related Policies"** will be critical to addressing long-standing issues related to staffing and funding, system/program design and configuration of the education and professional regulations—both by enabling the future (as is beginning with the new Continuing Care Act) and removing barriers.

- Leadership by government as well as other system-focused governance areas (e.g. Alberta Health Services, education and regulatory organizations) will be central to these changes.

Process Improvements will be required to change organizational cultures & design work to create effective work environments, more responsive education delivery, and community engagement that builds shared understanding regarding the value of seniors' services work.

- This is an opportunity for collaboration across all components of Dr. Estabrooks' "nested dolls" framework, with leadership by service delivery organizations to enable the future by evolving workplace cultures and design of work that optimizes the value of all parties.

4.2 Recommendations for Change

The recommendations that follow are based on evidence and key themes from the Workforce Think Tank including panelists and discussion groups. They are organized according to the expanded logic model with four outcomes including Structure-Related Policies to enable the future and remove barriers, and Process Improvement Recommendations. Accountability for leadership is identified as per the "nested dolls" model.

It is important to note that these recommendations are part of an integrated package of necessary changes that will not have significant impact on their own. In addition, we have tried to show that many require collaborative planning and implementation and must be cross-sectoral to be successful.

4.2.1 Outcome 1: Retain existing employees with sufficient staffing and funding for success leading to increased value and viability of seniors' serving workplaces.

This outcome focuses on the key priority of funding policies and system/organizational development.

Structure-Related Policies to Enable the Future and Remove Barriers

Process Improvement Recommendations

Government Leadership for Systemic Change

1.1 Commit to multi-year funding increases to sustain current services starting April 2023 with the following:

- a. Continuing Care Homes – 4.5 hours per resident per day (MNP recommendation for LTC) and up to 4.0 hours per resident per day in DSL- prior to funding of new capacity – Alberta Health (AH)
- b. Home Care – increased funding per hour (with new contracting methods) and increased total funded hours to enable aging in place - AH
- c. Increased funding to sustain community based seniors serving sector to enable aging in the community – Senior, Community and Social Services (SCSS)

1.2 Sustain funding increases for the long-term with policy frameworks that:

1.2.1 Develop a funding policy framework that supports cross-sector viability of seniors serving organizations and recognizes current wage/benefit costs, operating costs and the differing business contexts of service organizations

1.2.2 Develop policy frameworks that encourage flexible funding approaches for different operating environments (e.g. small and rural/remote continuing care homes and senior services programs) new models and accountabilities that focus on flexibility and outcomes to optimize innovation initiatives.

1.3 Optimize opportunities for reducing the administrative burden of reporting and inspections through the new Continuing Care Act regulations, standards and inspection processes.

System-Wide Policy and Practice Change

1.4 Government and seniors sector leaders to develop a plan to test, adopt and fund technology that supports the workforce (note AAG -sponsored webinar on February 22nd regarding Innovation in Technology to Support Innovation in Seniors' Services).

System-Wide Policy and Practice Change

1.5 Develop work environments to enhance employee retention such as

- a. program/unit-based delivery models for defined populations
- b. leadership retention strategies including education, work redesign, administrative support
- c. staff recognition and support strategies, co-designed with employees

1.6 Mobilize change through sharing exemplars and system learning initiatives

1.7 Promote inclusion and communities of support, in collaboration with residents/clients and family care partners, in support of culture change.

4.2.2 Outcome 2: Develop work environments with empowered employees and teams and flexibility in service delivery and create momentum to meet service needs in new ways.

This outcome is enabled by the funding related recommendations in Outcome 1 and cannot happen without them. The focus is on mobilizing change with strategic transformation and collaborative action to improve and sustain work environments for immediate and long-term change.

Structure-Related Policies to Enable the Future and Remove Barriers

Process Improvement Recommendations

Government and AHS Leadership for System Change

2.1 Develop, fund and measure the success of innovation projects that optimize role clarity and practice capability of employees and teams (e.g. care centre redevelopment, home care RFP, social prescribing, small homes), ensuring attention to recommendations regarding addressing funding issues in Outcome 1.

2.4 Mobilize system learning from innovation initiatives. Optimize learning and system impact by shifting from demonstration projects to strategic coordination of “exemplars of change” including evaluation, system learning and spread

2.2 Move from standardized funding models and accountabilities to supporting program-specific processes, flexibility in accountabilities, for a focus on outcomes. Consider a future view to developing funding models where funding follows the person.

2.3 Remove system design barriers that prevent optimal onsite teamwork and cost-effective service delivery (e.g. case management model for SL4, lodge home care model)

System-Wide Policy and Practice Change

2.5 Educators and Providers to create collaborative structures that lead to a better understanding of service contexts/culture and emerging innovations and help to close the education to practice gaps.

2.6 Educators to evolve curricula to reflect changing service expectations and enhance faculty capacity to focus on the contributions of students in the seniors services system, not just task proficiency.

Service Provider Leadership

2.7 Implement culture change and design of work at the program/unit level to support person-centered care and service by empowered employees, teams and workplaces, in collaboration with residents and family caregivers.

4.2.3 Outcome 3: Ensure/evolve workforce supply with innovation in recruitment, robust education programs and certifications to sustain a productive workforce in a changing world of work.

This outcome is enabled by the recommendations in Outcome 1. It paints a picture of the importance of collaboration between government, educators, regulators and service providers in increasing the success of recruiting students and employees.

Structure-Related Policies to Enable the Future and Remove Barriers

Process Improvement Recommendations

Government Leadership for Systemic Change

3.1 Support recruitment across the seniors serving sector through changes to funding and employee compensation (outcome 1) that lead to improved working conditions and more positive messages about the value of the work.

System-Wide Policy and Practice Change

3.2 Develop a collaborative cross-sectoral strategy (Government, educators, regulators, providers) to examine barriers to the supply of Health Care Aides, including workplace reputation, student admission criteria, access to financial support, certification exam processes

3.3 Work collaboratively to remove barriers (government, regulators, educators) to timely certification of international graduates by regulators and preparation for the workplace across all disciplines.

3.4 Increase access to health and social service education programs through educator/provider support of local delivery (e.g. education programs co-hosted by educators and providers).

3.5 Update educational curricula to optimize simulation, enhance learning and interprofessional opportunities

3.6 Educators and providers to collaboratively develop and profile senior serving career opportunities and career paths using positive messaging and role modeling.

Service Provider Leadership

3.7 Develop strategies to make diversity, equity and inclusion the hallmarks of seniors' serving workplaces, with identification of benchmarks to enhance learning and monitor progress.

3.8 Engage with residents/clients, family care partners and employees to reach out to local communities, schools and individuals of all ages to enrich services, increase volunteerism, and enhance recruitment.

4.2.4 Outcome 4: Implement new macro human resource practices for the changing world of work to optimize viability and sustainability of the seniors serving sector.

This outcome describes a range of possible collaborative strategies across all levels of stakeholders.

Structure-Related Policies to Enable the Future and Remove Barriers

Process Improvement Recommendations

Government Leadership for Systemic Change

4.1 Examine student financial incentives related to increasing enrollment generally and considering incentives with return of service in rural and remote areas.

4.2 Develop common HR metrics to track progress in collaboration with providers, educators and researchers)

System-Wide Policy and Practice Change

4.3 Develop collaborative strategic Health and Human Resource (HHR) plan for the seniors serving sector incorporating new service delivery models, the provincial transformation agenda and innovative HR strategies such as graduated skills and knowledge certification (Robert Clark, ACCA speaker), on-the-job-training, and defining work in ways that provide for graduated retirement, and attract older students and persons with disabilities.

Service Provider Leadership

4.4 Examine potential to Increase retention and cost-effective employment practices for both individuals and providers through inter-sectoral operational collaboration for example, common casual pools and harmonization of key contractual requirements and approaches

MOBILIZING ACTION

Milestones Mark Change

5.1 Urgency and Scope of Change

Health workforce issues are priorities for action provincially, nationally, and internationally. Seniors' serving sectors are particularly vulnerable given historically lower levels of staffing and compensation than the acute care system.

- Staffing and funding issues across the seniors' services section are longstanding, systemic and cannot be fixed with "shot-gun like solutions"
- Comprehensive action is required for systemic change, as part of a commitment to long-term change. Government funding is required to address staffing and financial costs of current service delivery before investment in new initiatives.
- Strength across the seniors' service system is critical to provide quality of service to individuals needing support for healthy aging and quality of life—a hallmark of public expectations today and a requirement for a healthy Alberta with an aging demographic.
- Strength across the seniors' service system is critical to cost-effective use of primary care, emergency and inpatient acute care services.

Think Tank recommendations are made in the context of changes already underway or contemplated across the system in Alberta. The intent of this section is to:

- reinforce & highlight priority areas for immediate action based on cross-sectoral dialogue.
- continue the momentum for multi-party action and collaboration through a proposed accountability framework for seniors' workforce development.
- create the foundation for systemic change that will support Alberta's transformation agenda.

5.2 Two Year Action Plan

Figure 8 illustrates milestones for change in a two-year action plan, with a proposed accountability framework, to move toward the vision of seniors' service workplaces with positive conditions of work, enabling transformation for Alberta's vision of healthy aging and quality of life in a prosperous Alberta.

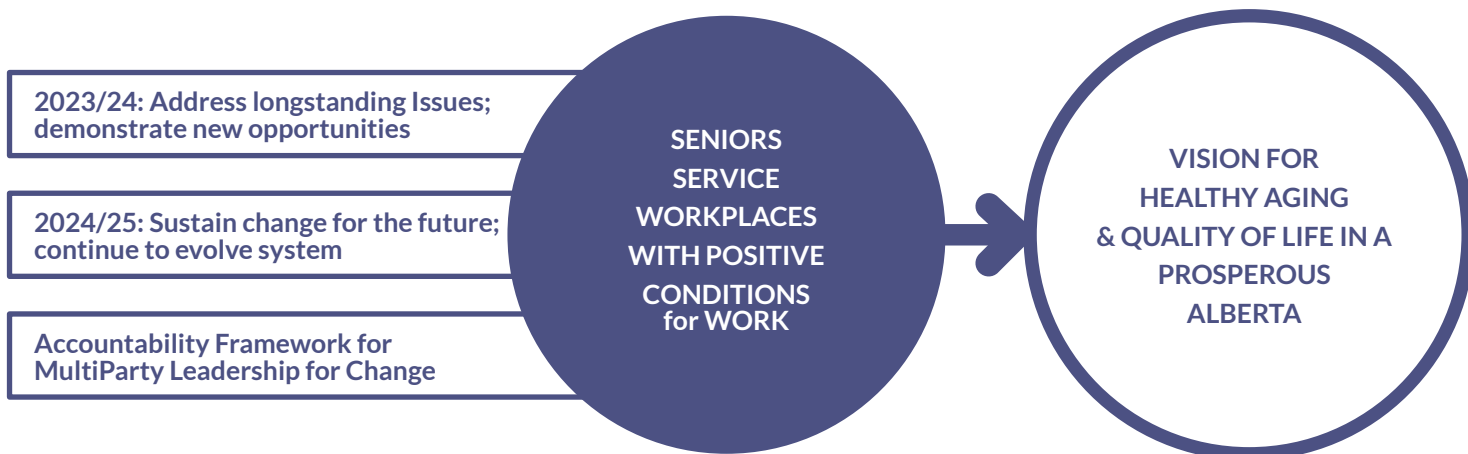


Figure 8
Multi-Part Action Plan for Workforce Sustainability

5.2.1 Proposed Actions for 2023/24

The following tables in section 5.2.1 and 5.2.2 identify proposed priority actions for the next two years. It is recognized that final implementation plans may vary due to stakeholder capacity to mobilize proposed actions and that implementation may go beyond two years. However, urgency of the current situation is a call for action starting April 2023.

Directional target impacts are suggested in the absence of specific measures at this time.

Goal: To improve the conditions of work and achieve service impacts by addressing long-standing issues and demonstrate learnings from innovations

Change Leaders Take Action	Targeted Impacts
1. Alberta Health and Alberta Seniors, Community & Social Services: Create System Conditions for Positive & Competitive Workplaces with Increased Staffing and Funding	
<p>1.1 Address long-standing issues related to staffing & funding by increasing the basic “funding pool” before funding service expansion.</p> <ul style="list-style-type: none"> a. AH: Two Year Plan (23.24 & 24.25): Implement MNP Recommendation of moving to 4.5 hours for LTC and up to 4.0 hours for DSL. with changes as required to align with the New Continuing Care Act (includes addressing legacy funding issues) AND update funding levels to acknowledge current costs for FBCC (including addressing long-standing issue) b. SCSS increase funding for community-based supports and housing for competitive hiring & retention <p>1.2. Develop a policy framework that supports cross-sector viability and flexible funding and service expectation approaches.</p>	<p>..Increased retention & employee wellbeing (reduce sick time; injuries, overtime)</p> <p>..Increased recruitment potential by changing image of sector</p> <p>.. Reduced reliance on ED and inpatient care and reduced barriers to hospital to home/ care home transfers</p>

Change Leaders Take Action

Targeted Impacts

2. As a second area of investment by Alberta Health and Alberta Seniors, Community & Social Services: Mobilize the transformation agenda with innovation initiatives that feature effective teams and sustainable workplaces

2.1 Implement innovation proposals per transformation plan (and with consideration to funding recommendations in outcomes 1) creating a plan for system-wide learning to support:

- a. Home Care workforce competitiveness and sustainability working in collaboration with partners (such as lodges & other congregate care environments)
- b. Increase community-based service capacity

2.2 Implement innovation opportunities to redevelop facility-based continuing care by implementing promising practices for small homes with enhanced scopes of practice for on-site HCA's and relationship-focused care, supported by funding for sustainability and outcome-focused accountability

2.3 Assess implementation of social prescribing demonstration projects for financial sustainability and learning and support other initiatives that strengthen community-based services for aging in community – seeking opportunities to link with the new primary innovation strategy, Modernizing Alberta's Primary Health Care System ([MAPS](#)).

2.4 Examine opportunities related to developing a technology-innovation strategy that addresses supports for the workforce in collaboration with AAG and partners, as follow-up to AAG's Webinar in February 2023 and review of the report in April.

- ...Improved outcomes for
- a. employees (retention & recruitment)
 - b. residents/clients (continuity, engagement)
 - c. system partners (facilitated service transitions & expanded supports for community-based living)

3. Service Provider Leadership : Change Culture to Person-Centered Service and Positive Workplaces

3.1 *Culture Change* - engage employees and clients in creating the desired service vision followed by design of work teams (with clarity of roles), education, mentoring, & removal of barriers to support employee engagement & team work for person-centred care & work with meaning

3.2 *Workplace Culture and leadership development* - engage employees and leaders to understand desired supports with continue learning to sustain their valuable role
Potential leadership summit.

3.3 *Strategies to enhance retention of new employees:*

a. Make Diversity, Equity & Inclusion strategies a hallmark of their workplaces.

Potential ideas:

- a. Leadership Summit: 23/24 regarding promising practices, with follow-up action
- b. Strengthen on-boarding of new employees to the specific context of work

3.4 *Ongoing Sustainability* - create "communities of support" by engaging with residents/clients, family care partners, volunteers and local communities

- ...Improved employee retention & engagement
- ..Improved resident/client satisfaction & engagement/ understanding
- ...More engaged communities, less ageism and more positive views of seniors' serving workplaces

Change Leaders Take Action

Targeted Impacts

4. Collaboration between Government, Educators, Regulators and Service Providers: Remove Barriers to Increasing the Supply of Seniors' Services Workers

- 4.1 Address barriers to timely certification of international grads by regulators and preparation for the workplace across all disciplines. ..Increased numbers of HCA & other Health Care graduates
..Increased retention of new employees
- 4.2 *Review barriers to HCA graduate availability:*
- a. Admission criteria & options to expand intakes with curriculum options related to English language proficiency
 - b. Bursaries & other opportunities to enhance financial supports
 - c. Processes/expectations to decrease failures on HCA Certification exam
 - d. Workplace reputation
- 4.3 *Explore ways to expand access to education programs*
- a. Increase local delivery of education programs in collaboration with providers (e.g. education programs in collaboration with providers to meet needs in rural and remote areas)
 - b. Educators implement curriculum innovation & expanding clinical practicum sites optimizing, where possible, interprofessional and cross-sectoral mentoring/learning opportunities
- 4.4 *With the benefit of funding announcements, develop new messaging* related to workplace opportunities & model careers across a range of settings

5.2.2 Proposed Actions for 2024/25

Goal: To sustain workplace changes and evolve health human resource strategies for the future world of work. All change leaders will build on and learn from the actions begun in 2023-24, with completion of most of those initiatives by the end of the second year.

Change Leaders Take Action

Targeted Impacts

1. Alberta Health and Alberta Seniors, Community & Social Services Complete Funding Increases for Basic Services and Collaborate with Providers to Remove Barriers for Long-term Success

- 1.1 Optimize new legislative framework to remove barriers to workforce effectiveness - AH
- a. Reduce administrative burden when designing Regulations & Standards and consolidating inspections
 - b. Move case management for SL4 from AHS to on-site teams to support effective teamwork and consistency of the new Continuing Care Home model.
 - c. Investigate strategies for flexibility in financial accountability with increasing attention to accountability for outcomes, as part of funding model changes
- 1.2 Evolve funding from one-time service-focused grants to more long-term approaches - SCSS in collaboration with Healthy Aging Alberta
- 1.3 Monitor learning from innovation projects in 2023/24; continue transformation journey.
- Increased viability of seniors' serving workplaces with improved opportunities for employee retention, satisfaction & recruitment

Change Leaders Take Action

Targeted Impacts

2. Service Providers and Associations: Collaborate to Investigate New, Cross-sector Health and Human Resource (HHR) Strategies

- | | |
|--|--|
| 2.1 Mobilize learning & implications for workforce sustainability of initial innovation initiatives in support of the transformation journey | -Impact of new models on retention, recruitment & educational preparation. |
| 2.2 Investigate <i>potential for shared casual pool</i> | |
| 2.3 Consider <i>harmonization of key expectations in collective agreements</i> | -Increased flexibility to meet staffing needs |

3. Collaboration Between Government, Educators, Regulators and Service Providers: Investigate Future Needs and Opportunities to Evolve/Increase Supply of Seniors' Services Workers

- | | |
|---|--|
| 3.1 <i>Develop common human resource metrics & integrate into reporting</i> | -Shared understanding of accountability metrics & future needs to support planning & development |
| 3.2 <i>Develop strategic health human resource plan with a 10+ year horizon to support system transformation objectives & building on learnings</i> | |
| 3.3 <i>Investigate potential to evolve or complement current focus on education credentials for work to certification with an approach based on knowledge & skills for work - to increase flexibility and value of on-the-job-trained employees and expand opportunities for older workers, persons with disabilities and new immigrants across all sectors</i> | -increased flexibility for the changing world of work |

5.3 Proposed Accountability Framework for a Multi-Party Action Plan

Expectations are high for comprehensive change to improve sustainability and effectiveness of the seniors' serving workforce, address current service concerns, and create capacity to move forward with Alberta's transformation goal for healthy aging and quality of life for older Albertans.

As described in Section 5.2, the Think Tank outlines priorities for comprehensive, cross-sectoral and collaborative action related to Outcome 1 (improve retention with sufficient staffing & funding), Outcome 2 (develop work environment for empowered teams & innovation to meet service needs in new ways), Outcome 3 (ensure/evolve workforce supply), and Outcome 4 (implement new macro human resource management practice to sustain the workforce for the future) with multi-party accountability for action.

Priorities indicated for action in year 1 (2023/24) and year 2 (2024/25) reflect the urgency for action. Action for the next two years will create the foundation for ongoing sustainability. These plans need to be developed based on learning and results from years 1 & 2.

Monitoring action with regular updates to stakeholders will be key to developing trust across stakeholders, including the public, and maintaining momentum.

The cross-sectoral approach to addressing seniors' services workforce issues was well received by Think Tank Participants. It is proposed that this model of cross-sectoral and cross-ministry engagement be used to develop and monitor implementation of recommendations by creating a **Seniors Services Workforce Steering Committee** accountable to AH and SCSS.

Membership would include workforce leaders from each Ministry, key seniors' service provider associations/groups, educational institutions, regulators and community organizations such as AAG and AGNA. The Steering Committee would meet on a regular basis for at least 2 years.

Steering Committee Objectives could include:

- Develop an implementation plan for Year 1 initiatives and monitor action as per accountability for action
- Develop a communication plan , with ongoing updates ending in a Year 1 Report in Spring 2024
- Develop an implementation plan for Year 2 (both to complete year 1 work and move forward with new initiatives) and support action Year 2
- Evolve communication and engagement planning to support implementation of year 2 initiatives as well planning for initiatives required in year 3 and beyond .Provide summary report of year 1 & 2 implementation in Spring 2025, with recommendations for continuing work.

Suggestions for further Development of Collaborative Actions:

- For **service provider** actions, key associations (CHAA, ACCA, HAA, ASCHA) meet in Spring 2023 to create **Workforce Strategy Task Groups** to mobilize implementation of recommendations focused on service providers..
- For **collaborative actions** by government, educator sand service providers collaborative actions, create **Task Groups** to mobilize:
 - a. HCA review & action plan
 - b. Distributed education models
 - c. Development of marketing strategies and messages & to profile careers for seniors' services workers

This model of coordination and accountability for action could be evaluated at the Spring 2024 Steering Group Meeting and would inform development in Year 2.

Auditing performance related to addressing workforce issues and proposed actions will be important to ensure that “words are not left as good intentions”. This requires not only development of workforce -related metrics (action plan recommendation for year 2) but also formal processes of reporting and accountability for performance.

Examples of performance management strategies include tracking progress related to action to address workforce issues per specific expectations in Ministerial Mandates (cross reference Government Audits) and developing expectations funding to regulators, educators and providers with annual follow-up.

5.4 The Journey Forward

Alberta has a unique opportunity to transform systems and services for a future of healthy aging and quality of life for older Albertans. However, this opportunity is at risk given major issues related to availability and sustainability of the seniors' services workforce.

The cross-sector focus of the Think Tank was successful. Implementation planning and monitoring should continue with this approach.

The priority recommendations from the Think Tank Report are to address long-standing funding issues across the seniors services sector and develop, support and increase the Seniors' Services Workforce as a foundation to moving ahead with Alberta's transformation agenda: "The conditions of work are the conditions of care and service".

The proposed two-year action plan addresses long-standing and systemic issues related to working conditions, moves forward with transformation initiatives that are informed by Think Tank learning, and offers new thinking related to evolving supply of health and social care workers.

Investing in these recommendations for change will benefit many stakeholders, leading to the desired goal of “healthy aging in a prosperous Alberta”:

- seniors' services workers,
- health & social care providers and educators,
- residents/clients and care partners who rely on these services,
- system partners who depend on these services to optimize their services, and
- the province of Alberta to demonstrate leadership in mobilizing collaborative action in the interests of all citizens

Concurrent with work to address Workforce Recommendations, attention needs to be given to opportunities to link with other system change initiatives that also impact sustainability of the seniors' services workforce, namely family caregiver strategies, the MAPS initiatives and further development of the community-based sector by Healthy Aging Alberta.

APPENDICES

Appendix A

Summary of Think Tank Recommendations

Outcome 1: Retain existing employees with sufficient staffing and funding for success leading to increased value and viability of seniors' serving workplaces.

Government Leadership for Systemic Change

1.1 Commit to multi-year funding increases to sustain current services starting April 2023 with the following:

- a. Continuing Care Homes – 4. hours per resident per day (MNP recommendation for LTC) and up to 4.0 hours per resident per day in DSL- prior to funding of new capacity – Alberta Health (AH)
- b. Home Care – increased funding per hour (with new contracting methods) and increased total funded hours to enable aging in place - AH
- c. Increased funding to sustain community-based seniors serving sector to enable aging in the community – Senior, Community and Social Services (SCSS)

1.2 Sustain funding increases for the long-term with policy frameworks that:

- 1.2.1 Develop a funding policy framework that supports cross-sector viability of seniors serving organizations and recognizes current wage/benefit costs, operating costs and the differing business contexts of service organizations
- 1.2.2 Develop policy frameworks that encourage flexible funding approaches for different operating environments (e.g. small and rural/remote continuing care homes and senior services programs) new models and accountabilities that focus on flexibility and outcomes to optimize innovation initiatives.

1.3 Optimize opportunities for reducing the administrative burden of reporting and inspections through the new Continuing Care Act regulations, standards and inspection processes.

System-Wide Policy and Practice Change

1.4 Government and seniors sector leaders to develop a plan to test, adopt and fund technology that supports the workforce (note AAG-sponsored webinar on February 22nd regarding Innovation in Technology to Support Innovation in Seniors' Services).

Service Provider Leadership

1.5 Develop work environments to enhance employee retention such as

- a. program/unit-based delivery models for defined populations
- b. leadership retention strategies including education, work redesign, administrative support
- c. staff recognition and support strategies, co-designed with employees

1.6 Mobilize change through sharing exemplars and system learning initiatives

1.7 Promote inclusion and communities of support, in collaboration with residents/clients and family care partners, in support of culture change.

Outcome 2: Develop work environments with empowered employees and teams and flexibility in service delivery and create momentum to meet service needs in new ways.

--note importance of addressing funding issues in outcome 1 as the foundation for recommendations in outcome 2.

Government Leadership for Systemic Change

2.1 Develop, fund and measure the success of innovation projects that optimize role clarity and practice capability of employees and teams (e.g. care centre redevelopment, home care RFP, social prescribing, small homes), ensuring attention to recommendations regarding addressing funding issues in Outcome 1.

2.2 Move from standardized funding models and accountabilities to supporting program-specific processes, flexibility in accountabilities, for a focus on outcomes. Consider a future view to developing funding models where funding follows the person.

2.3 Remove system design barriers that prevent optimal onsite teamwork and cost-effective service delivery (e.g. case management model for SL4, lodge home care model)

2.4 Mobilize system learning from innovation initiatives. Optimize learning and system impact by shifting from demonstration projects to strategic coordination of “exemplars of change” including evaluation, system learning and spread

System-Wide Policy and Practice Change

2.5 Educators and Providers to create collaborative structures that lead to a better understanding of service contexts/culture and emerging innovations and help to close the education to practice gaps.

2.6 Educators to evolve curricula to reflect changing service expectations and enhance faculty capacity to focus on the contributions of students in the seniors’ services system, not just task proficiency.

Service Provider Leadership

2.7 Implement culture change and design of work at the program/unit level to support person-centered care and service by empowered employees, teams and workplaces, in collaboration with residents and family caregivers.

Outcome 3: Ensure/evolve workforce supply with innovation in recruitment, robust education programs and certifications to sustain a productive workforce in a changing world of work.

Government Leadership for Systemic Change

3.1 Support recruitment across the seniors serving sector through changes to funding and employee compensation (outcome 1) that lead to improved working conditions and more positive messages about the value of the work.

System-Wide Policy and Practice Change

3.2 Develop a collaborative cross-sectoral strategy (Government, educators, regulators, providers) to examine barriers to the supply of **Health Care Aides**, including workplace reputation, student admission criteria, access to financial support, certification exam processes

3.3 Work collaboratively to remove barriers (government, regulators, educators) to **timely certification of international graduates by regulators and preparation for the workplace** across all disciplines.

3.4 Increase access to health and social service education programs through educator/provider support of local delivery (e.g. education programs co-hosted by educators and providers).

3.5 Update educational curricula to optimize simulation, enhance learning and interprofessional opportunities

3.6 Educators and providers to collaboratively develop and profile senior serving career opportunities and career paths using positive messaging and role modeling.

Service Provider Leadership

3.7 Develop strategies to make diversity, equity and inclusion the hallmarks of seniors' serving workplaces, with identification of benchmarks to enhance learning and monitor progress.

3.8 Engage with residents/clients, family care partners and employees to reach out to local communities, schools and individuals of all ages to enrich services, increase volunteerism, and enhance recruitment.

Outcome 4: Implement new macro human resource practices for the changing world of work to optimize viability and sustainability of the seniors serving sector.

Government Leadership for Systemic Change

4.1 Examine student financial incentives related to increasing enrollment generally and considering incentives with return of service in rural and remote areas.

4.2 Develop common HR metrics to track progress in collaboration with providers, educators and researchers)

System-Wide Policy and Practice Change

4.3 Develop collaborative strategic Health and Human Resource (HHR) plan for the seniors serving sector incorporating new service delivery models, the provincial transformation agenda and innovative HR strategies such as graduated skills and knowledge certification (Robert Clark, ACCA speaker), on-the-job-training, and defining work in ways that provide for graduated retirement and attract older students and persons with disabilities.

Service Provider Leadership

4.4 Examine potential to increase retention and cost-effective employment practices for both individuals and providers through inter-sectoral operational collaboration for example, common casual pools and harmonization of key contractual requirements and approaches

Appendix B

List of Participants at Think Tank

NOTE: Many participants brought multiple perspectives to the discussions.

Sector	Organization	Name of Participant
Alberta Health Services	Frontline	Toni Chua
Associations	Alberta Continuing Care Association (ACCA)	Shingai Bowora Wayne Morishita Tracey Martin
	Alberta Council on Aging	Mary Benson
	Alberta Gerontological Nursing Association (AGNA)	Kelly Baskerville Judy Ward Worrell
	Alberta Association of Nurses	Kathy Howe
	ASCHA	Jeannette Leafloor
	Caregivers Alberta	Darrel Gregory
	Health Quality Council of Canada	Mollie Cole
Community	AAG	Bruce West Lynne Mansell Marlene Raasok Vivien Lai Sharon Anderson
	Calgary United Way	Jasmine Elniski
	Edmonton Seniors Coordinating Council	Sheila Hallett
	Healthy Aging Alberta	Mariam Elghahuagi Beth Mansell Pieter de Vos
	Jewish Family Services Edmonton	Tatiana Kastner
	United Active Living	Kera Redlack
	ACCA	Tracey Martin
	Retired Healthcare Leader	Dr. Jeanne Besner
	Retired Healthcare Leader	Marilyn Willison-Leach
	Sage Seniors Association (should be under community)	Karen McDonald

Sector	Organization	Name of Participant
Educators	Bow Valley College	Diane Valiquette Janet Yorke
	Makami College	Ernsline Akinyode
	Mount Royal University	Gail Crockford Jocelyn Rempel
	NorQuest College	Jennifer Mah
	University of Alberta	Carole Estabrooks Kathleen Hunter
	University of Calgary	Bonnie Lashewicz
Government	Alberta Seniors and Housing	Jasvinder Chana
	Alberta Health	Corinne Schalm Holly Gruszecki Stephanie Bailey Carmen Grabusic
	Health Workforce Planning & Accountability Division	Annjanette Ridsdale-Weddell Anita Paras
Providers	Age Care	Blair Phillips
	Bethany Seniors	Larina Tremblay
	Capital Care	Aileen Wong
	Carewest	Barb Kathol
	CBI Health	Michelle Meade
	Covenant Health	Janet Chu Nadeth Palmer
	Extendicare	Michael Bittante
	Lifestyle Options	Renate Sainsbury
	Silvera for Seniors	Arlene Adamson
	St.Michael's Health Group	Jackline Kwiatkowski Tatsiana Haidukevich
	The Bethany Group	Carla Beck
	The Brenda Strafford Foundation	Iqbal Ali
	The Evergreens Foundation	Tammy Mack
	The Good Samaritan Society	Katherine Chubbs Edythe Andison Steve Kovacic
	Wing Kei Care Centres	Kathy Tam

Appendix C

Interviews with Key Informants

Interviews were held with representatives from the Alberta Association of Nurses, College of Registered Psychiatric Nurses of Alberta, College of Licensed Practical Nurses of Alberta, Alberta Paramedic Association, Alberta College of Pharmacy, Alberta College of Social Workers, Christian Health Association of Alberta, Seniors Housing Society of Alberta, and the Alberta Council of Disability Services. Common issues that were identified through these interviews included:

- Retention is linked to workforce culture and meaningful employee recognition is necessary to retain staff
- Strategies for recruitment need to include the exposure to the seniors' services sector during training
- The wage disparity between community care and AHS is a significant barrier to recruitment and retention of nurse practitioners, pharmacists, registered nurses, licensed practical nurses and healthcare aides.
- Need to address ageism within our system and the stigma associated with working in the continuing care sector
- The regulation of HCAs will have several implications to recruitment and retention and will impact how the collaborative team interacts.
- Need to create a streamline process for internationally educated nurses to be trained and enter the workforce
- There needs to be flexibility with new service approaches and provide more support to age in place, especially in rural areas
- Technology can provide solutions, but can also be a deterrent if not implemented and utilized properly
- Mobile integrated health program has been extremely successful, but there is not enough capacity to address all the calls.
- Strong leadership, flat management structure and "sharing opportunities' amongst the team have been effective in creating a positive work culture with little turnover in staff
- Significant differences between urban and rural care that need to be addressed in model of care and funding
- Funding model needs to be based on the needs of the resident and increasing acuity and complexity
- Small home model has been effective at retaining staff, utilizing technology, implementing a multi-skilled worker and providing person-centered care.

Appendix D

Top 10 Priorities and Selection Criteria

Retention	Recruitment	Sustainability
<ul style="list-style-type: none">• Positive workforce culture• Working conditions across the system• Staff wellbeing – mind/body/spirit• Staffing levels and worked hours	<ul style="list-style-type: none">• Long range HR planning• Alignment of educational curricula/philosophy with culture change• Societal values including ageism	<ul style="list-style-type: none">• Staffing levels and worked hours• Flexibility for new/different service approaches• Recognition and support of family caregivers• Effective teamwork

Criteria for Choosing and Ranking Top 3 Priorities:

1. Priorities are informed by key stakeholders across sectors. Stakeholder priorities are identified through Planning Committee meetings and other consultations.
2. Priorities and recommended policy actions will complement current workforce initiatives and policies.
3. Priorities will represent a manageable activity for policy change that is clearly understood, measurable and identifies who is responsible for the implementation over the short and medium term (1-2 years).
4. Priorities will have cross-sectoral value.
5. There will be a balance between Recruitment, Retention, and Sustainability, with one area of focus for each area.
6. Feasibility of implementation, cost, and timelines will be considered.

Appendix E

Think Tank Agenda

AGENDA

TIME	DESCRIPTION	PRESENTER
9:00 - 9:30	Registration and light breakfast	Discovery Ballroom
9:30 - 9:45	Welcome	Lynne Mansell (AAG) Kelly Baskerville (AGNA)
9:45 - 10:15	Call to Action: Creating a Positive Workforce Culture	Keynote Speaker: Carole Estabrooks
10:15 - 10:30	Break	Discovery Ballroom
10:30 - 12:00	Targeted Outcome #1 Panel (10:30 - 11:00) Group Discussion (11:00 - 12:00)	Moderator: Marilyn Willison-Leach Blair Phillips Carla Beck Michelle Meade Karen McDonald
12:00 - 12:45	LUNCH	Marquis Ballroom
12:45 - 2:15	Targeted Outcome #2 Panel (12:45 - 1:15) Group Discussion (1:15 - 2:15)	Moderator: Dr. Katherine Chubbs Jeanne Besner Marlene Raasok Arlene Adamson Mariam Elghahuagi
2:15 - 2:35	BREAK	Discovery Ballroom
2:35 - 4:05	Targeted Outcome #3 Panel (2:35 - 3:05) Group Discussion (3:05 - 4:05)	Moderator: Wayne Morishita Steve Kovacic Ernsline Akinyode Janet Yorke Jennifer Mah Dr. Kathleen Hunter
4:05 - 4:30	Comments from Alberta Health Closing Remarks	Corinne Schalm Vivien Lai (AAG)

Appendix F

Summary of Think Tank Table Discussions

The following summaries reflect the table discussions for each outcome. This feedback was used to contribute to the recommendations for each outcome, but not necessarily in the order presented.

OUTCOME #1 Retain existing employees with sufficient staffing and funding for success leading to increasing the value and viability of seniors' serving workplaces

Question #1: What would "staffing & funding for success" look like by sector and across sectors for an integrated system?

Key Themes	Actionable Items
Increase Staffing	<ul style="list-style-type: none"> • Increase staffing hours and consistency of staffing to improve quality of care. • Significantly increase direct worked hours of care in facility based care, to reflect MNP recommendations or more. • Increase hours per client in Home Care • Expand funding and staffing for community based services
Equity in Wages and Benefits	<ul style="list-style-type: none"> • Overall standardization of wages within the continuing care sector, and between acute care and continuing care. This will lead to: <ul style="list-style-type: none"> • Employees feeling more valued (wage discrepancies leads to feeling devalued) and therefore, increasing commitment to workplace • Improved retention -- Decrease in staff leaving continuing care to go to higher paying jobs • Improved continuity of care for the residents/clients (i.e. sites will no longer have to rely on casual pools/agencies nurses to fill vacant positions)
Increases in Wages and Benefits	<ul style="list-style-type: none"> • Update Home Care program (RFP). With the shift to aging in place and remaining in home for longer, there is a significant need to support homecare workers and community supports. • Increase compensation of health care workers to reflect the increased complexity of residents and homecare clients.
Flexibility in funding models	<ul style="list-style-type: none"> • Funding and accountability for outcomes to shift the focus from process of care to outcomes of care. (e.g. if achieving the outlined outcomes then funding should be provided, rather than audit for "tasks"). • Create a funding model that is reflective of resident's needs with flexibility as acuity increases; shift funding from quality of care to quality of life • Include accommodation funding in order to maintain sites and implement technology. • Consider shift to patient managed funding model • Funding to recognize long-term and higher educated employees. The cost of long-term employees or those with more education are often not included in the funding models and care providers have difficulty maintaining their budget with more experienced and educated staff. • Address grant funding issues in the community. There is a need to increase the length of terms for grants to allow for collaboration across the seniors' sector.
Intersectoral Collaboration for efficiency	<ol style="list-style-type: none"> a. Share resources across the sector (including AHS) that are costly to develop e.g. policies, infection, prevention and control (IPC), staff development. b. Develop communication structure in place to be able to share information c. Share mentorship and coaching for staff and leaders d. Learn from the cross sectoral community partnerships that BC has implemented, working towards a common goal. e. Collaborate with unions
Use of Technology	<ol style="list-style-type: none"> a. Robotics to offset manual labor and identify what work can be let go b. Provide more access and resources to use human resources systems and recruitment platforms.

QUESTION #2: What would be the biggest returns on investment over the next 2 years with increased staffing & funding from the perspective of (a) workers, (b) providers, (c) residents/clients; and (d) the system?

Key Themes	Actionable Items
At the system level	<ol style="list-style-type: none"> 1. Shift model of care to focus on aging in place and prevention <ol style="list-style-type: none"> a. Focus on aging well/healthy aging. Change “clinical illness’ model to focus more on strengths-based model and prevention b. Support and fund aging in place -- Move integrated care closer to home c. Integrate services between healthcare and community with transparency <ul style="list-style-type: none"> • Communication structure and systems to share information across sectors. (i.e. Connect care is very acute care oriented - Can it expand to community?). d. Foster connections/relationships in the community - I.e. Link Worker embedded into community network; establish communities of practice 2. Shift resources from acute care since additional major spending is not always possible 3. Enhance rural incentives (e.g. retention bonuses, car repairs, AMA, gas coverage) 4. Education System – invest in creating geriatrics/gerontology as a specialty in educational programs
At the provider level	<ol style="list-style-type: none"> 1. Utilize community services <ol style="list-style-type: none"> a. Volunteers (could be recruited to paid positions); training for volunteers b. Community hubs c. Navigation of resources d. Leverage community-based organizations 2. Shift workplace culture through leadership training; change management; appreciation <ol style="list-style-type: none"> a. Site-based leadership that is sustainable b. Regulations that allow operators to be ‘entrepreneurs’ c. Investment in managers and front-line leaders (e.g. education on leadership; QI projects) d. Recommended Programs: <ul style="list-style-type: none"> • Norquest College, Certificate in Managerial Excellence • Conestoga College, Certificate of Leadership IN LTC e. Vocational development f. Educator support onsite to train to care for complex residents 3. Invest in early engagement with post-secondary programs. (e.g. funding for mentors within programs to work with students during practicums to promote better experiences) 4. Clarify expectations of employees/transparency - efficiencies, shared efforts, standardization 5. Provide dedicated, ongoing, planned training with clear sense of outcomes that are to be achieved 6. Build collaborative relationships with staff by including them in decision-making, program planning, and providing recognition 7. More flexibility in staff scheduling 8. Improve attractiveness of jobs (FTE choices, vacation, benefits, relief, parking, free meals) 9. Ensure safety of staff, including cultural safety through EDI initiatives; training for managing aggressive behaviour. 10. Provide leadership training for RNs and managers. Need to consider who pays for this training, the process and evaluation.
At the resident/client level	<ol style="list-style-type: none"> 1. Focus on person-centred care with funding for whole-person activities (recreation therapy, music therapy) ² understand all Social Determinants impacting Health (SDoH) 2. Offer self-directed care - more responsive to individual needs of resident and more flexible 3. Preventative care <ol style="list-style-type: none"> a. Spend more time with clients b. Funding for services that matter to the individual and family care partner c. Chronic Disease Management

QUESTION #3: Actions to improve current work environments, and promote retention

Key Themes	Actionable Items
Address workload issues	<ul style="list-style-type: none"> a. Manageable workload to enhance person-centred care- as per Ontario Initiative b. Increase care hours as per MNP report recommendations c. More flexible staff scheduling
Collaboration with unions	<ul style="list-style-type: none"> a. Collaborate to allow for more control over own schedules; flexibility with FTEs
Staff consultation and collaboration	<ul style="list-style-type: none"> a. Consult with ALL staff to understand what they value. Incorporate their suggestions for more effective teamwork. Consider their suggestions for how to meet the needs of residents/clients b. Provide ongoing staff recognition c. Provide a safe work environment for staff - including DEI and cultural safety; d. Facilitate collegial support through engagement with one another e. Retention loyalty programs
Recruitment strategies for HCAs and flexibility with internationally educated nurses	<ul style="list-style-type: none"> a. Increase work pool by allowing foreign workers trained in their country as RN/LPNs to work as HCA b. In addition to program bursaries, include accommodation while training c. Solutions for achieving English proficiency d. EDI strategies e. Streamline IEN process f. Improve practicum experiences; include recruitment opportunity (i.e. return to service contracts)

OUTCOME #2 Develop work environments with empowered employees and teams and flexibility in service delivery >> enabling momentum to meet service needs in new ways.

Question #1: What are the opportunities & implications to optimize teams & staff roles?

Key Themes	Actionable Items
Role clarification and use of teams	<ul style="list-style-type: none"> a. Redesign staff roles in line with changing resident profile (increase in acuity and complexity) <ul style="list-style-type: none"> ii. First there needs to be an understanding of the current roles and then redesign. iii. Human resources could assist with clarification of roles and help employees understand their role b. Provide education for staff to understand their role and responsibilities. c. Shift from task orientation to outcomes-based relational care which requires a deeper understanding of the relationship between their role and quality of life of the resident d. Provide training and support for workers to understand how to provide complex care e. Increase recognition of recreational therapists and the importance of recreational activities, socialization, building community and relationships amongst residents f. Value ALL roles in FBCC - Addressing all social determinants of health (SDoH) in the care team and what role each member plays (including housekeeping, dietary, maintenance). g. Create a community of citizenship to optimize feelings of success (e.g. Schlegel Village) to enhance workforce culture.

Key Themes

Actionable Items

Multiskilled workers and interprofessional teams

- a. Promote a multi-skilled worker
- b. Cross-training staff to expand their scope of practice and assist in a variety of areas when needed.
- c. Develop interdisciplinary roles to enhance flexibility and increase choices for employees. Understand the multiple skills of employees and how to integrate the mix of experience, skills and passions with the service needs of residents -> broader multiskilled workforce
- d. Develop a role for a cross-therapy assistant who is trained in many areas to support several aspects of care.
- e. Promote multidisciplinary organizations that demonstrates integration

Intersectoral vision for seniors care and services

- a. Hold a summit to identify common vision and strategic plan for implementation. Must include ALL areas (i.e. providers, regulators, education, all professions) and include:
 - i. Person-centred care focusing on quality of life
 - ii. Outcome based vs task based
 - iii. Social determinants of health incorporated into model of care and vision
 - iv. Multidisciplinary and interprofessional teams
- b. Incorporate lodges/housing sector as a 'preventer' and connector
- c. Strengthen relationship between government and industry
- d. Create a more integrated system
- e. Address ageism in a system-wide approach, starting in early education to post-secondary; promote and support inter-generational programming
- f. Address systemic impact of current funding models:
 - i. Consideration of resident progression and increase of care needs
 - ii. Develop innovative models of care. Service delivery models need to address different operational models, building sizes, populations, and services provided, all while enabling operational flexibility and tailoring of services to meet the variety of resident needs.
 - iii. Acknowledge that no one-size fits all and that broad systemic issues including staffing and roles and responsibilities cannot be addressed piecemeal. Impacts are systemic, and changes in one area impact the other positively or negatively.

Key Themes

Actionable Items

Focus on Education in post-secondary institutions and within the workplace

Collaboration between Educational Institutions and Providers

- a. Increase collaboration between providers and colleges/universities
 - i. Many post secondary institutions do not prioritize seniors care and more attention is given to critical/acute care and other specializations. Providers need to approach faculties and problem-solve with them to address this imbalance
 - ii. Promote consistent messaging between educational institutions and practice. There is currently a disconnect between education, internship and clinical preceptorship. The incongruence between education and practice deters students from choosing continuing care as a place for their career
 - iii. Providers need to advocate for seniors care, speak to students and faculty and provide more awareness of this large and growing area.
 - iv. Close the theory to practice gap. Collaborate to ensure educational institutions teach and prepare graduates for what the sector requires. The education needs to take place within the sector context and the content needs to include not only clinical/technical content but leadership and relationship-focused practical knowledge translation to suit the growth projection for the sector.
 - v. Connect educators with providers to nurture student interest
 - vi. Intentional student placements with older adults living in community, rather than acute care or LTC to facilitate the exposure to healthy, active aging which has been known to shift views of aging and decrease ageism
 - vii. More focus on leadership roles with students; how to be politically involved
 - viii. Promote Return to service agreements - guaranteed position for student; guaranteed staff for employer.
- b. Support transitions from education to workforce to reduce impact of the reality of heavy work and hostility of employees. Organizations also should support potential employees at this critical time.
- c. Address workplace culture to provide more positive experiences
- d. Align and clarify roles in educational institutions to prevent dissonance
- e. Focus more student attention on leadership roles and involvement

Education in the Workplace

- a. Demonstrate value of education and professional development and create a culture of learning, with funding to support initiatives.
- b. Provide ongoing education for emerging practices and topics (e.g.. social prescribing; EDI in the workplace; self care/ mindfulness)
- c. Use multiple modalities of delivery for education, both virtual and in-person. Need to consider rural environment (internet service can be an issues - online delivery will not work for everyone)

Leadership and team development

- a. Promote Team development
 - i. Share and learn together and include all employees in (e.g. health care staff, administrative staff, leadership, house-keeping, maintenance, meal staff etc.) .
 - ii. Develop a Common Vision. The team needs to come together to develop a shared vision and then define roles
 - iii. Understand the contributions of each team member and value each role
 - iv. Build teams to break down the divide between hospitality and care staff. support colleagues supporting colleagues and mentorship
 - v. Include students into the team
- b. Providing ongoing leadership training and mentorship for the leading team
- c. Create a culture of citizenship by empowering staff to feel supported, accountable and engaged; work towards same value and goal; understand their staff and their individual strengths and skills; support for multi-skilled workers
- d. Ensure performance evaluation involves scope of work rather than tasks

Question #2: How do education programs need to change to prepare students to work in cross-disciplinary/connected teams focused on person-directed/relational care?

Key Themes	Actionable Items
Education Model Changes	<ul style="list-style-type: none"> a. Increase education and practicum spaces to address long application waitlists and industry needs. b. Advocate for an increased focus on gerontology/geriatrics in RN/LPN programs. c. Increase support for Interprofessional education (IPE) in all educational institutions. E.g. include HCAs in IPE with RN students <ul style="list-style-type: none"> i. Incorporate and support technology which can provide more opportunity to work with multidisciplinary team d. Address ageism, in institutional policies, language, and how we teach about aging adults in the curriculum. e. Standardization around training in gerontology. Identify the requirements in post-secondary educational systems, and who would be responsible for this implementation (i.e. CASN, CGNA, AGNA, AAG, regulators, associations etc.) f. Create and implement a mentorship program to support new grads (not part of staff ratios)
Employer support of educational changes	<ul style="list-style-type: none"> a. Advocate with educational institutions to help them understand what industry needs to support seniors/older Albertans. b. Advocate for roles in community/careers in gerontology with educators at post-secondary institutions c. Be guest speakers in student classes to promote the senior services sector and variety of roles that are available. d. Create a role to provide a connection between Universities/Colleges and continuing care and help bridge the gap between theory and practice. e. Include students as part of the team

Question #3: What help can educators/regulators provide to support changes for the current workforce?

Key Themes	Actionable Items
Role of Regulators and Associations	<ul style="list-style-type: none"> a. Focus on continuing education role to ensure members are keeping up with the necessary competencies required to remain successful in the workplace b. Focus on teamwork and creating a positive work culture.
Role of Unions	<ul style="list-style-type: none"> a. Evolve to support the requirements of a multi-skilled workforce. and become a collaborative partner in securing a workforce that is up-to-date with future needs and futuristic roles that potentially include more technical and leadership/people skills, rather than skills that can be digitized/automated. b. Increase flexibility with FTE's c. Unions should focus on skills/qualifications rather than only seniority
Accountability Model	<ul style="list-style-type: none"> a. Shift thinking so that educators are at the service of the students who, in turn, are at the service of residents. b. Acknowledge power dynamics to decrease misunderstandings between frontline and management/leadership. c. Include all staff in care planning. d. Provide all staff (medical and non-medical) with training related to person-centred care; trauma informed practice e. Support the SCSS ministerial mandate letter by prioritizing micro-credentialing for an older workforce. This might include competency-based credentialing. f. Create a culture where areas of growth can be identified and addressed
OTHER IDEAS and CONSIDERATIONS	<ul style="list-style-type: none"> a. Role of Research <ul style="list-style-type: none"> i. Improve collaboration between academia and community related to formulating research questions ii. Support research on work efficiency; utilization of technology iii. Move pilots to next stages and sustainable solutions b. Hold Innovation Summit to share good work/key innovations c. Provide awards; including providers, staff and educators.

OUTCOME #3 Ensure/evolve workforce supply with innovation in recruitment and partnerships for robust education programs and certification leading to -> sustaining productive workforces in a changing environment of demographics and the world of work

Question #1: What new ideas do you have to recruit people to work in the seniors' services sectors?

Key Themes	Actionable Items
Enhanced understanding of work/career opportunities in seniors' services sector	<ul style="list-style-type: none"> a. Marketing and Public Relations Campaigns <ul style="list-style-type: none"> i. Highlight the valued careers to attract more employees ii. Ask current employees to promote the value of working in sector iii. Enhance messaging that careers in this sector are valued and to be sought after as a matter of choice, rather than something that “just occurred”; align messages with what employees are looking for (e.g. flexibility, purpose) iv. Support the roles of public relations, marketing and HR in elevating careers in the sector to ensure we have highly trained, dedicated individuals who want to remain because they feel fulfilled v. Ensure campaigns focus on the human-centred nature of the sector and how fulfilling it is to work there; diverse career opportunities e.g., managerial, supervisory, technical, relational, maintenance, enablement of individual growth and potential b. Profile the value of different disciplines—watch for and change subtle messages (activities & language) that devalue positions
Promote hospitality careers in seniors Housing	<ul style="list-style-type: none"> a. Enable access to a larger pool of employees b. Help hospitality employees understand that work in community-based services is like hospitality to facilitate movement of workers between hospitality and housing sectors
Local recruitment strategies	<ul style="list-style-type: none"> a. Form resident/client/family “finders committees” b. Support robust volunteer programs that engage individuals across the age spectrum (e.g. school kids to see value of older adults; teens in work experience, adults with life skills and experiences, older adults) c. Provide wrap-around supports when recruiting international graduates to ease transition & support commitment to work and living environments. d. Recruit volunteers to paid positions
Leadership to enhance work culture and attract new employees	<ul style="list-style-type: none"> a. Create a culture of recognition and a robust recognition program. Survey staff on how they want to be recognized b. Embed culture change on all levels including entry, and experienced levels.
Regulation of HCAs	<ul style="list-style-type: none"> a. Address issues that will impact recruitment and retention of HCAs. i.e. fees, additional requirements b. Consider an increase in pay with regulation. c. Consider mechanisms for ongoing professional development

Question #2: How do we make it easier & more attractive to students to enroll in & complete HEALTH CARE AIDE programs?

Key Themes	Actionable Items
Changes to HCA Program Delivery Methods	<ul style="list-style-type: none">a. Define opportunities for local delivery by providers and provide financial supports<ul style="list-style-type: none">i. Build in-house HCA education programs with additional grant fundingii. Recruit comfort aides to complete HCA training on-site, while continuing to work. Funding needed to support a trainer for the program. Main benefit is that people already have a confirmed jobiii. Create map of approved sites to engage prospective students in choice making and enrollmentiv. Provide a paid practicumb. Create more apprenticeship-like programs in high schools - Expand program with Alberta Education where students get introduced to different health care roles. HCA training can start in grade 10.
Increased Program Accessibility	<ul style="list-style-type: none">a. Allow those in HCA programs to continue workingb. Re-examine English entry-level requirements for the HCA program. Address English proficiency by:<ul style="list-style-type: none">i. Teaching English concurrently with programii. Create a second stream for those who do not meet the English language requirements on entryc. Provide compensation for child care with priority given to those who return to work or are enrolled in the HCA programd. Invest in education outside of urban centres including virtual options for those in rural settings as new graduates more likely to stay and work locally
Recruitment strategies for new students into HCA program	<ul style="list-style-type: none">a. Connect educators with providers to nurture student interestb. Define career tracks that allow individuals to build up capacity to qualify for HCA programs
Review of HCA Program Curriculum and Delivery methods	<ul style="list-style-type: none">a. Remove barriers to higher HCA student pass rates on exams<ul style="list-style-type: none">i. Provide accommodation for exam anxiety?ii. Exam prep courses - resources for students to assist with examsiii. Alternative methods of delivery for exams or replacement of exams with other methods such as simulationb. Review cost, length of program, flexibility in delivery and location as barriers to enrollmentc. Review wages in relation to increase length of program and trainingd. Ensure facts about bursary and education program are known from Alberta Health
Bursary program and Scholarships	<ul style="list-style-type: none">a. Review Bursary Program to include the following ideas:<ul style="list-style-type: none">i. Provide upfront rather than getting reimbursedii. Use simpler criteria for bursary (e.g. based on hours)iii. Include accommodation during trainingiv. Increase accessibility to bursary program by allowing casual employees to be considered, especially if not all bursaries are being distributedv. Provide additional funding options: Bursaries for return to service models; Scholarships; grants

Question #3: What opportunities/implications are there to increase enrollment in education programs for all health & social programs?

Key Themes	Actionable Items
Development of Education Instructors/ Faculty	<ul style="list-style-type: none"> a. Provide opportunities for faculty/instructors to access population type of education. Example: NICHE. U of A modules b. Hire instructors with experience in the area c. Promote GNC certification (AGNA) d. Develop to be role models in helping students understand and value the seniors' serving sector; incorporate scenarios that engage students in cross-sector thinking and action
Curriculum & Program Redesign to enhance alignment of practice expectations	<ul style="list-style-type: none"> a. Align theoretical and educational components with the practical application. Educators need to understand the sector not only from a clinical aspect but from a quality of life and environment aspect to be able to effectively teach the technical and relational opportunities. Provide alternative methods of delivery - virtual, satellite sites, simulation – to increase opportunities to see roles in action and increase options for practice learning
Broaden array of sites for & value of practice learning	<ul style="list-style-type: none"> a. Enhance partnerships between employers across all sectors with educators –for planning and collaborative development of pre-practicum readiness education for educators, students and sites—including Equity, Diversity & Inclusion b. With new financial support initiative (like Ontario) for practicum sites to recognize the effort for having students at their sites
Support Success of New Grads/ New Employees:	<ul style="list-style-type: none"> a. Promote value of good on-boarding/orientation process—and strengthen as required to enhance success of new graduate hires in specific contexts b. Promote safe work environments: EDI (collaborate with all organizations to provide EDI training); safe space for reporting behaviour
Address rural disparity	<ul style="list-style-type: none"> a. Provide new government funded tuition assistance to work in rural b. Provide alternate and flexible delivery of educational programs c. Provide additional incentives and supports for those who need to travel for education (i.e. gas money, accommodation coverage)
Enhance capacity and opportunities and ongoing training for multiskilled workers	<ul style="list-style-type: none"> a. Cross-sector Exploration of Apprenticeship/certification of knowledge & skills system from Robert Black—(presenter at ACCA conference) <ul style="list-style-type: none"> i. potential alignment with range of non-credentialed positions important to all sectors and strategies to expand opportunities for a broader range of workers adm graduated development of knowledge and skills b. Micro credentialing or competency-based training and development is important to ensure the workforce is continually learning and increases their sense of being valued through the process. c. Continuing education offerings need to be available to ensure the workforce is continually growing as this creates more job fulfillment and lateral movement opportunities
Other ideas and additional considerations	
EDI across the sector	<ul style="list-style-type: none"> 1. Hold cross-sector Summit re Equity, Diversity & Inclusion in the workplace—with sharing of promising practices across providers, educators, communities

Appendix G

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Suggested Sections to Review:

Executive Summary Pages ii-v
Staffing Mix and Models Pages 37-45
Workforce 45-53
Recommendation #7 Pages 125-126
Recommendations #15 - #22 Pages 138-148

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