

# Report of the Auditor General on Seniors Care and Programs

## Frequently asked questions (FAQs)

### Services in long-term care facilities

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1. Are seniors receiving good care and services in our long-term care facilities? Did you see any cases of abuse?

We found that only 69% of the standards related to care were met by the facilities we examined. We are most concerned about:

- providing medication to residents (page 75)
- maintaining medical records, particularly the application and recording of physical and chemical restraints (page 74)
- developing, implementing and monitoring resident care plans (page 76)

We also found that the standards for care and services are out of date. We did not identify any cases of abuse during our visits.

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2. Are facilities short-staffed? Are the ratios correct for registered nurses (RNs), licensed practical nurses (LPNs), and personal care attendants (PCAs)?

Our audit revealed that most facilities are meeting the current standard of 1.9 paid hours of nursing and personal care per resident day. However, this standard is out of date and the Department of Health and Wellness has recently indicated to Authorities that they should increase the number of hours of care that residents receive daily to 3.4 paid hours by 2006-07. Because this request was made recently, we did not examine whether facilities are meeting this new target.

Facilities are not meeting the current standard that requires 22% of the care hours to be provided by RNs, certified graduate nurses or registered psychiatric nurses. LPNs are currently providing some of these hours and the standards do not contemplate the use of LPNs to meet the requirement for nursing hours.

We also noted that although PCAs provide approximately 70% of the care hours in long-term care facilities, there are no standards on the competencies and training requirements for them.

- Page 37            3. Are accommodation rates too high? Did the 2003 increase in accommodation rates result in better service?

We don't know because the Departments of Health and Wellness and Seniors and Community Supports do not require Authorities or facilities to report long-term-care facility costs in sufficient detail to enable them to assess whether the accommodation rates are appropriate. The Department also have not defined what services accommodation rates cover.

- Page 71            4. Did you find problems with dispensing medications to seniors?

Yes. The problems we identified were unsafe practices such as pre-pouring of medications, inadequate security and storage, inconsistent documentation of the effectiveness and adverse effects of medication therapies, and insufficient or untimely notification to physicians or pharmacists following medication errors.

- Page 71            5. Are seniors being over charged for services?

We didn't find any examples of residents being overcharged for accommodation. However, we couldn't assess whether residents were overcharged for other supplies and services because the Department of Health and Wellness needs to update the list of supplies and services that residents cannot be charged for. The Department also needs to provide more guidance because we found that some facilities charge for a service or supply while others do not. For example, some residents were charged for bed alarms.

- Page 35 & 36      6. Are facilities getting enough funding?

We weren't able to obtain evidence to answer this question. During the course of our audit we noted that the cost estimates that the Department of Health and Wellness uses to fund the Authorities are outdated. We also found that the amounts that the Authorities fund the long-term care facilities differ among the Authorities by up to \$10,000 per year per bed. While we expected some differences in funding levels due to differing resident care needs and staff mixes, we were unable to obtain information to explain the large range in funding.

Also, since the information about the quality of services achieved by each Authority was not available, we could not assess if the Authorities that spend more achieve better results than Authorities that spend less.

Page 89 & 90 7. Which long-term care facilities did you look at?

We visited 12 public, 8 private (for-profit), and 5 voluntary (not-for-profit) long-term care facilities in rural and urban communities across Alberta. The names of facilities we visited will remain confidential because our sample is representative of facilities in Alberta. Accordingly, our findings and recommendations in our report identify trends and systemic issues in all facilities, not just the sample ones. We do not want the readers of our report to assume that our findings are only relevant to the facilities that we visited.

Page 70 8. Did you find that for-profit or not-for-profit long-term care facilities give better care?

No. We found no significant correlation between the ownership of a facility and their success in meeting the Basic Service Standards.

Page 90 9. Did you hire experts to help you with this audit? Who?

Yes. A two-person audit team consisting of an auditor and a registered nurse attended the facility visits. Each audit team had access to an advisory group that we hired consisting of a physician, a dietician, a pharmacist, and an infection control specialist.

Page 2 10. Why did you do this audit?

Early in 2004, members of the public, professional organizations and members of the Legislative Assembly began encouraging us to examine and report on the extent to which the programs and services were meeting seniors needs. At that time, we were already developing a plan for this audit because:

- seniors represent a vulnerable segment of our population since many of them need to rely on others for their financial and physical support,
- Alberta's population is aging and the cost of seniors care and programs is likely to increase,
- Albertans, through their taxes, pay a significant amount for seniors programs and care, and
- service delivery systems are complex.

### **Services in supportive living settings (including lodges)**

Page 48 11. What is the quality of care and services provided in lodges?

We didn't examine this because the current Lodge Standards are out of date and the Alberta Seniors Citizens' Housing Association and the Department of Seniors and Community Supports are working to update them. We will consider doing an audit of lodges once the standards are updated.

Page 49 & 50 12. Are the rates being charged to residents in lodges correct?

The Department of Seniors and Community Supports does not set lodge rates; management bodies (lodge operators) do. Lodge operators must ensure that senior residents are left with at least \$265 monthly in disposable income; however, the Department has not assessed whether the \$265 set in 1994 is still appropriate.

Page 45 13. Did you look at care in any other supportive living settings?

No, we did not directly examine care in supportive living settings because we intended to limit our review to long-term care facilities for this phase of the audit. However, we found that there are no minimum standards for services provided in assisted living and other supportive living settings. There is also no commonly accepted definition of what services should be provided in supportive living settings and who is responsible for the cost and delivery of these services. We made a recommendation to the Departments of Health and Wellness and Seniors and Community Supports to establish standards. We will consider doing an audit of supportive living settings once the standards are in place.

### **Alberta Seniors Benefit Program**

Page 55 & 56 14. Is the Alberta Seniors Benefit Program meeting seniors' needs?

We don't know because the Department of Seniors and Community Supports does not measure whether the Alberta Seniors Benefit program is meeting the needs of seniors and if the Program's income threshold and benefits are adequate.

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The Report is available in electronic format on our website at [www.oag.ab.ca](http://www.oag.ab.ca).

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