

Advocates Propose Solutions to Crisis in Seniors Care

May 6, 2008

Three advocates for seniors met for an hour on April 30th with Premier Stelmach and Mary Anne Jablonski, Minister of Seniors and Community Supports, to discuss aspects of the continuing care system for Alberta seniors.

Dr. Brian Staples, Chair of the Seniors Action and Liaison Team (SALT) and head of the Circle of Chairs of Alberta seniors' organizations, made a presentation in support of establishing an Independent Seniors Advocate as an officer of the legislature. He contends that one of the benefits of the Office of the Independent Seniors Advocate is that it could be used to assess and improve the wide array of services provided to Alberta seniors that involves nineteen provincial government departments, nine regional health authorities, along with federal agencies, numerous municipalities and NGO's.

Carol Wodak, a member of SALT and co-founder of Citizen Watch, spoke about the need for better communication, accountability and transparency in Government policy and service delivery. She emphasized that while the government consults frequently with facility operators and the continuing care industry, it lacks the means to consult with, or to assess how the system works for, those in need of care and their families.

Noel Somerville, Chair of the Seniors Task Force of Public Interest Alberta, outlined the five steps of the Alberta Seniors Deserve Better campaign aimed at addressing the principal shortcomings of Alberta's continuing care system. He spoke about the need for improved home care services, more appropriate care in supportive/assisted living settings, and independent resident and family Advisory Councils, similar to the education system's school councils.

Ms. Jablonski agreed to further discussions regarding these concerns and issues. The three advocates are hopeful those meetings will result in a better understanding by Government of the problems with the current system and programs, more effective and responsive planning and programs, and a basis for a sustainable and successful continuing care system.

With growing public concerns about access to and quality of continuing care services and about accountability, there is a real need for better understanding of these concerns by public decision-makers. While occasional meetings with representatives of consumer advocate groups are a small step forward, it is worrying that the Government continues to consult primarily and privately with selected experts and industry operators about policy changes to continuing care.

This highlights the need for all of us who are concerned about the state of Alberta's continuing care system to keep in touch with our MLAs to address the many shortcomings of this care system.

Brian Staples, Noel Somerville, Carol Wodak

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Noel Somerville's Presentation

Mr. Premier and Madam Minister,

First, let me say that we very much appreciate your taking the time to meet with us.

As Dr. Staples indicated, I chair the Seniors Task Force for Public Interest Alberta. Our group is made up of representatives from many Alberta seniors' organizations including:

- The Alberta Council on Aging (ACA)
- The Central Alberta Council on Aging (CACA)
- Seniors United Now (SUN)
- The Canadian Association of Retired Persons – Edmonton (CARP)
- The Alberta Retired Teachers' Association (ARTA)
- The Calgary Seniors' Resource Society (CSRS).
- Seniors' I Care – Hinton.

Our task force also has representatives from professional groups concerned with seniors' care including:

- The United Nurses of Alberta (UNA)
- The Health Sciences Association of Alberta (HSAA)

We asked to meet with you because we believe that you sincerely share many of the values that motivate us:

- A desire to see that seniors can age with dignity and respect.
- A need to see that frail seniors receive a level of care that maintains their quality of life.
- A belief that "aging in place" is key to a sustainable seniors' care system.

I would like to briefly outline the five steps we see as necessary to fully realize these values.

First, having seniors stay in their own homes as long as possible is a sound idea, but it can only work if the supports that they require are in place and the many factors that help drive seniors out of their homes are addressed:

- Foremost among these is adequate and affordable home care. The amount of home care available from most RHAs is hopelessly inadequate to meet the growing need. Further, the cost of privately delivered home care services is unaffordable for many seniors. The expense of home care is minimal compared to the cost of care in hospitals or other institutional settings.
- Utility costs for older, less fuel-efficient homes is another factor.
- The cost of maintaining older homes in our overheated economy is a further factor.
- And market value assessment has escalated property taxes in many older neighbourhoods and could be relieved by removing the educational property tax burden on seniors' homes.

Second, when deteriorating physical or mental health makes it un-feasible for seniors to stay in their own homes, what they require is long-term care. Accordingly, we are mystified to see so much government investment in supportive and assisted living facilities that provide alternative accommodation but little in the way of care.

Twenty years ago, Alberta had 105 LTC beds per 1,000 seniors age 75 or older. By 2007, that ratio had sunk from 105 to 67.3¹. Of the 14,205 LTC beds listed in the Auditor General's April 2008 Report², quite a number have actually been closed for lack of staff and quite a few more

¹ SALT Brief on Continuing Care 2008, The Promises and the Reality

<http://www.continuingcarewatch.com/pdf/SALT%20Brief%20on%20Continuing%20Care.pdf>

² Report of the Auditor General of Alberta, page 101

<http://www.continuingcarewatch.com/pdf/Auditor%20General%20Report%20on%20Seniors%20Care%20and%20Programs%20April%202008.pdf>

are serving short-term care patients who should properly be accommodated in auxiliary hospitals.

Many frail seniors who need LTC facilities are accommodated in supportive or assisted living facilities where the level of care they require simply isn't part of the regular service offered. In these situations, the cost of the health and personal care essential to their life (dressing, feeding, toileting, etc.) is downloaded onto the senior or their family. Further, when a health crisis occurs, they are shipped off to the emergency rooms and from there to acute care beds. That is a very uneconomical use of scarce resources.

Third, therefore, we ask for a moratorium on the conversion of LTC facilities to assisted living. As indicated in our brochure³, this conversion continues to occur in many parts of the province. While we don't know all of the details, we hear that in Hinton, the non-profit operator of the LTC facility that the community had lobbied for over many years, received approximately \$500,000 from the province to essentially downgrade the facility to assisted living.

Fourth, we urge the establishment of a meaningful resident/family advisory council in all care facilities, structured in such a way that residents and their families have majority say. The model for this is the school council that the Alberta government mandated almost 20 years ago to ensure that schools were responsive to the needs of students and parents. The Ontario government mandated family and resident councils four years ago⁴ with excellent results for modest expenditure.

The fifth step we advocate is the establishment of an Independent Seniors Advocate as outlined by Dr. Staples. What we are talking about here is an advocate who is independent of the facility operators, of the RHAs and of government departments. We do not accept the very candid statement we were given when we met with the Seniors' Advisory Council several months ago: that the ombudsman, the auditor general and the privacy commissioner all build their own bureaucracies ... "and we can't touch them". That statement simply is not consistent with this government's worthy commitment to openness and transparency.

There is one other area of concern that I would like to address and that is the situation with the oversight of conditions in private group homes for seniors. In my own efforts to pursue such concerns I have contacted the Protection of Persons in Care office and was told that, because it was a private home, they had no authority to act. I was referred to the police Abuse Intervention Unit and was told the same thing by the detective in charge of that unit. Thus, some frail seniors in provincially licensed facilities, often suffering dementia, appear to have no protection whatsoever against abuse or protection for their safety and wellbeing.

In raising these issues, we hope that we can work cooperatively on policies that maximize the effectiveness of your government's sizable investment in continuing care for Alberta seniors.

Respectfully submitted,

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³ http://www.pialberta.org/program_areas/Seniors/#Seniors%205%20Steps

⁴ Government of Ontario News Release August 26, 2004
http://ogov.newswire.ca/ontario/GPOE/2004/08/26/c4367.html?lmatch=&lang=_e

Brian Staples' Presentation

In regard to the ISA, the Circle of Chairs proposing this office is made up of nine organizations representing more than 20,000 Alberta seniors. We also believe that thousands younger people who are dealing with their elders in situations of distress will be appreciative of the ISA.

1. We (The Circle of Chairs) get calls from seniors in distress. And, every single one of the Chairs has personally experienced this distress affecting the lives of our own beloved family elders or important others.
2. We find the seniors' resource system to be (by necessity) very complex. At the Provincial level alone, there are up to nineteen departments offering services to seniors. Resources are also available from the federal and community levels. We have found no comprehensive and ongoing evaluation of this complex system.
3. Thus the ISA idea: To assist seniors in distress relieve that distress so they can live the last years of their lives in dignity. This policy has been five years in development, and gone through fifteen updates. We have consulted with a very wide array of people and organizations in the process. (Page 7 of document⁵.)
4. There are three ISA functions: Match, Refer, Recommend. The field staff is to be made up of carefully selected and trained seniors situated across the Province. We think this to be a real strength of our proposal.
5. If the ISA is to carry out these functions with a major and overriding focus on the needs of seniors, the ISA must be independent, i.e., an officer of the Legislative Assembly of Alberta.
 - a. Because of the seniors' resource system complexity, the ISA cannot report to one Minister. Questions of ministerial seniority and departmental territoriality make this option most problematic.
 - b. Evidence collected on the effectiveness of various services available to seniors may well indicate need for follow up evaluative actions by the ISA. Because the ISA must be able to review the operations of all relevant government operations that offer services to seniors, she or he must not be a government officer, subject to government protocols. Recommendations from the ISA must not be open to influence by political considerations over considerations about what is best for seniors in distress
 - c. The resultant effectiveness of an Independent Seniors' Advocate will be seen to be of great benefit to any government that creates such an office by most seniors and their loved ones. The ISA will also be a great ally of any well intentioned Minister for Seniors.
 - d. We are all aging and old age comes sooner than expected for most of us. Life is unpredictable, and any one of us may well need the services of an Independent Seniors' Advocate in the future.

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⁵ Independent Seniors Advocate Proposal,
<http://saltalberta.blogspot.com/search/label/Independent%20Seniors%27%20Advocate%20complete%20text>

Carol Wodak's Presentation

I think we can all agree that the continuing care system is under stress. For some, the system works well – but the experience of many folks is that it isn't working for them.

Users of the services and their families have waited a long time for the Government to show a willingness to listen to them, to take their concerns seriously, to acknowledge the problems, and to involve them in meaningful discussions about solutions.

I'm hopeful that your willingness to meet with us today may be the beginning of some resolutions.

We've documented problems and issues for a number of years. The anecdotal evidence – the real experiences of real people – is remarkably consistent over the past 15 years; we hear the same issues year after year. They involve access to care [both availability and financial barriers], safeguards so no one is denied appropriate care, and competent care. What has changed, I think, is that more people are having those bad experiences with continuing care.

But I think I'd rather talk with you about some of the fundamental issues that I think are causing the problems that have brought us to this meeting. My concerns primarily involve communication, accountability and transparency.

Even the best plans and intentions can develop unfortunate and unintended consequences, which can refocus debate away from common goals, and create conflict and competition where there needs to be cooperation.

Transparency is a major issue. We can't discuss either the problems or the possible solutions unless we have common information and unless that information is complete, reliable, accurate, and available to all who have an interest. We don't have that kind of information about any part of the continuing care system. We don't even have common or consistent definitions for any part of the continuing care system. We can't get information on many things. I don't believe the government gets good information from the system.

We need a clear, agreed statement of goals and purpose. Without this, we can't possibly assess programs and initiatives, measure progress, or identify issues before they become a crisis.

Accountability of program planners and providers is really important. We need to know where the money is going, and what we're getting for it in the context of purpose and need.

Part of the problem is the question of who – or how many – are responsible. When that's not clear, and enforceable, we have confusion and mistakes. The system is fragmented, inconsistent, and unresponsive. Too many folks are falling through too many cracks. No one seems to be concerned about whether service delivery systems are working except in terms of arbitrary administrative measures and the fiscal goals.

We have concerns about consumer and patient safety protections. There has never been an assessment of needs, or an assessment of health and safety outcomes. Instead, there are assumptions that customer satisfaction surveys by operators, self-monitoring and self-regulation, alleged consumer choice, and improved administrative procedures will protect us and ensure us appropriate, quality, timely care. The standards and protections that exist are limited to publicly funded services, and inadequate to protect even against abuse and neglect.

I want to go back to communication.

Your communication with us has been through announcements of decisions already taken, public consultations on the details of policies already decided, and annual reports which give very limited information – and long after the fact.

Our communication to you has been reduced to letters of specific concerns and, occasionally, through media stories.

The responses we get to examples of harm, failure of care, wait lists and affordability issues, have simply been the message that everything's under control, all will be well, and this is what Albertans want. This is not helpful.

The original policy goals were basically good. But it seems to me that the system has morphed into an out-of-control, complex and confusing exercise that doesn't serve anyone very well.

The government alone can't tackle all these challenges. We encourage you to empower the families and the public to help you do the job – by opening up access to information about rules, practices, and obligations.

Carol Wodak, on behalf of the Seniors' Action and Liaison Team

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Resource documents provided:

SALT Brief on Continuing Care 2008

<http://www.continuingcarewatch.com/pdf/SALT%20Brief%20on%20Continuing%20Care.pdf>

Commentary on the Auditor General Reports on Seniors Care and Services April 2008

<http://www.continuingcarewatch.com/pdf/Commentary%20on%20the%20Auditor%20General%20Reports%20on%20Seniors%20Care%20and%20Services%20April%202008.pdf>