

Alberta's crisis in long-term care
Auditor general's findings must be acted upon now

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I was one of the citizens who signed the request for the auditor general's audit of our long-term care system. His report has served to encourage other people, who thought they were alone, to speak out.

This is no surprise to me. In the eight years I have been intimately concerned with the system, I have also been aware of the climate of fear and hopelessness in which residents and their families have been living.

It is astonishing to me how many people tell me I've been very brave to expose my mother and myself to public expressions of concern.

I hope we can now start to effect solutions. The auditor-general's recommendations must not be "taken under consideration" as our government suggests; they must be implemented. The recommendations repeat those that have been presented to this government before by concerned citizens.

And they don't go far enough: the fundamental issue is acknowledging that our disabled and chronically ill patients are indeed valued citizens for whom we collectively have the responsibility of ensuring care and comfort. The real measure of success is how well these citizens do with our care.

The "interim improvements" -- the additional funding in the last budget (which will buy four minutes per day of additional care time for each resident) and the announcement of additional inspections -- won't do it.

We need immediately to restore staffing levels to provide appropriate care. This includes reversing the de-skilling of jobs, restoring support staff (physio- and occupational therapists, recreation and housekeeping staff), and offering part-time and casual staff real positions. We cannot afford not to do this.

We need -- immediately -- an independent inspection agency, like that in Britain, where people can



CREDIT: The Canadian Press, File
Long-term-care facilities need more
staff to properly care for patients.

easily and safely report concerns, and which will have sufficient authority to inspect facilities and quality of care, order remedies, and report publicly on its activities.

We need to rewrite the standards of care, establish accountability, monitoring, and inspection responsibilities and generally create a foundation for a comprehensive and seamless long-term-care system under one responsible ministry.

We need to improve planning to ensure that we have the facilities and services where and when they are needed, rather than those we want to afford, and we need much better assessment of needs at every step of the service from placement to individual-care planning.

We need to develop alternatives to the institutional settings to provide appropriate care environments. And we need to protect the residents of these facilities from the use of anti-psychotic and anti-depressant drugs prescribed and administered without any requirement for informed consent or monitoring of side-effects, simply to control dementia behaviours to reduce care needs.

It is ludicrous to consider that the provision of health services, the design and maintenance of the facility, and room and board are separable in the care of persons with serious and progressive conditions.

The regional health authorities have served to distance the ministry of health and wellness from the problems, but cannot save it from the responsibility for the delivery of care. The government has a moral responsibility to adequately resource this initiative -- as a priority.

You'll notice that I said "we." The users of the system have been excluded from its design, operation, and evaluation. That is not acceptable. Health Minister Iris Evans has to find a way to ensure that "we" have a say in all these decisions, from the beginning of the process.

It is essential to include stakeholders whose only vested interest is the well-being of the residents. I also suggest ongoing funding for autonomous family councils, in an amount equal to that provided as fees to the Alberta Long-Term Care Association (one way or another, we're funding that industry lobby group).

But most importantly, we must deal with the continuing problems of physical and emotional abuse and neglect, including inappropriate use of drugs, which have or may have led to misery, injury, illness, and premature death of residents in the care of our systems.

Many of these incidents have been reported by individuals, or documented by groups, to various provincial government ministries, officials, and MLAs, including the premier.

And many more have gone unreported, because of the climate of fear and hopelessness. It is unconscionable that any indication of such a problem should simply be filed away and ignored, as though what happens to these people simply doesn't matter.

There must be an independent investigation, or perhaps a forensic audit, and a public inquiry to identify the many ways that long-term residents experience violence, abuse and neglect in their lives;

the barriers and factors that prevent disclosure of their victimization; and the remedies and responses required on several fronts to address this urgent and distressing situation.

Carol Wodak's mother lives in a long-term-care facility. Her concerns about the long-term-care system have evolved since her mother's first disabling stroke, and led to the request for an audit submitted to the auditor general by herself and others in 2003

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