

Seniors Care and Programs

1. Summary

Following up on our 2005 report to assess the status of 4 key recommendations

In 2005, we audited systems that the Department of Health and Wellness, the Department of Seniors and Community Supports, (the Departments) and Alberta's nine Regional Health Authorities (RHAs) use to deliver services in long-term care facilities. We also audited systems for establishing and maintaining standards in the Seniors Lodge Program, assisted living and other supportive living settings. Our 2005 *Report of the Auditor General on Seniors Care and Programs* had 13 recommendations. We now report on the Departments' and RHAs' progress implementing the following 4 key recommendations from our 2005 work:

1. updating and implementing standards for service delivery in long-term care facilities,
2. improving systems to monitor compliance with standards,
3. establishing standards for assisted living and other supportive living facilities, and
4. updating Seniors Lodge standards and implementing a process to maintain them.

We will assess the status of the remaining recommendations in future reports¹.

New standards replace Basic Service Standards

The Departments and RHAs have developed and introduced new standards for care and accommodation. The Basic Service Standards for continuing care facilities that we reported on in 2005 have been replaced with three separate sets of standards—continuing care health service standards, long-term care accommodation standards and supportive living accommodation standards.

More spaces created

Growth in supported living facilities continues to provide a continuum of care for individuals moving from their homes and seniors complexes to facilities offering higher levels of care. More beds have been established in long-term care facilities and more staff hired to care for residents. Attracting and retaining nursing personnel is a challenge, but several domestic and international initiatives are underway.²

Hiring nurses still a challenge

In this audit, we focused on systems at the Departments and RHAs to implement the new standards and monitor long-term care and supportive-living facilities for compliance with standards. As part of our

¹ An overview of management actions for these nine recommendations is in Appendix B

² Refer to Alberta Health and Wellness News Release, dated December 10, 2007 at <http://alberta.ca/acn/200712>

examination of these systems we visited—with RHA and Department personnel—11 long-term care facilities and 4 supportive-living facilities.

Standards have been updated or established

We conclude that the Departments have implemented our recommendation to implement a system to maintain and update standards. Seven RHAs have systems to develop, maintain and implement the new care standards, and two have made satisfactory progress. Also, standards for care and accommodation in supportive living settings were developed. Staff in long-term care facilities are aware of the standards, and place more emphasis on meeting critical standards such as medication management.

Progress made, but monitoring systems need to improve

The Departments and RHAs have developed systems to monitor compliance with the new standards. Although progress has been made since our 2005 report, further work is required.

Conclusion about monitoring compliance

We conclude:

- the Department of Seniors and Community Supports has made satisfactory progress toward developing a system to monitor compliance with the accommodation standards,
- the Department of Health and Wellness has made satisfactory progress but needs to further develop systems pertaining to RHA monitoring activities, receiving and reviewing data, and monitoring facility compliance with care standards,
- Calgary, Capital and Palliser RHAs have developed fully functioning compliance monitoring functions; Aspen, Chinook, David Thompson, East Central and Northern Lights RHAs have made satisfactory progress toward that goal. We have repeated our recommendation to Peace Country RHA³ because they have made limited progress in developing a compliance monitoring system.

RHA monitoring at different stages of development

To fully implement the recommendation to improve compliance monitoring, the Departments and RHAs need to complete development of their compliance monitoring programs. They also need to complete inspections of all facilities and enforce compliance through future inspections or follow-up action.

³ See Appendix A for results of our RHA work

2. Audit objectives and scope

2.1 Our audit objective

Our objective was to determine if the Departments and RHAs have implemented 4 key recommendations from our 2005 report by:

- implementing the new standards for care and accommodation in long-term care and supportive living facilities, and
- having adequate systems to monitor compliance with the standards.

2.2 Our scope

We examined the:

- roles and responsibilities of the Departments, RHAs and facility operators,
- systems the Departments used to develop, implement and update the standards,
- processes Departments used to monitor RHA and facility compliance with standards, and
- processes the RHAs used to monitor facility compliance with standards.

We also wanted to obtain an update on any progress on the remaining recommendations from our 2005 report. See Appendix B for details.

We conducted our field work from October 2007 to January 2008 and focused on the Departments' and RHAs' actions since our 2005 report. We visited all nine RHAs and the corporate offices of each Department. We conducted extensive interviews with Department and RHA staff, and visited—with RHA and Department personnel—11 long-term care facilities and 4 supportive living facilities.

3. Systems for providing care and accommodation

3.1 Continuing care services

Care services are a broad range of health, social, and personal care services provided by the Government of Alberta to both seniors and dependent adults in the following settings:

Table 1—Continuing care services⁴

Possible Settings				
Single Dwellings/ Apartments	Other Supportive Living Facilities—for example, Seniors Complexes and Group Homes	Lodges/ Enhanced Lodges	Assisted Living/ Designated Assisted Living	Long-Term Care Facilities—Nursing Homes and Auxiliary Hospitals
Home Living	Supportive Living			Facility living

Facility living services are provided under legislation

Facility living settings such as nursing homes and auxiliary hospitals are governed by the *Nursing Homes Act*, the *Hospitals Act* and associated regulations. Facility living differs from supportive living by providing care for residents with serious, chronic or unpredictable conditions who require access to registered nursing services on a 24-hour basis. Nurses can respond to the need for unscheduled assessments and prescribe interventions. Facility living also has specialized physical design and infrastructure to meet highly complex needs.

Supportive living

Supportive living facilities may be operated by publicly funded non-profit organizations, private non-profit organizations or for-profit companies. As explained in the Supportive Living Framework⁴ supportive living facilities provide increasing levels of care to individuals across the continuum from seniors’ complexes and group homes to lodges, assisted living and designated assisted living facilities. They may provide 24 hour nursing services, however, a registered nurse is not always present.

3.2 The new standards

The Departments developed and introduced new care and accommodation standards to the RHAs and facility operators. Replacing the Basic Service Standards are three separate sets of standards – health service standards, long-term care accommodation standards and supportive living accommodation standards.

The following table summarizes the 3 new standards and the key areas they cover:

⁴ Department of Seniors and Community Supports, Supportive Living Framework—March 2007 (see: http://www.seniors.gov.ab.ca/housing/continuingcare/standards_framework.pdf)

Table 2—Care and accommodation standards

Standards⁵	Responsibility	Applies to	Key areas covered
Continuing Care Health Service Standards	Department of Health and Wellness (Health)	publicly-funded health care services provided in facility based, supportive living and home living settings	<ul style="list-style-type: none"> • client concerns • promoting wellness • standardized assessment • care plans • medication management • operational processes • health care providers • service coordination • therapeutic services • quality improvement
Long-Term Care Accommodation Standards	Department of Seniors and Community Supports	accommodation services provided in all facility based settings	<ul style="list-style-type: none"> • physical environment • hospitality services • safety services • personal services⁶ • service coordination • residential services • human resources • management and administration
Supportive Living Accommodation Standards	Department of Seniors and Community Supports	accommodation services provided in all supportive living settings	<ul style="list-style-type: none"> • physical environment • hospitality services • safety services • personal services⁶ • service coordination • residential services • human resources • management and administration

⁵ A complete copy of the standards is available at http://www.continuingcare.gov.ab.ca/Documents_news.htm

⁶ Personal services are optional services that may be provided or acquired at a resident's own expense to promote independence and well-being.

Outcome-focused standards

The standards are outcome-focused and provide guidance in areas of importance—integrated care plans and quality improvement. Some standards require RHAs to establish policies and processes for health service providers, medication management and to ensure that all facilities have a concerns resolution process.

3.4 Roles and responsibilities

3.4.1. Minister of Health and Wellness

Minister responsible for health issues

The Minister:

- sets the overall direction, priorities and expectations, including standards,
- allocates resources,
- ensures the delivery of quality publicly funded health services, including access and processes to resolve health concerns,
- measures and reports on the performance of the health system to the legislative assembly and the public,
- makes regulations under the *Nursing Homes Act* on basic services to be offered, the level of staffing and operation of nursing homes, and
- may enter and inspect facilities under the *Nursing Homes Act* and take appropriate action if residents are at risk or legislation has been contravened.

3.4.2 Department of Health and Wellness (Health)

Health carries out Minister's responsibilities

Health assists the Minister by:

- monitoring and ensuring RHA compliance with legislation and continuing care standards,
- making recommendations about RHA business plans and budgets, and providing funds, and
- evaluating the performance of the health system.

3.4.3 Minister of Seniors and Community Supports

Minister responsible for accommodation issues

The Minister:

- sets the overall direction, priorities and expectations – including standards,
- allocates resources,
- prepares for the needs of an aging population and facilitates availability of supports to seniors, and
- directs planning to expand supportive living facilities and improve compliance with accommodation standards.

SCS carries out Minister's responsibilities

3.4.4 Department of Seniors and Community Supports (SCS)

SCS assists the Minister by:

- developing and maintaining accommodation standards applicable to both long-term care and adult supportive living environments,
- monitoring individual facilities for compliance with the standards
- encouraging and promoting ongoing quality improvement in accommodation services, and
- working with RHAs to comply with the long-term care accommodation standards in facilities.

3.4.5 RHAs

Alberta's nine RHAs are accountable to the

Minister of Health and Wellness under a regionalized, publicly funded service delivery model, and are responsible for:

RHAs provide care and accommodation

- planning and delivering long-term care services and ensuring that home care is available for people who need it,
- adhering to provincial standards in delivering services,
- complying with other federal, provincial and municipal legislation including the *Health Professions Act*, the *Nursing Homes Act*, the *Public Health Act* and the *Hospitals Act*, and
- providing publicly funded health care services in supportive living settings.

3.5 Long-term care facilities

The following table details numbers of continuing care beds in each RHA, with comparative data from 2005:

Table 3—Facilities and beds⁷

Beds have increased since 2005 in Calgary and Edmonton

RHA	Facilities		Beds	
	2005	2007	2005	2007
Chinook—Lethbridge	12	11	806	731
Palliser—Medicine Hat	10	10	552	519
Calgary	42	45	4,504	4,657
David Thompson—Red Deer	25	26	1,405	1,399
East Central—Camrose	17	17	942	878
Capital—Edmonton	34	37	4,452	4,690
Aspen—Westlock	23	19	859	825
Peace Country—Grande Prairie	12	12	481	430
Northern Lights—Ft. McMurray	4	4	64	76
Totals	179	181	14,065	14,205

⁷ Unaudited information supplied by RHAs November 2007

Long-term care bed numbers have not risen as dramatically as supportive living facilities.⁸ We have been told this is the result of increased emphasis toward supportive living arrangements.⁹

3.5.1 Services and costs

Health and personal care services are provided at no cost to people who need them. RHAs pay for these services and supplies. However, residents must pay user fees for laundry, clothing, and hair care, as well as a monthly charge for their accommodation.

SCS sets the maximum daily accommodation rate that long-term care facilities can charge residents. The following summarizes the maximum rates from 2002 to present:

Table 4—Daily maximum accommodation rates¹⁰

Rates increased

Room Type	Starting January 1, 2002	Starting August 1, 2003	Starting October 1, 2007
Standard	\$ 28.22	\$ 39.62	\$ 41.50
Semi-Private	\$ 29.93	\$ 42.00	\$ 44.00
Private	\$ 32.60	\$ 48.30	\$ 50.75

Accommodation rates have increased; however, funding provided to low income residents to cope with these increases has also risen proportionately.

3.5.2 Caregivers

Four types of caregivers provide health and personal care services in long-term care facilities:

Four groups of caregivers

- Registered Nurses (RNs)—regulated by the Alberta Association of Registered Nurses. RNs typically complete a minimum two-year diploma program; many complete a four-year university degree program,
- Registered Psychiatric Nurses (RPNs)—regulated by the Registered Psychiatric Nurses Association of Alberta. RPNs typically complete a minimum two-year diploma program; many complete a four-year university degree program,
- Licensed Practical Nurses (LPNs)—regulated by the College of Licensed Practical Nurses of Alberta. LPNs typically complete a 15-month study program in a college, and

⁸ See tables 5 and 6.

⁹ For more information on this emphasis, go to http://www.health.gov.ab.ca/key/lt_stratreport.pdf

¹⁰ Information from the Department of Seniors and Community Supports

- Health Care Aides (HCAs)—an unregulated group of workers trained on the job, typically students and graduates of HCA certification programs at colleges and vocational schools.

Health developed a curriculum to train HCAs

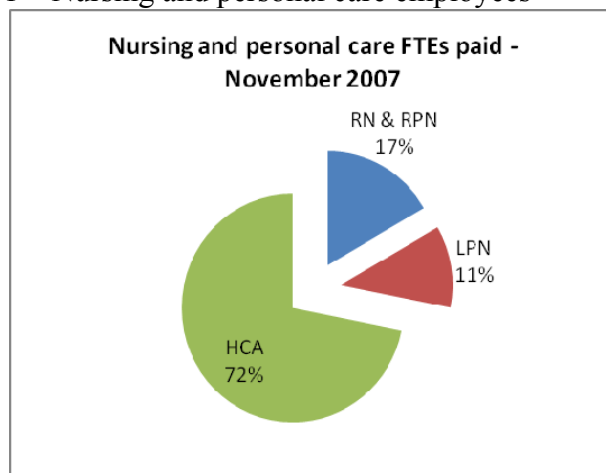
The *Health Professions Act* requires all health professional colleges to follow common rules to investigate complaints and set educational and practice standards for registered members. Health developed a curriculum for HCA training in publicly funded colleges and vocational schools in Alberta. This curriculum is designed to attain a consistency in HCA training and contribute to the overall competency of HCAs. However, HCAs are not required to take the course.

In November 2007, full-time equivalent positions (FTEs) paid in long-term care facilities in Alberta were:¹¹

- 1,415 RN and RPN (2005–1,268)
- 986 LPN (2005–944), and
- 6,122 HCA (2005–5,268)

RNs and RPNs are combined due to the relatively low number of RPNs working in long-term care facilities. The relative proportions of caregivers are shown in the following chart:

Chart 1—Nursing and personal care employees¹¹



3.6 Supportive living settings

Supportive living meets the needs of a wide range of people, but not those who have highly complex and serious health care needs. These facilities may provide 24-hour nursing services, but a registered nurse is not always present. Unlike residents of long-term care facilities, residents of supportive living facilities are responsible for their own medication and medical supplies.

¹¹ Unaudited information supplied by RHAs, November 2007

Various types of supportive living settings	Seniors can access the following types of supportive living settings to meet their housing and care needs:
Residents with more complex needs	<p>3.6.1 Assisted living</p> <p>There are several assisted living models. Typically, supportive living settings provide residents with nursing care services in addition to housing and personal care services. These facilities often serve residents with more complex needs than other supportive living settings can handle. Designated assisted living facilities are ones where RHAs and owners have a contractual relationship for owners to provide continuing care services in the facilities and where RHAs place people based on their assessed health care needs.</p>
Basic room and board for seniors	<p>3.6.2 Lodges</p> <p>Lodges provide room and board for seniors who are functionally independent. Core services include basic room with furnishings, meals, housekeeping services, linen services, security, 24 hour non-medical staffing and life enrichment services. Some lodges may provide enhanced services such as personal care, medication assistance and contracted home care services based on the needs of the residents; these facilities are known as Enhanced Lodges. Enhanced Lodges are similar to assisted living facilities but they serve residents with less complex needs than those in assisted living. Medical care for a resident of a lodge may be provided by an RHA through home care services.</p>
Various settings and options	<p>3.6.3 Other supportive living settings</p> <p>These facilities, such as seniors' complexes and group homes, provide seniors with private living accommodation, a safe environment, 24-hour monitoring and emergency response, meal options, housekeeping, transportation, social and recreational activities and some basic living and personal care services. These facilities are typically operated by non-profit or for-profit organizations.</p> <p>At March 31, 2004, SCS reported the following spaces available in various settings. Note that the descriptions of spaces have changed since 2004 and the data in tables 5 and 6 is not directly comparable.</p>

Table 5—2005 total seniors supported living and lodge spaces¹²

Type of facility	Number of spaces
Other adult supportive living	12,000
Lodges	8,500
Total	20,500

At December 31, 2007, SCS reports an inventory of supportive living facilities with the following spaces:

Table 6—2007 total supportive living facility spaces

Type of facility	Number of spaces
Lodges ¹³	9,198
Assisted living	9,042
Designated assisted living	3,038
Other adult supportive living	2,208
Total	23,486

At December 31, 2007, the Department of Seniors and Community Supports had inspected and licensed facilities accounting for approximately 14,500 of the spaces identified in Table 6. The inspection program is continuing.

3.7 Monitoring the facilities

Facilities are monitored by several organizations

Several organizations provide oversight, monitor compliance with standards and review other requirements in facility living and supportive living settings.

Health monitors for care standards

3.7.1 The Department of Health and Wellness

Health's compliance monitoring processes is developing and is planned to include testing RHA compliance monitoring processes, inspecting facilities for compliance with care standards and following up on critical incidents.

Seniors inspects for accommodation standards

3.7.2 The Department of Seniors and Community Supports

SCS examines compliance and investigates complaints relating to accommodation standards in both long-term care and supportive living settings, often in conjunction with RHA personnel. SCS visits are typically carried out by one person and typically take one day to complete using a detailed monitoring plan.

¹² These numbers are approximate, based on unaudited information from SCS

¹³ 7,969 of the residents in these spaces receive public funding under the Lodge Assistance Program.

RHAs check for compliance with all standards	<p>3.7.3 RHAs</p> <p>Each RHA with a compliance monitoring function has a unique inspection process. Visits range from half-day visits by one person, to two day visits by a team of up to seven specialists. Inspections cover both care and accommodation standards, generally involve discussions with several staff, observation of the facility and patient charts and conclude with a discussion of recommendations, if any, including plans to implement them.</p>
Unannounced visits and reports to Minister	<p>3.7.4 Health Facilities Review Committee</p> <p>The Committee conducts unannounced routine reviews of health care facilities and handles complaint investigations. A complaint investigation cannot by its nature follow a prescribed timeline. Facility visits are carried out by teams of two or more and take several days depending on facility size. These reviews require interviewing staff and residents and may result in recommendations. The Committee reports to the Minister of Health and Wellness.</p>
Investigations for the Minister or RHA	<p>3.7.5 Health Quality Council of Alberta (HQCA)</p> <p>If requested by the Minister of Health and Wellness or an RHA, the HQCA examines matters and provides advice and recommendations.</p>
Health inspectors check for hygiene	<p>3.7.6 RHA public health inspections</p> <p>Food preparation services in long-term care facilities are high-risk due to the risk of contamination, and are typically inspected three times a year by RHA personnel. The timing and extent of the review depends on initial findings, but typically covers at least 20 health related criteria.</p>
Outbreaks of infections	<p>3.7.7 RHA Infection control inspections</p> <p>These inspections, performed by medical personnel, are scheduled quarterly or as outbreaks occur, and are managed in quarantined facilities. They concentrate on best practices to manage outbreaks of infection, such as general cleanliness and hand-washing.</p>
Conduct investigations into allegations of abuse	<p>3.7.8 Protection for Persons in Care (PPIC)</p> <p>PPIC investigates reports of abuse or safety concerns for adults in publicly funded care facilities. All facilities inform residents and families that PPIC is available if they have any concerns. Facility management and staff are involved in resolving findings from any investigation.</p>

4. Conclusions

We frame our overall conclusions about the Departments' and RHAs' systems to deliver care and accommodation in terms of two basic criteria:

- have the Departments and RHAs implemented the new standards for care and accommodation in long-term care and supportive living facilities?
- do the Departments and RHAs have adequate systems to monitor compliance with standards?

New standards developed and introduced

The Departments and RHAs have systems to develop, introduce, and maintain new care and accommodation standards. However, systems to monitor compliance with those new standards are at various stages of development and further work is required. We conclude that:

- Health and SCS have each successfully developed and introduced new standards for care and accommodation in long-term care and supportive living facilities,
- Health and SCS have achieved satisfactory progress in establishing compliance monitoring functions for these new standards,
- Calgary, Capital and Palliser RHAs have adequately functioning compliance monitoring systems for the new standards,
- Aspen, Chinook, David Thompson, East Central and Northern Lights RHAs have achieved satisfactory progress in establishing compliance monitoring functions for the new standards, and
- Peace Country RHA has achieved limited progress in establishing compliance monitoring functions for the new standards, and we have repeated our recommendation.

Monitoring compliance at different development stages

To provide a structure at the beginning of our work, we developed and agreed with management on four audit criteria, relating to the four 2005 recommendations that our follow-up work is based on. The following table details our assessment:

Assessment of progress on four 2005 recommendations

Table 7—Assessment of follow-up recommendations

2005 Recommendation	Health	SCS	RHAs
5.1 Develop and maintain standards for facility living	Implemented	Implemented	See Appendix A
5.2 Monitor compliance for facility living	Satisfactory progress	Satisfactory progress	See Appendix A
5.3 Establish standards for supportive living	Implemented	Implemented	N/A
5.4 Update standards and improve monitoring for Supportive Living and Seniors Lodge settings	N/A	Implemented	N/A

5. Our audit findings

5.1 Systems to develop and maintain standards

Background

In 2005, we recommended that Health, working with the RHAs and SCS, update the Basic Service Standards for services in long-term care facilities and implement a system to regularly review and update the Basic Service Standards to ensure they remain current.

Our audit findings

The Basic Service Standards have been replaced by continuing care health service standards, (developed and administered by Health) long-term care accommodation standards (developed and administered by SCS) and supportive living accommodation standards (also developed and administered by SCS). The Departments, RHAs and stakeholders worked together to develop these three new standards and also to discuss and consult with stakeholders any need for updates. We have assessed that each of the Departments, and Aspen, Calgary, Capital, Chinook, David Thompson, East Central, and Palliser RHAs have implemented this recommendation. Northern Lights and Peace Country RHAs have made satisfactory progress toward implementing this recommendation.

5.1.1 Department of Health and Wellness (Health)—implemented

Developing standards

Health issued the Continuing Care Health Service Standards on May 3, 2006 for implementation by March 31, 2007. In July 2007, the Department finalized a four-phase process to review and update the standards annually for three years and at five year intervals thereafter.

Both Departments and seven of nine RHAs fully implemented this recommendation

New care standards introduced and implemented

Implementing and communicating standards

Health:

- developed the Continuing Care Desktop, a web-based computerized information tool to help RHAs and facilities in training,
- supported RHAs in training sessions by funding instruction time for all staff, and
- supported RHAs by targeted funding to increase staff time and acquire capital assets.

Feedback from general sources for promised updates

Maintaining and updating the standards

Health consulted with staff, RHAs, operators, professional associations, and special interest groups to obtain feedback on the currency and relevancy of the new care standards. Health participates in the Continuing Care Leaders Council with representatives of all RHAs and SCS. One mandate of this Council is to bring forward suggestions and recommendations for revision and updating of the standards. In the past year, Health has revised implementation target dates for two standards by:

Standards about computer system and health aide training revised

- removing the September 2007 deadline for the implementation of a computerized system for assessing residents and developing and managing care plans, and
- removing the March 2008 deadline for health care aides to have achieved core competencies.

Health told us it is committed to implementing these two care standards, and is working with RHAs to achieve results in appropriate timelines.

Standards will be further updated in April 2008

Health set an April 1, 2008 deadline to release updated care standards. It consulted with RHAs, operators and professional organizations during 2007.

5.1.2 Department of Seniors and Community Supports (SCS)—implemented

Developing standards

New accommodation standards introduced

The Long-Term Care Accommodation Standards and Supportive Living Accommodation Standards cover the physical environment, hospitality services, safety services, personal services, and residential services to residents of long-term care facilities. These standards also cover coordination and referral services, human resources and management and administration of facility operators. Consulting with stakeholders at appropriate times, SCS issued draft accommodation standards in June 2005, revised them in 2006 and finalized them in March 2007.

Training completed	<p>Implementing and communicating standards</p> <p>The introduction of new accommodation standards included training sessions for facility operators and RHAs in various locations during March and April 2007.</p> <p>SCS’ Accommodation Standards and Licensing Unit contracts with consultants who help facility operators prepare for an accommodation standards compliance inspection. This assistance may include interpretation of the standards, discussion of current practices and development of work plans to help the facility comply. The consultants do not inspect the facilities for compliance; but copies of their notes go to SCS inspectors.</p>
Process to update and make changes	<p>Maintaining and updating standards</p> <p>The new accommodation standards have been in place since March 2007. In January 2008, SCS initiated a periodic and ongoing process to review them. From January to May 2008, a review team will meet to collect and assess feedback on the existing accommodation standards and propose revisions.</p>
RHAs had either successfully implemented or were progressing satisfactorily	<p>5.1.3 RHAs</p> <p>We found all RHAs had successfully introduced the new standards and trained facility staff, or were making satisfactory progress in doing so. Northern Lights and Peace Country RHAs had not yet completed some training processes and policy drafting. The following table shows the RHAs’ progress:</p>

Table 8—RHA results: developing and maintaining standards¹⁴

Region	Develop, maintain and implement standards
Chinook—Lethbridge	Implemented
Palliser—Medicine Hat	Implemented
Calgary	Implemented
David Thompson—Red Deer	Implemented
East Central—Vegreville	Implemented
Capital—Edmonton	Implemented
Aspen—Westlock	Implemented
Peace Country—Grande Prairie	Satisfactory progress
Northern Lights—Ft. McMurray	Satisfactory progress

¹⁴ See Appendix A for more detail on the work we conducted in the RHAs.

5.2 Systems to monitor compliance with standards

Background

In 2005, we recommended that the Departments and RHAs improve the systems for monitoring the compliance of long-term care facilities with the Basic Service Standards. As Section 5.1 explains, the Basic Service Standards were replaced by three new sets of standards.

Our audit findings

Satisfactory progress

Overall, we found that the Departments and RHAs made satisfactory progress toward developing systems to monitor compliance with the care and accommodation standards. To have fully functioning monitoring systems, more work needs to be done at the Department of Health and Wellness than the Department of Seniors and Community Supports. Some RHAs have developed systems to monitor compliance with care standards; other RHAs have taken limited action and told us they were awaiting guidance from Health.

5.2.1 Department of Health and Wellness (Health)—satisfactory progress

Health requires RHAs to comply

Health issued directives in April 2007 requiring RHAs to comply with the Continuing Care Health Service Standards (care standards) for all contracted or publicly funded continuing care services provided in nursing homes, auxiliary hospitals and home care programs.

RHAs responsible for compliance, but some have made limited progress

RHAs are primarily responsible to monitor care standards and are in different stages of establishing compliance monitoring functions. RHAs must report annually to the Minister¹⁵, summarizing their compliance with the care standards and relevant legislation.

RHAs use different methods of gathering and interpreting data

RHAs that have made progress on a standards compliance monitoring function have independently developed audit tools and completed inspections. Therefore, the data arising from these inspections may not be consistent or suitable for trend analysis or cross-RHA comparisons.

Health to monitor RHA programs, track data and conduct audits

Health established a compliance monitoring unit in April 2007 to:

- monitor annual RHA reporting of compliance with the care standards,
- track, monitor and follow-up on reportable critical incidents,
- conduct high-risk field audits in RHAs resulting from critical incidents or other significant risks identified in the region, and
- conduct audits at RHAs to validate what is reported.

¹⁵ Continuing Care Health Service Standard # 23

Developing monitoring program	<p>To December 31, 2007, the compliance monitoring unit had:</p> <ul style="list-style-type: none"> • worked with RHAs to develop a common definition of a critical incident for reporting purposes. This is ongoing and waiting for RHA input. No tracking or trending of data is anticipated until that process has been completed. • developed a draft audit plan for facility visits, which was not shared with RHAs. RHAs created their own audit plans, and have not shared them with the compliance monitoring unit, • visited Peace Country RHA and audited three long-term care facilities, a designated assisted living facility and the RHA home care program. The compliance monitoring unit shared results with the RHA and the facility and then made a follow-up visit to reassess deficiencies found in the original audit, • tentatively planned visits to other RHAs for early 2008, • hired a new director and an additional nurse consultant to further develop its compliance function, • engaged a consulting firm to help in the compliance function, • drafted requirements for RHA reporting of compliance with the care standards, audit activities and compliance monitoring plans, and • continued to recruit additional staff to carry out planned annual visits to each RHA.
Some visits completed and more planned	
New staff hired	
Recruiting is ongoing	
RHAs have not reported their compliance to Health	<p>For the year ended March 31, 2007, no RHAs had complied with the care standard to report annually in writing to the Minister on their compliance with the care standards and legislation. Also, Health had not yet implemented a policy or procedure setting out the form of reporting or the consequences of non-compliance.</p>
Facilities are subject of many inspections, visits and reviews	<p>Facility operators face a number of monitoring processes in their regular business; each process consumes operator time and resources and may result in recommendations and subsequent follow-up visits. Facility operators told us the quantity of inspections and associated work is intense and time consuming. They view inspections as necessary, but want a more coordinated monitoring process to minimize resources needed and perceived duplication of audit processes.</p>

Health needs to complete development of the monitoring function

To fully implement its systems to monitor RHA compliance with the care standards, Health needs to:

- finalize the template for RHAs to submit summaries of their compliance with the standards, and establish a policy and follow-up process if RHAs do not report,
- develop a risk-based selection processes for audits, finalize a work-plan for field audits, and conduct audits and follow-up on deficiencies identified,
- define what constitutes a critical incident reportable to Health and establish a process to follow-up on these incidents,
- track and monitor information from critical incident reporting and field audits to identify risks to continuing care residents,
- validate the compliance monitoring process results at RHAs, using independent risk-based testing and working with RHAs to ensure data is comparable and consistent.
- share tools and data with RHAs to apply consistency to monitoring processes,
- assess the various facility inspection processes underway by considering potentially overlapping responsibilities and potential efficiencies.

SCS has a functioning compliance initiative

5.2.2 Department of Seniors and Community Supports (SCS)—satisfactory progress

SCS developed and implemented processes for monitoring the compliance of long-term care facilities with the Long-Term Care Accommodation Standards. SCS conducts:

- inspections in conjunction with RHAs to examine facility compliance with accommodation standards; and
- investigations of specific complaints received from facility residents, families, members of the public, and others.

SCS established an Accommodation Standards and Licensing Unit to monitor compliance with accommodation standards. SCS has worked with RHAs and Health to confirm the inventory of long-term care facilities in the province and to establish protocols for conducting and reporting the results of inspections. The protocols were still being finalized in January 2008.

Joint inspections with RHAs

SCS and the RHAs have agreed, when possible, to conduct joint facility inspections. They expect this to increase efficiency of the inspection process and minimize the disruption to facility operations that could result from multiple inspection visits. Facility inspections began in long-term care facilities in December 2007.

SCS uses a standardized checklist to document the inspection process. If non-compliance is noted, the inspector prepares a summary report and action plan and leaves it with the facility operator. A follow-up inspection is then scheduled to assess the facility's progress in complying with the standards.

Results of inspections

Lack of documentation to support compliance

SCS inspected two facilities in the Capital RHA and five facilities in the David Thompson RHA in December 2007. None of the facilities complied with all accommodation standards. Facilities generally lacked documentation to demonstrate compliance with standards.

Areas of non-compliance found by SCS inspectors

Major areas of non-compliance were:

- hygiene, including safe food handling and facility cleanliness,
- emergency preparedness and security, and
- facility maintenance.

Follow-up not yet completed

Follow-up inspections of these facilities were not complete when we finished our examination. We could not assess SCS' follow up processes or facilities' progress in resolving the non-compliance.

Complaints investigated

Complaint and incidents

The Accommodation Standards and Compliance Unit investigates complaints related to accommodation standards. The Unit records information on specific complaints, including the nature of the complaint, facility, and complainant. Then it assesses each complaint for priority and jurisdiction. The Unit sends complaints that fall outside of SCS jurisdiction to the appropriate agency for investigation. Complaints that fall within SCS jurisdiction are assigned to an investigator.

Results shared with complainant and facility

SCS reports investigation results to both the facility operator and the complainant. For substantiated complaints, SCS develops an action plan to solve the problem. The investigation may result in recommendations to facility operators. An inspector will later assess if the recommendations have been implemented.

SCS plans to publish website reports in a year

Reporting

SCS is developing web-based reporting of compliance with the accommodation standards on a facility by facility basis. It plans to report this information publicly within the next 12 months.

SCS needs to show compliance rates are improving

To fully implement this recommendation, SCS needs to complete its inspections in all long-term care facilities and, where facilities did not meet all standards in the initial inspection, ensure compliance with the standards through re-inspection.

RHA monitoring processes are inconsistent

5.2.3 RHAs

Systems for monitoring compliance with care standards vary widely. Calgary, Capital and Palliser RHAs had functioning compliance monitoring systems—they each used different tools and processes to assess compliance. Aspen, Chinook, David Thompson, East Central and Northern Lights RHAs are establishing monitoring functions. Peace Country RHA has made limited progress.

Data is not comparable across RHAs because systems are different

With only limited data gathered using a variety of processes and tools, we can't compare compliance rates across RHAs or assess provincial rates. However, standards covering critical areas, such as medication management, are receiving considerable attention across all RHAs, including those without functioning compliance monitoring systems.

The following table shows the RHAs' progress:¹⁶

Table 9—RHAs: systems to monitor compliance with care standards

RHA	Monitor compliance
Chinook—Lethbridge	Satisfactory progress
Palliser—Medicine Hat	Implemented
Calgary	Implemented
David Thompson—Red Deer	Satisfactory progress
East Central—Vegreville	Satisfactory progress
Capital—Edmonton	Implemented
Aspen—Westlock	Satisfactory progress
Peace Country—Grande Prairie	Recommendation repeated
Northern Lights—Ft. McMurray	Satisfactory progress

To fully implement the recommendation, RHAs need to show that they have finished implementing their processes to monitor compliance with the care and accommodation standards for services provided in their RHA. A fully functioning monitoring system should identify and resolve non-compliance issues appropriately and promptly.

¹⁶ See Appendix A for detailed results of our RHA work. RHAs that have implemented this recommendation (Palliser, Calgary and Capital) represent about 70% of long term care facility beds. RHAs demonstrating satisfactory progress (Chinook, David Thompson, East Central, Northern Lights and Aspen) represent approximately 27% of long term care facility beds and the remaining RHA (Peace Country) represents about 3% of long term care facility beds.

5.3 Standards for assisted living and other supportive living settings

Background

In 2005, we recommended that the Departments establish standards for care and housing services provided in assisted living and other supportive living settings.

Our audit findings

5.3.1 Department of Health and Wellness—implemented

Care standards apply to assisted and supportive living

The Continuing Care Health Service Standards apply to all publicly funded continuing care health services in long-term care facilities and supportive living settings.

5.3.2 Department of Seniors and Community Supports—implemented

SCS developed accommodation standards

SCS has developed a set of Supportive Living Accommodation Standards with input from stakeholders, and in conjunction with the long-term care accommodation standards. These standards apply to a range of supportive living facilities including Seniors Lodges, Designated Assisted Living facilities and group homes. The key activities and dates for the implementation of these standards are described in section 5.1.2 of this report.

SCS Accommodation Standards and Licensing Unit began inspecting and licensing facilities on April 2, 2007. By December 31, 2007, it had done 505 inspections at 319 separate facilities as follows:

Table 10—Inspections

Inspections of 319 facilities

Type of inspection	Number of inspections
Other adult supportive living facilities	341
Assisting living facilities	145
Designated assisted living facilities	19
Total	505

If a facility does not meet all accommodation standards, the inspector prepares a *Monitoring and Site Visit Summary* itemizing areas of non-compliance. The facility operator must remedy the non-compliance. A conditional license will be issued to the facility, and a subsequent re-inspection will assess the facility operator’s progress in solving the problem. When all standards are met, a full license will be issued.

The results of inspections and re-inspections to December 31, 2007 follow:

Results of inspections

Table 11—Supportive living accommodation standards inspections

Results	Number of facilities
Met all standards on initial inspection	179
Met all standards after subsequent inspection	95
Awaiting subsequent inspections	32
Not meeting some standards after multiple inspections ¹⁷	13
Total	319

Overall, 274 facilities (86%) inspected now comply with the Supportive Living Accommodation Standards. The remaining 45 facilities are working toward compliance.

5.4 Standards and monitoring—Seniors lodge program

Background

In 2005, we recommended that the Department of Seniors and Community Supports:

- update the seniors lodge standards and implement a process to maintain them.
- improve its systems to monitor management bodies' compliance with the seniors lodge standards.

Our audit findings

Updating standards—implemented

Standards developed for Seniors' Lodges

SCS developed supportive living accommodation standards in conjunction with the long-term care accommodation standards. These standards apply to a range of supportive living facilities including Seniors' Lodges, Designated Assisted Living facilities and group homes.

Monitoring compliance—implemented

Monitoring is taking place

Monitoring of seniors lodges takes place under the *Alberta Housing Act*. Seniors' lodges are not licensed by SCS because lodges are not subject to the *Social Care Facilities Licensing Act*. SCS has drafted a proposed *Supportive Living Accommodation Licensing Act* to establish a licensing mandate for all adult supportive living facilities. The legislation has not been tabled in the Legislature.

Majority of lodges inspected before new standards

SCS inspected all seniors' lodges for compliance with the accommodation standards in effect between 2005 and 2007. The majority of these inspections were performed before the approval of the new standards. When facilities didn't comply on the initial inspection, their administering management bodies had to prepare and submit plans

¹⁷ Typically operating under conditional license while achieving compliance.

to solve the non-compliance problems. SCS followed up on management bodies' progress in implementing their plans.

The inspections, and subsequent follow-up activities, result in the following levels of compliance with the standards used for the inspection:

Table 12—Inspections in lodges

Action	2007	2006	2005	Total
Inspections conducted	75	35	31	141
Facilities compliant with all standards	42	25	31	98
Action plans received, not yet compliant with some standards	25	10	-	35
Action plans not yet received	8	-	-	8

Responsibility for ongoing Seniors' Lodge inspections will be assigned to the Accommodation Standards and Licensing Unit in April 2008. Future inspections will use the same standards and criteria as other supportive living facilities. Lodges cannot be licensed until the proposed *Supportive Living Accommodation Licensing Act* is proclaimed.

Appendix A—RHA visits

We visited all 9 RHAs to follow-up on their progress towards implementing our 2005 recommendations. Our visits focused on recommendations concerning the establishment and monitoring of the new care and accommodation standards. Our audit procedure consisted of:

- document collection and review,
- interviews with senior management, and
- facility visits and discussions with staff.

We completed our fieldwork in December 2007.

Each RHA faces unique challenges implementing our recommendations and approached implementation differently, resulting in 9 systems being developed. Every RHA is at a different phase of system implementation, ranging from well established to just beginning.

We did not inspect facilities for compliance; instead, we audited the RHA processes to inspect facilities. We did this through observation and document review. Every RHA has a unique system. They range from a formal audit carried out by several people over two days to a review of a facility self audit. This variation reflects not only regional philosophies but their capacity to develop effective monitoring systems.

Reports specific to each RHA follow:

Region	Page #
Chinook—Lethbridge	121
Palliser—Medicine Hat	123
Calgary	125
David Thompson—Red Deer	127
East Central—Vegreville	129
Capital—Edmonton	131
Aspen—Westlock	134
Peace Country—Grande Prairie	137
Northern Lights—Ft. McMurray	140

Summary of audit results for Chinook Health Region

1. **Systems to develop and maintain current standards—implemented**
We recommended that the Department of Health and Wellness, working with the Regional Health Authorities and the Department of Seniors and Community Supports, update the Basic Service Standards for services in long-term care facilities and implement a system to regularly review and update the Basic Service Standards to ensure they remain current.

Standards for services

The Region has introduced the standards by:

- establishing Chinook Continuing Care Council (4Cs) to implement the new standards,
- performing a gap analysis to identify improvements to policy,
- ensuring facility specific policies or procedures comply with standards, and
- participating regularly in provincial working groups and working with other RHAs and the Departments to interpret and implement the standards.

Changes to standards

The Region has participated in processes for providing input and suggestions for changes to standards by:

- soliciting feedback on standards from facility operators, and providing feedback to the Department when they believe there should be a change in the standards, and
- examining monitoring results, complaints and incidents to determine the need for changes to standards, policies or procedures.

Communication of standards

The Region has communicated the new standards by:

- participating in the Continuing Care Desktop (Desktop) pilot project, and
- developing a toolkit for health care aides to help with the education related to the new standards.

2. **Systems to ensure compliance with standards—satisfactory progress**
We recommended that the Department of Health and Wellness and the Regional Health Authorities, working with the Department of Seniors and Community Supports, improve the systems for monitoring the compliance of long-term care facilities with the Basic Service Standards.

Compliance with standards

The Region:

- monitors results from the assessment tool, if an outcome is out of the acceptable range, discussions with the facility ensue,
- requires each facility to complete an annual self assessment for review by Chinook staff, facility specific reports, such as incident and PPIC may be included in this review, and
- implemented an electronic information management system that provides measures of quality indicators and information on developing trends within the Region.

Complaints and incidents

The Region:

- established a policy on dealing with complaints and incidents, and
- provided a concise definition of critical incidents and reporting requirements to facilities.

Facility inspection and corrective action

The Region has implemented an electronic information management system that provides measures of quality indicators and information on developing trends within the Region. There is no independent review process to assess compliance with standards.

To finish implementing the recommendation, the Region needs to develop systems to:

- inspect facilities for compliance with standards and establish processes to resolve non-compliance.

Summary of audit results for Palliser Health Region

1. **Systems to develop and maintain current standards—implemented**
We recommended that the Department of Health and Wellness, working with the Regional Health Authorities and the Department of Seniors and Community Supports, update the Basic Service Standards for services in long-term care facilities and implement a system to regularly review and update the Basic Service Standards to ensure they remain current.

Standards for services

The Region introduced the standards by:

- participating regularly in provincial working groups and working with other RHAs and the Department to interpret and implement the standards,
- creating a regional continuing care network and owner/operator committees,
- creating a continuing care standards team to oversee implementation of the standards, and
- developing a Board approved statement of purpose and objective in collaboration with facility operators.

Changes to standards

The Region has participated in processes for providing input and suggestions for standard changes by:

- examining monitoring results, complaints and incidents to determine the need for changes to standards, policies or procedures. To date, no standards have been changed as a result of this evaluation.

Communication of standards

The Region has communicated the new standards to facilities and staff by:

- hiring a regional educator responsible to provide training on the new standards,
- providing Continuing Care Desktop training to facilities,
- developing an education strategy targeted at health care aides, and
- developing educational materials and training programs for staff with on-site and video conference delivery.

2. Systems to ensure compliance with standards—implemented

We recommended that the Department of Health and Wellness and the Regional Health Authorities, working with the Department of Seniors and Community Supports, improve the systems for monitoring the compliance of long-term care facilities with the Basic Service Standards.

Compliance with standards

The Region:

- developed a standardized review process to monitor and enforce compliance with the new standards.
- requires annual written confirmation from each long-term care facility that they will operate in compliance with applicable acts, standards, policies and procedures.
- developed clinical quality indicators for quarterly reporting by facilities.

Complaints and incidents

The Region:

- established a policy on dealing with complaints and incidents, and
- provided a definition of critical incidents and reporting requirements to facilities.

Facility inspections and corrective action

The Region has developed a process to conduct regular facility inspections. In 2006–2007, the Region completed inspections of 17 long-term care and designated assisted living facilities, using an audit tool modeled on the Continuing Care Health Service Standards. We saw evidence that appropriate follow-ups were done when compliance issues were identified.

Summary of audit results for Calgary Health Region

1. **Systems to develop and maintain current standards—implemented**
We recommended that the Department of Health and Wellness, working with the Regional Health Authorities and the Department of Seniors and Community Supports, update the Basic Service Standards for services in long-term care facilities and implement a system to regularly review and update the Basic Service Standards to ensure they remain current.

Standards for services

The Region has introduced the standards by:

- performing a gap analysis to identify improvements to policy,
- ensuring facility specific policies or procedures comply with standards, and
- participating regularly in provincial working groups and working with other RHAs and the Department to interpret and implement the standards.

Changes to standards

The Region has participated in processes for providing input and suggestions for changes to standards by:

- soliciting feedback on standards from facility operators, and providing feedback to the Departments when they believe there should be a change in the standards, and
- examining monitoring results, complaints and incidents to determine the need for changes to standards, policies or procedures.

Communication of standards

The Region has communicated the new standards by:

- participating in the Continuing Care Desktop pilot project,
- developing educational materials for training staff on the new health service standards as well as a monthly update on the implementation of the standards for continuing care providers.

2. **Systems to ensure compliance with standards—implemented**
We recommended that the Department of Health and Wellness and the Regional Health Authorities, working with the Department of Seniors and Community Supports, improve the systems for monitoring the compliance of long-term care facilities with the Basic Service Standards.

Compliance with standards

The Region:

- developed a standardized review process (Annual Performance Profile) to monitor and enforce compliance with the new standards, and
- requires annual declaration by each long-term care facility that they will operate in compliance with applicable acts, standards, policies and procedures.

Complaints and incidents

The Region:

- established a policy on dealing with complaints and incidents,
- provided a definition of critical incidents and reporting requirements to facilities, and
- assigned specific individuals to address issues arising from critical incidents.

Facility inspections and corrective action

The Region has developed a process to conduct regular facility inspections. In 2007, the Region completed inspections at 37 long-term care facilities as well as one-on-one follow up meetings with all but two contracted service providers. The inspection process is modelled on the Continuing Care Health Service Standards.

Summary of audit results for David Thompson Health Region

1. **Systems to develop and maintain current standards—implemented**
We recommended that the Department of Health and Wellness, working with the Regional Health Authorities and the Department of Seniors and Community Supports, update the Basic Service Standards for services in long-term care facilities and implement a system to regularly review and update the Basic Service Standards to ensure they remain current.

Standards for services

The Region has introduced the standards by:

- performing a gap analysis to identify improvements to policy,
- ensuring facility specific policies or procedures comply with standards,
- participating regularly in provincial working groups and working with other RHAs and the Department to interpret and implement the standards,
- assigned the clinical operations leader and continuing care clinical nursing practice committee to draft procedures, policies, and a standards implementation plan, and
- supporting a continuing care quality improvement group that meets regularly.

Changes to standards

The Region has participated in providing input and suggestions for standard changes by:

- examining monitoring results, complaints and incidents to determine the need for changes to standards, policies or procedures.

Communication of standards

The Region has communicated the new standards to facilities by:

- participating in the Continuing Care Desktop pilot project,
- surveying and testing staff to ensure communications and training on standards has been effective, and
- holding regular meetings with continuing care managers, staff and facility operators to discuss issues related to standards.

2. **Systems to ensure compliance with standards—satisfactory progress**
We recommended that the Department of Health and Wellness and the Regional Health Authorities, working with the Department of Seniors and Community Supports, improve the systems for monitoring the compliance of long-term care facilities with the Basic Service Standards.

Compliance with standards

The Region requires written confirmation from long-term care facility operators that they comply with applicable legislation, standards, policies and procedures through the annual signing of the Continuing Care Programs and Services Agreement. An updated version of this agreement is currently being developed.

Complaints and incidents

The Region has established policies and procedures dealing with complaints and incidents. A definition of reportable events has been provided to facilities.

Facility inspections and corrective action

The Region has developed a process to conduct regular facility inspections. Inspections have recently begun, and the Region intends to have completed reviews of all facilities by March 2008. The review process is modeled on the Continuing Care Health Service Standards.

To finish implementing the recommendation, the Region needs to:

Review findings of inspections with facility operators and:

- develop action plans and follow-up requirements to address outstanding issues,
- develop a formal reporting protocol to facility management, Region management and the Region Board of Directors.

Summary of audit results for East Central Health (ECH)

1. **Systems to develop and maintain current standards—implemented**
We recommended that the Department of Health and Wellness, working with the Regional Health Authorities and the Department of Seniors and Community Supports, update the Basic Service Standards for services in long-term care facilities and implement a system to regularly review and update the Basic Service Standards to ensure they remain current.

Standards for services

The Region has introduced the standards by:

- drafting policies to comply the new standards,
- ensuring that facilities that develop their own policies or procedures do so in compliance with the standards,
- participating regularly in provincial working groups to interpret and implement the standards, and
- working with other Authorities and the Department of Health and Wellness (Department) to develop an interpretation guide for the standards. The guide includes an interpretation and expectations for meeting each standard.

Changes to standards

The Region has participated in processes for providing input and suggestions for changes to standards by:

- soliciting feedback on the standards from their facility operators, and providing feedback to the Department when they believe there should be a change in the standards. For example, facility operators expressed concern about the deadline for health care aides to achieve core competencies. ECH and other Authorities forwarded these concerns to the Department and
- examining complaints and incidents to determine if there should be changes to the standards or if a policy is needed to clarify a standard.

Communication of standards

The Region has communicated the new standards by:

- implementing the Continuing Care Desktop, a software product designed to increase users' understanding of the standards.
- offering training sessions and training materials to facilities and staff on the new standards, and
- meeting frequently with region facility operators as part of the Continuing Care Leadership Team. This team discusses the implementation of the standards and shares best practices.

2. **Systems to ensure compliance with standards—satisfactory progress**
We recommended that the Department of Health and Wellness and the Regional Health Authorities, working with the Department of Seniors and Community Supports, improve the systems for monitoring the compliance of long-term care facilities with the Basic Service Standards.

Compliance with standards

The Region expects all facilities to comply with the standards. The Region is working with the Department of Health and Wellness to set this expectation in agreements with facilities.

Complaints and incidents

The Region has:

- established a complaint resolution process and provided guidance to facilities on how to deal with complaints and incidents, and
- implemented an electronic Safety Occurrence Reporting System in all facilities to track, identify trends, and report incidents to ECH and/or its associate partner management teams, depending on the level of severity of the incident.

Facility inspections and corrective action

The Region is establishing a process to inspect facilities by:

- distributing a self-audit checklist to all facility operators in the Region. The checklist includes all standards, and requires a self-assessment of whether the standard has been met, not met, or partially met, and a list of evidence that would be required to support compliance with the standard. All facilities completed this self-audit. The Continuing Care Leadership Team, comprised of all facility operators will review the results and identify the top five issues from each facility. A regional action plan will be developed to address any regional trends identified,
- having facility operators conduct peer reviews throughout the Region in 2008–2009. The Region will follow up on non-compliance issues identified,
- overseeing the implementation of an electronic information system in all facilities. This will help the Region in collecting quality of care information.

To finish implementing the recommendation, the Region needs to:

- include expectations for compliance to standards in agreements with facilities,
- inspect facilities for compliance with standards,
- establish processes to resolve non-compliance, and
- analyze the results of self-audits and facility peer audits for trends.

Summary of audit results for Capital Health

1. **Systems to develop and maintain current standards—implemented**
We recommended that the Department of Health and Wellness, working with the Regional Health Authorities and the Department of Seniors and Community Supports, update the Basic Service Standards for services in long-term care facilities and implement a system to regularly review and update the Basic Service Standards to ensure they remain current.

Standards for services

The Region has introduced the new standards by:

- communicating the new standards to all facility operators through its committee structure, including best practices committee, quality committee and owners and operators committee,
- performing a regional gap analysis for each standard to identify strengths and areas for improvement,
- developing an action plan for areas requiring improvement by reviewing and updating directives, policies and procedures to meet the new standards,
- ensuring that facilities that develop their own policies or procedures do so in compliance with the standards,
- participating regularly in provincial working groups to interpret and implement the standards, and
- working with other Authorities and the Department of Health & Wellness (Department) to develop a standards interpretation guide. The guide includes an interpretation and expectations for meeting each standard. Capital has shared a draft of this interpretation guide with all facility operators.

Changes to standards

The Region has participated in providing input and suggestions for standard changes by:

- soliciting feedback on standards from facility operators, and providing feedback to the Department when they believe there should be a change in the standards. For example, facility operators expressed concern about the deadline for health care aides to achieve core competencies. Capital and other Authorities forwarded these concerns to the Department, and
- examining monitoring results, complaints and incidents to determine the need for changes to standards, policies or procedures. For example, Capital noticed that there were variations in practice in the treatment of urinary tract infections. Working with facility operators, Capital developed an algorithm to help in the implementation of evidence based care for the assessment and treatment of urinary tract infections.

Communication of standards

The Region has communicated the standards by:

- meeting with facility operators,
- providing training sessions and materials to facilities and staff,
- distributing information bulletins,
- participating in the Continuing Care Desktop pilot project in conjunction with the Department. The Desktop is a software product that runs over the Internet and is used to increase users' knowledge about the standards. It includes information on the standards, best practices and links to a number of information and education resources, and
- developing “The Continuing Care Health Services Standards Workbook for Health Care Aides”, to help to educate health care aides on the new standards. We reviewed the workbook and concluded that it includes information on all of the relevant standards.

2. Systems to ensure compliance with standards—implemented

We recommended that the Department of Health and Wellness and the Regional Health Authorities, working with the Department of Seniors and Community Supports, improve the systems for monitoring the compliance of long-term care facilities with the Basic Service Standards.

Compliance with standards

The Region sets out expectations in agreements and the service expectation letters that facilities will comply with the standards. Current contracts with long-term care facility operators require compliance with all legislation, policies and provincial and regional standards. Updated contracts with all service providers with more detail on the new standards will be in place by March 2008.

Complaints and incidents

The Region provides guidance to facilities on dealing with complaints and incidents, and has established a complaint resolution process. A concise definition of critical incidents and reporting requirements has been provided to facilities.

Facility inspections and corrective action

The Region has established a process to conduct regular facility inspections, and a risk-based approach to conduct in-depth focused reviews when necessary. We visited a facility with Capital staff and confirmed that reviews cover all standards. In their facility inspection program, Capital:

- partners with the Department of Seniors and Community Supports and Environmental Health to conduct facility reviews. Since the standards were released, Capital has conducted 17 facility reviews, and 55 supportive living reviews. All facilities are intended to be visited every two years, but this may vary due to their risk-based approach,

- conducts two-day reviews using the standards as criteria. The review team consists of a quality consultant, a professional practice leader, a pharmacist, an infection control practitioner, an environmental health inspector and a physician,
- verbally debriefs review findings with the facility operator, and prepares a report of findings and recommendations.
- requires action plans from each facility reviewed that should address any deficiencies identified. If any deficiencies are identified related to priority standards, they are followed up immediately. Timelines for non-priority matters vary due to the seriousness of the matter to be addressed.
- uses the Balanced Scorecard for monitoring trends and reporting internally and to the Board, and collects quarterly information from all facilities and monitors trends on resident falls, pressure ulcers, tuberculosis screening rates, staff and resident influenza immunization rates, resident pneumococcal vaccine rates, complaints received, drug cost per resident day, and number of outbreaks,
- analyzes data, calculates regional averages and sets targets for facilities. Reports for each facility compare the facility to average and to the overall Capital target. Best practices are shared and facilities are supported to make necessary improvements.
- completes focused reviews of facility if necessary, considering the results of data analysis, complaints, outbreaks, and critical incidents. Three in-depth focused reviews have been completed since April 1, 2007, and
- completed implementation of an electronic information system for all facilities in June 2007. This is an additional tool to identify issues in a facility that should be followed up.
- uses the Balanced Scorecard for monitoring trends and reporting to management and the Board. Trends and complaints are monitored and reported by facility. If trends are identified, Capital takes the information to the Region's Quality Council. The Council then establishes the topic as an objective for its work. Quality improvement initiatives are then developed and implemented.

Summary of audit results for Aspen Regional Health

1. Systems to develop and maintain current standards—satisfactory progress

We recommended that the Department of Health and Wellness, working with the Regional Health Authorities and the Department of Seniors and Community Supports, update the Basic Service Standards for services in long-term care facilities and implement a system to regularly review and update the Basic Service Standards to ensure they remain current.

Standards for services

The Region has introduced the new care and accommodation standards by:

- drafting many, but not all policies to comply with the new standards, and
- participating regularly in provincial working groups and working with other RHAs and the Department to interpret and implement the standards.

Changes to standards

The Region has participated in providing input and suggestions for updating standards by:

- meeting regularly and soliciting stakeholder feedback,
- examining complaints and incidents to determine the need for changes to the standards, and
- paying the full tuition cost of upgrading skills for health care aides to address changes in standards.

Communication of standards

The Region has communicated the new standards by:

- participating in the Continuing Care Desktop pilot project,
- conducting training and information sessions, and
- developing new service provider contracts for implementation in April 2008.

To fully implement the recommendation the Region still needs to:

- ensure policies exist for all standards, and
- complete testing and rollout of the Continuing Care Desktop tool to facilitate delivery of information to front-time staff.

2. **Systems to ensure compliance with standards—satisfactory progress**
We recommended that the Department of Health and Wellness and the Regional Health Authorities, working with the Department of Seniors and Community Supports, improve the systems for monitoring the compliance of long-term care facilities with the Basic Service Standards.

Compliance with standards

The Region expects all facilities to comply with the standards, and is developing a new contract with service providers, scheduled to come into effect April 2008. The draft requires providers to operate in accordance with regional policies that incorporate the standards. There is no such requirement in current contracts.

Complaints and incidents

The Region deals with complaints and incidents by:

- employing a patient concerns officer to investigate complaints made to the Region,
- requiring complaints from residents or their families to be dealt with at the lowest possible level, for instance at the facility level for minor issues. There is no direction or policy to guide facilities on the types of complaints that should be elevated to the Region's management, if only for information purposes, and
- using an electronic incident reporting system that is available to the Region's owned facilities but not privately owned facilities. This system categorizes incidents on the basis of severity, and then automatically distributes incident reports to appropriate management levels, depending on the severity. At this time, the system does not generate reports that would enable trend analysis to be done.

Facility inspections and corrective action

All facilities in the region were visited by an independent third party in January and February 2007. The visits were based on the new continuing care standards. In the visit of 18 long term care centres, the reviewer found 100% compliance to best practice standards and 94% compliance to mandatory health standards. The reviewer also identified use of an electronic management information system resulting in better medication administration for 4 of the 18 centres. We visited a facility in the region with the reviewer during the second annual series of visits and observed that:

- the reviewer uses an audit tool which addresses all standards applicable to facilities. Results are reported to facility management and the Region,

- facility audits and visits are carried out by several groups. In the past year, the Region's contracted facility reviewer, the Department of Seniors and Community Supports, the Health Facilities Review Committee, the Health Quality Council, Protection of Persons in Care and our Office have visited various facilities.
- the Region does some monitoring for trends relating to high-risk standards such as medication and restraints. However, the results of audits, visits and other forms of reporting are acted upon in an ad-hoc manner and there is no coordinated region-wide analysis of this information. We understand that the Region is updating the electronic incident reporting system, with a goal to trend and coordinate region-wide analysis.

To finish implementing the recommendation, the Region needs to:

- implement contracts with service providers that require compliance with standards, and ensure the terms and conditions of the contracts are monitored,
- establish a comprehensive and ongoing compliance monitoring process,
- regularly obtain and analyze region wide instances including data from private facilities,
- establish guidelines for facilities to report complaints to appropriate levels, and
- monitor trends in the number and nature of complaints and incidents.

Summary of audit results for Peace Country Health

1. Systems to develop and maintain current standards—satisfactory progress

We recommended that the Department of Health and Wellness, working with the Regional Health Authorities and the Department of Seniors and Community Supports, update the Basic Service Standards for services in long-term care facilities and implement a system to regularly review and update the Basic Service Standards to ensure they remain current.

Standards for services

The Region has introduced the new care and accommodation standards and is:

- beginning to draft policies to comply with the new standards, and
- participating regularly in regional working groups to interpret and implement the standards.

Changes to standards

The Region has participated in providing input and suggestions for standard changes by:

- soliciting feedback on standards from facility operators at Continuing Care Managers meetings, and
- providing feedback to the Department of Health and Wellness (Department) at the Continuing Care Leaders Council when they believe there should be a change in the standards.

Communication of standards

The Region has communicated the new standards by:

- implementing the Continuing Care Desktop in most, but not all facilities. The Desktop is a software product that runs over the Internet and is intended to increase users' knowledge about the standards. It includes information on the standards, evidence, and best practices related to the standards, and links to a number of relevant information and education resources.
- offering training sessions and training materials to facilities and staff on the new standards, and
- meeting frequently with the Region facility operators at the Regional Continuous Quality Improvement Committee, to discuss the implementation of the standards and any suggested changes.

To finish implementing the recommendation the Region needs to:

- examine complaints and incidents to determine if there should be changes to the standards or if a policy is needed to clarify a standard,
- consider the results of the monitoring activities to assess whether it should recommend changes to the standards,
- consider providing its policies and procedures to contracted facility operators,
- complete implementation of the Continuing Care Desktop, and
- develop and communicate policies for all new standards.

2. Systems to ensure compliance with standards—recommendation repeated

We recommended that the Department of Health and Wellness and the Regional Health Authorities, working with the Department of Seniors and Community Supports, improve the systems for monitoring the compliance of long-term care facilities with the Basic Service Standards.

Compliance with standards

The Region is establishing a process to inspect facilities by:

- participating in the Department's pilot project on compliance monitoring. The Department completed compliance follow-up visits in 2007,
- visiting facilities quarterly to discuss and review complaints, incidents, wound care, staffing, and status on standards implementation. However, results of these visits are not documented and do not necessarily ensure compliance with the standards,
- planning to distribute a self assessment tool to all facility operators in the Region. Currently, there is no formal process to deal with the results of these self assessments, and
- planning for regional staff to conduct comprehensive reviews of compliance in all facilities in 2008.

One of the privately operated facilities in the Region has a contract from 1996 which has no requirement to comply with the new standards. During our original visit in 2005, we recommended that the Region update its contract with the operator. As of 2007, the 1996 contract is still in place. The Region is drafting a new contract but has not yet finalized it.

Complaints and incidents

The Region has developed systems to:

- provide guidance to all regionally managed facilities on dealing with complaints,
- document and track complaints for use by regionally operated facilities. Facilities are entering information into the complaint tracking system, however, the information is not being used to monitor trends, and

- document critical incidents through use of a standardized multi-copy form, which is retained in the facility. The Sentinel Event Policy is employed to deal with significant critical events.

Facility inspections and corrective action

The Region does not have a policy or procedure in place to monitor compliance with standards or monitor trends in complaints and incidents.

To implement the recommendation, the Region needs to:

- develop and implement a comprehensive and ongoing process to monitor facilities' compliance with the standards,
- provide guidance to contracted facility operators on reporting and dealing with critical incidents and complaints,
- include requirements for compliance to standards in service provider contracts, and
- develop and implement a process to monitor trends in complaints and incidents for all facility, including contracted operators, to identify issues and possible non-compliance with standards.

Summary of audit results for Northern Lights Health Region (NLHR)

1. Systems to develop and maintain current standards—satisfactory progress

We recommended that the Department of Health and Wellness, working with the Regional Health Authorities and the Department of Seniors and Community Supports, update the Basic Service Standards for services in long-term care facilities and implement a system to regularly review and update the Basic Service Standards to ensure they remain current.

Standards for services

The Region has introduced the new care and accommodation standards and:

- performed a gap analysis for each of the Continuing Care Health Service Standards to identify areas for improvement,
- started to draft policies and procedures to comply with the new care standards,
- compared the Authority's accommodation standards and policies with the Long Term Care Accommodation Standards and the Supportive Living Accommodation Standards and concluded that no changes were required to the region's accommodation standards or policies.
- participates regularly in provincial working groups to interpret and implement the standards through the Continuing Care Leaders Council (CCLC), and
- is working with the Department of Health and Wellness and other Authorities to develop a common interpretation of the standards.

Changes to standards

The Region has participated in processes for providing input and suggestions for changes to standards by:

- providing feedback to the Department through the CCLC when they believe there should be a change in the standards.

Communication of standards

The Region communicated the new care standards to facilities by:

- distributing a brochure to all employees that described what the new standards mean, how the Region planned to implement the new standards, how changes would affect employees, training available, and where to go for further information,
- providing training sessions and training materials to facilities and staff on the new standards, and

- training staff in all facilities on the use of the Continuing Care Desktop, a software product that includes information on the standards, evidence, best practices, and links to a number of relevant information and education resources.

To finish implementing the recommendation, the Region needs to:

- include the results of the monitoring program and facility inspections when providing feedback on the care standards at the Continuing Care Leaders Council, and
- finish updating policies and procedures.

2. **Systems to ensure compliance with standards—satisfactory progress**
We recommended that the Department of Health and Wellness and the Regional Health Authorities, working with the Department of Seniors and Community Supports, improve the systems for monitoring the compliance of long-term care facilities with the Basic Service Standards.

Compliance with standards

The Region expects facilities to comply with the Continuing Care Health Service Standards and the Long-term Care Accommodation Standards. There are no contracted long-term care beds in the region, but the contract for designated assisted living services was updated April 1, 2007 to include a requirement for the facility to comply with the Continuing Care Health Service Standards.

Complaints and incidents

The Region has policies and procedures for dealing with complaints and incidents and a system for:

- collecting information on incidents using a computerized incident management system, based on concise definitions of critical incidents,
- training for staff members on the use of the incident management system,
- alerting responsible individuals of incidents, and
- following up on all outstanding complaints and incidents that are not cleared within the timelines specified in the policy, by a person responsible for that function.

Facility inspections and corrective action

To monitor compliance with the care standards, the Region:

- completed a compliance audit in 2006 on all facilities using the old care standards.
- completed a gap analysis in 2007 for the key standards and developed action plans to resolve the deficiencies identified. Follow-up and resolution of deficiencies is in progress.

- employed an informal process for the supportive living facility through regular visits by the NLHR Home Care Manager. The contract with this facility was updated April 1, 2007 to include a requirement to comply with the new care standards.
- maintains a computerized Incident Management System with the capacity to track and report by facility and type of incident. Managers can generate requests on an ad hoc basis.

The Regional Quality Assurance Committee (QAC) functions include the systematic identification of trends, setting of improvement goals and the development of strategies to achieve the goals. Reports and standing agenda items for the QAC include critical incidents and near misses.

To finish implementing the recommendation, the Region needs to:

- develop a standards compliance monitoring program that monitors all standards, and
- inspect facilities for compliance with the Continuing Care Health Service Standards and the Long-term Care Accommodation Standards, and establish processes to resolve non-compliance.

Appendix B—management actions on remaining 2005 recommendations

Management actions

Management of Alberta Health and Wellness (Health) and Alberta Seniors and Community Supports (SCS) reported to us the following progress on the remaining 2005 recommendations. We have not completed audits respecting this reported progress:

1. Effectiveness of services

Recommendation

We recommend that the Department of Health and Wellness and the Regional Health RHAs, working with the Department of Seniors and Community Supports, assess the effectiveness of services in long-term care facilities.

Health

Health has directed the RHAs to implement a set of tools for care assessment, planning and reporting. The tools have outcome measures and quality indicators to help in assessing the effectiveness of the systems. All RHAs plan to implement the tools by March 2009.

SCS

All RHAs will implement the InterRAI tool in their long-term care facilities. This is largely a Health matter and SCS will continue to support them.

2. Costing and accommodation rates

Recommendation

We recommend that the Department of Health and Wellness, working with the Department of Seniors and Community Supports, collect sufficient information about facility costs from the Regional Health RHAs and long-term care facilities to make accommodation rate and funding decisions.

Health

Projects underway include:

- Examining options for enhancing electronic reporting capabilities to collect information on accommodation related costs.
- Reviewing quarterly reports submitted by RHAs.
- Analysis and discussion with RHAs on paid hours of care in long-term care facilities.

SCS

- On October 1, 2007, Seniors increased the maximum long-term care accommodation rates by 5%.
- SCS is identifying options for setting and adjusting accommodation rates for the future.
- SCS has developed a Financial Costing Model to monitor and project accommodation service costs in long-term care and supportive living settings. Currently the model is being used in supportive-living settings; however, the possibility of using it in long-term care settings is being explored.

3. Information to monitor compliance with legislation

Recommendation

We recommend that the Department of Health and Wellness, working with the Regional Health RHAs and the Department of Seniors and Community Supports, identify the information required from long-term care facilities to enable the Departments and RHAs to monitor their compliance with legislation.

Health

Health, in collaboration with the RHAs, is developing electronic reporting systems to monitor the quality indicators that will be a product of the care assessment, planning and reporting tools that will be implemented by 2009.

Health has developed a framework to monitor compliance of long-term care facilities with the standards and legislation.

SCS

- March 2007, revised Long-Term Care and Supportive Living Accommodation Standards were released after additional consultation and feedback from stakeholders.
- Over 30 orientation sessions on the new accommodation standards were held for long-term care and supportive living facility operators in 9 locations across the province during March and April 2007.
- May 2007, the Nursing Homes General Regulation and the Coordinated Home Care Program Regulation were amended to require both RHAs and their contracted operators/agencies to comply with the health service standards. The amended Nursing Homes General Regulation also required RHAs and their contracted operators to comply with the long-term care accommodation standards.
- SCS is finalizing the monitoring process for long-term care facilities with each RHA. Monitoring visits will begin in November 2007.

4. Future needs and goals

Recommendation

We recommend that the Department of Health and Wellness, working with Regional Health RHAs and the Department of Seniors and Community Supports, develop a long-term plan to meet future needs for services in long-term care facilities. We also recommend that the Departments publicly report on progress towards goals in the plan.

Health

Health updated the Regional Continuing Care Projection Model, a tool to help the Department and RHAs in planning for future continuing care needs. Health analyzed the continuing care needs for each RHA and used their projections when evaluating the health plan submissions from the RHAs. All RHA health plans have been approved for the 2007 year. Health is finalizing the health factors for inclusion in the 2008–2011 health plan requirements.

SCS

- SCS has been given a mandate priority by the Minister to bring forward an updated plan to expand long-term care and improve standards of care. Ministry staff are working with stakeholders, Health and RHAs to develop this plan.
- Alberta Health and Wellness updated the Regional Continuing Care Model (RCCM) in August 2007 using more accurate population projections than those used in the previous run of the model.
- SCS is staging a planning session with private sector housing operators, world class experts, other stakeholders and Health to brainstorm new ideas for the continuing care system, and possible directions that the system can be taken in to meet the future needs of Albertans.

5. Assessing effectiveness

Recommendation

We recommend that the Department of Seniors and Community Supports improve the measures it uses to assess the effectiveness of the Seniors Lodge Program, and obtain sufficient information periodically to set the minimum disposable income of seniors used as a basis for rent charges.

SCS

- In 2006/07, over 90% of lodge residents were satisfied or very satisfied with their overall accommodations.
- SCS is exploring a project to evaluate the disposable income amount (\$265) to determine if the amount is still appropriate.
- SCS is evaluating the effectiveness of the Lodge Assistance Program and is exploring other models that could challenge operators to be more competitive in the market and would promote choice for residents.

6. Determining future needs

Recommendation

We recommend that the Department of Seniors and Community Supports improve its processes for identifying the increasing care needs of lodge residents and consider this information in its plans for the Seniors Lodge Program.

SCS

- The Lodge Assistance Program Grant was increased to \$11 (\$7.50 through the Lodge Assistance Program and \$3.50 through the Special Services Grant) per eligible resident per day to support lodge operators providing additional services as defined in the Seniors Supportive Living Framework.
- SCS consulted with management bodies to identify the scope of care needs of lodge residents. This information was considered when developing the eligibility criteria for the Special Services Grant to lodges. This grant helps pay the additional costs of special dietary requirements, housekeeping services and mobility assistance for residents requiring special care. The grant has increased from \$2.50 to \$3.50 per eligible resident per day in 2007.
- SCS is evaluating the effectiveness of the Lodge Assistance Program and is exploring other models that could challenge operators to be more competitive in the market and would promote choice for residents.

7. Information for benefit decisions

Recommendation

We recommend that the Department of Seniors and Community Supports obtain further information necessary to make income threshold, cash benefit and supplementary accommodation benefit decisions for the Alberta Seniors Benefit Program.

SCS

- A Project Charter outlining planned strategies and timelines has been developed.
- A Request for Information, identifying a three phase project, was developed and provided to the University of Alberta and the University of Calgary soliciting expert advice on developing complex models to predict the needs (including financial) of current and future seniors.
- The University of Calgary responded to the RFI with a proposal to “understand the income and expenditures of Alberta seniors”. A contract has been awarded to the University of Calgary to complete this work.
- Ministry staff are in the process of working with these researchers to obtain relevant data on seniors’ incomes and expenditures.
- It is expected that findings from phase 1 of this project will be available in June 2008.

