

Seniors Care and Programs Summary

We made 11 recommendations to 2 Departments

In May 2005, we made 11 recommendations to the Departments of Health and Wellness and Seniors and Community Supports (the Departments) to improve the systems used to manage seniors care and programs in long-term care facilities and supportive living settings.

Satisfactory progress on 3 recommendations

This year, we found that the Departments made satisfactory progress on three recommendations on developing and maintaining care and accommodation standards in long-term care facilities and supportive living settings.

Progress report on other 8

For the other eight recommendations, we obtained a summary of the significant actions the Departments have taken and their implementation plans. Significant work remains, but the Departments are working closely with the Regional Health Authorities (the Authorities) and other stakeholders.

We made recommendations to each Authority

We also made a number of recommendations to each Authority to improve their processes for delivering seniors care and programs in long-term care facilities. In this case, we obtained a summary of the significant actions the Authorities have taken and their implementation plans.

We will fully assess the Department's and Authorities progress on all our recommendations and report the results in our *2007–2008 Annual Report*.

Background to original audit

In 2005, we audited the Departments' systems used to deliver the Seniors Lodge Program and services in long-term care facilities. Our objective was to determine if the Departments had appropriate systems in place to manage seniors care and programs.

Our audit was extensive and included examining the systems used by the Departments, the Authorities, management bodies (also called lodge operators), and long-term care facility operators to manage and deliver these services and programs.

Systems for delivering care and programs required significant improvement

We concluded that the systems required significant improvement. As a result, we made 11 recommendations to the two Departments and recommendations to each Authority. Our key findings were that:

- standards for nursing and personal care housing services in long-term care facilities and standards for the Seniors Lodge Program were not current,
- standards were needed for services delivered in assisted living and other supportive living settings,
- systems to monitor compliance with standards for both long-term care facilities and lodges were inadequate,
- the Departments required further information to assess the effectiveness of the services and programs, and
- only 68.7% of the basic care standards were met by the 25 long-term care facilities we visited across Alberta. No facilities met all the basic care standards.

We made 2 other recommendations on Seniors Benefit Program

We also made two recommendations to the Department of Seniors and Community Supports to improve its systems for delivering the Alberta Seniors Benefit program. We will follow up on these recommendations directly with the Department of Seniors and Community Supports and report the results in that Ministry's chapter in our *2006–2007 Annual Report*.

Objective, scope, approach and criteria

This year, our objectives were to:

- assess the process the Departments used to develop new care and accommodation standards
- obtain a report on the progress made by the Departments and Authorities in implementing our 2005 recommendations on seniors care in long-term care facilities and supportive living settings

To do this, we:

- reviewed the Departments' actions and plans to implement our recommendations
- examined the process the Departments used to develop the Continuing Care Health Service Standards, the Long-Term Care Accommodation Standards, and the Supportive Living Accommodation Standards
- reviewed Authorities' actions and plans to implement the recommendations in our management letters
- reviewed Authorities' actions to deal with the significant findings from our visits to the long-term care facilities in their region

We used the original audit criteria, focusing on the following unmet criteria. The Departments should:

- a) establish an accountability framework to ensure that responsibilities for services and programs are fulfilled
- b) have systems to determine, and strategies to meet, future needs for services and programs
- c) have systems to periodically measure, evaluate and report on the effectiveness of services and programs
- d) have systems to develop and maintain current standards for services and programs
- e) have systems to ensure compliance with standards for services and programs

Our audit findings and recommendations

1. Department of Health and Wellness and Department of Seniors and Community Supports

1.1 Continuing care health service and accommodation standards—satisfactory progress on three recommendations

Background

Living settings—the Alberta Government provides health, social, personal care, and housing services to seniors in a variety of settings. The names of these settings vary throughout the province. In this report, we use the following 3 categories for the settings:

3 categories of care and housing

- **facility based**—long-term care facilities, including both nursing homes and auxiliary hospitals. Residents receive 24-hour registered nursing care, personal care and housing services. There are 208 long-term care facilities in the province with approximately 14,400 beds.
- **supportive living**—there are many types of supportive living settings including assisted living, designated assisted living, lodges, enhanced lodges, senior's complexes and group homes. Residents generally do not require 24-hour nursing and personal care services but may receive a variety of nursing care, personal care and housing services. The nature and extent of the care and services varies between settings. There are 148 lodges with 8,800 beds and approximately 12,000 beds in other supportive living settings.
- **home living**—these include single dwellings and apartments. Residents typically receive home care health services.

Responsibilities—the Department of Health and Wellness is responsible for publicly-funded health care services. The Department of Seniors and Community Supports is responsible for overseeing the government's role in providing accommodation services.

Three recommendations on standards

Recommendations

In our 2005 report, we made two recommendations to the Department of Health and Wellness to work with the Regional Health Authorities and the Department of Seniors and Community Supports to:

- 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.
- establish standards for care and housing services provided in assisted living and other supportive living settings.

We also made a third recommendation to the Department of Seniors and Community Supports to update the Seniors Lodge Standards and implement a process to maintain them.

Satisfactory progress developing standards

Our audit findings

The Departments have made satisfactory progress implementing the three recommendations to develop and maintain standards. They still have to implement a system to regularly review and update the standards to ensure they remain current.

The Departments worked together to replace the Basic Service Standards and Seniors Lodge Standards with the final Continuing Care Health Service Standards (Care Standards), Long-Term Care Accommodation Standards and Supportive Living Accommodation Standards.

The following table summarizes the final standards and key areas they cover:
 A complete copy of the standards is available at
www.continuingcare.gov.ab.ca/Document_news.htm

Key areas covered by new standards

| Standards | Department responsible | Applies to | Key Areas covered |
|-------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Continuing Care Health Service Standards | Health and Wellness | publicly-funded health care services provided in facility based, supportive living and home living settings | 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 | Seniors and Community Supports | accommodation services provided in all facility based settings | physical environment hospitality services safety services personal services service coordination residential services human resources management and administration |
| Supportive Living Accommodation Standards | Seniors and Community Supports | accommodation services provided in all supportive living settings | physical environment hospitality services safety services personal services service coordination residential services human resources management and administration |

Care standards are outcome-focused

The Care Standards are outcome-focused. They provide specific guidance in the areas of public concern and importance—integrated care plans and quality improvement. The Care Standards require the Authorities to establish policies and processes for health service providers and medication management, and to ensure that all facilities have a process to resolve concerns.

Broad consultation to develop standards

Process to develop standards—the Departments incorporated principles from the Canadian Council on Health Services Accreditation and the Health Quality Council of Alberta to develop standards that focus on quality care. The Departments prepared draft care and accommodation standards, which they gave to the MLA Task Force for public consultation. The draft standards were also posted on the Government of Alberta’s “Continuing Care in Alberta” website for public comment. In addition, the Department of Seniors and Community Supports shared the draft standards with lodge operators. The Department of Seniors and Community Supports performed lodge reviews, using the draft standards as a benchmark.

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| Stakeholders consulted | <p>Using results of the consultation process, and with legal help, the Departments drafted revised standards. The Departments used stakeholder focus groups to refine the revised standards and get consensus. The stakeholders included:</p> <ul style="list-style-type: none"> • Alberta Long Term Care Association • Alberta Senior Citizens' Housing Association • MLA task force representatives • health care professionals (such as doctors and nurses) • long-term care facility operators and home care agencies • public and private supportive living facility operators • regional health authorities • dietitians • senior lodge surveyors |
| Care and accommodation standards released | <p>The final standards were released on May 3, 2006. The Care Standards and the Long-term Care Accommodation Standards were released under directives of the <i>Regional Health Authorities Act</i>. The Supportive Living Standards were released by the Department of Seniors and Community Supports. The Minister of Seniors and Community Supports is now working with the Minister of Children's Services to sign a memorandum of understanding that will allow the Minister of Seniors and Community Supports to license supportive living facilities, set the Supportive Living Accommodation Standards in regulation, and monitor compliance with the Supportive Living Accommodation Standards under the <i>Social Care Facilities Licensing Act</i>.</p> |
| Continuing Care Leaders Council used to reduce risk of inconsistency | <p>Ongoing monitoring and communication of standards—through the Department of Health and Wellness' accountability requirements, the Authorities will report quarterly on key elements (such as access to services and quality of care) of the final standards. Other initiatives, including the Continuing Care Leaders Council (the Council) which is made up of representatives from each Authority, and from the Departments, are designed to reduce the risk of inconsistency in services provided, and non-compliance with standards across the Authorities.</p> |
| Standards communicated | <p>The Departments have worked together to communicate the final standards to the Authorities, facility operators (long-term care and supportive living), home care agencies, and other stakeholders—by visiting each region to hold information sessions and answer questions.</p> |
| What remains to be done | <p>To finish implementing our recommendations on developing and maintaining standards, the Departments need to put in place a process for maintaining the standards that:</p> <ul style="list-style-type: none"> • ensures the standards are current and relevant • considers information gathered from monitoring compliance with the standards • considers the results of complaints, incidents and investigations • obtains information from key stakeholders |

1.2 Eight other recommendations—progress report

Background

Progress report
on 8
recommendations

In our 2005 report, we made eight other recommendations to improve the systems used to provide services in long-term care facilities. The recommendations covered monitoring compliance with care and accommodation standards, measuring the effectiveness of long-term care services and determining future needs for long-term care services. We now report progress on these eight recommendations, although it is too early to assess implementation.

Progress report

Departments' actions to implement recommendations—since the release of our report, working together, the Departments have:

Accountability
documents
updated

- updated the Guide to Health Authority Accountability Documents, which includes a section on 3-year Health Plans; the Guide requires Authorities to establish goals and targets, including key elements of the Care Standards and report against them—one target is the average paid hours of care (nursing and personal) per resident-day, which increased to 3.4 hours from 1.9 hours.

Targeted funding

- provided targeted funding for long-term care facilities to implement an information system to assist with care assessment and planning.
- required Authorities—through the 3-year planning process—to report their progress implementing the information system.

Training plan
developed

- developed (Department of Health and Wellness) a training plan for the final Care Standards to ensure that all facility staff (long-term care and supportive living), and staff responsible for continuing care at the Departments, know all the final standards by the end of 2006. This training will be supplemented with specific training in high-risk areas (such as infection control, abuse, medication) over the next 12 to 18 months.

Lodge reviews
completed

- performed (Department of Seniors and Community Supports) reviews of lodges using draft accommodation standards as a benchmark.

What remains to
be done

Departments' plans to implement recommendations—the Departments plan to:

- update the Accountability Documents to include additional reporting on elements of the final standards
- continue to monitor Authorities' progress on their Ten-Year Continuing Care Strategic Services Plans through the accountability requirements of the 3-year Health Plans
- decide how they will monitor compliance with the final standards
- train facility operators (long-term care and supportive living) on the final standards
- implement (Department of Seniors and Community Supports) supportive living facility licensing, develop a complaints reporting and resolution mechanism, and decide how supportive living facility operators will be accredited

2. Regional Health Authorities—progress report

Background In 2005, through management letters, we made recommendations to each Authority to improve their processes for delivering services in long-term care facilities.

Long-term care facilities not complying with all care and housing standards

As part of the original audit, we also visited a sample of 25 of 179 long-term care facilities across Alberta. Overall, our most significant concerns were about facilities failing to meet basic care standards for:

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

Authorities' actions on recommendations

Progress report

Authorities' actions to implement recommendations—the Authorities have:

- updated their 3-year Health Plans to include current goals and targets, including key elements of the final standards, as required by the Department of Health and Wellness accountability documents
- updated contracts with facility operators to ensure they state that they are complying with all applicable legislation
- increased the average paid hours of care (nursing and personal) per resident-day to 3.4 hours from 1.9, as required by the Department of Health and Wellness
- assessed long-term care facility services—either by conducting site visits or by facility self-reviews followed up with site visits

Authorities' actions on key findings at facilities

Authorities' actions on key findings from visits to long-term care facilities—

the Authorities have also followed up on the actions facilities took to deal with the significant findings we identified last year in the areas of medication management, maintenance of medical records, and resident care plans. Through our review of the Authorities actions, we were satisfied that the areas of significant concern in our report as described above have been dealt with at the facilities we visited during our 2005 audit. However, we have not verified this by visiting the facilities.

Authorities need to develop policies and processes

Implementing the final standards at Authorities—since the release of the final care and accommodation standards in May 2006, Authorities have started planning to implement them. It is too early to comment on their plans.

Significant tasks facing the Authorities include developing medication management and health service provider policies and processes and ensuring that all facilities have a process to resolve concerns.

Hurdles affecting implementation of standards

Management at the Authorities has also indicated the following key hurdles to implementing the final standards:

- ability to recruit and retain qualified professional staff
 - resources to develop policies and processes required under the final standards and resources to demonstrate compliance with standards
- Training
- time to train all staff and the ability to fill in for staff away at training
- Capacity (particularly rural and northern regions)
- availability of sufficient beds

Authorities working together and with Departments

The Continuing Care Leaders Council (the Council), is assisting Authorities and the Departments in overcoming these hurdles. The Council:

- identifies obstacles to implementation as they arise
- develops strategies to deal with obstacles identified
- promotes consistency in policies and practices
- shares best practices across the province
- keeps the lines of communication between Authorities and the Departments open