

Continuing Care Crisis Worsens

For some time, I've been hearing reports from families concerned about decreasing care and staffing shortages at the Strathcona Care Centre. In October, I attended a meeting where CapitalCare and Capital Health officials provided information about the current staffing problems at this facility and at other facilities in the Capital Region.

We learned that despite increased recruitment initiatives (including massive advertising, recruitment drives across the country and overseas; streamlined recruitment and orientation processes); staffing levels are at a critical low. Current staff members are working overtime, taking extra shifts at other facilities in addition to their own shifts; management staff are filling in when a shift is "short", families and volunteers are being asked to supplement care, untrained "service aides" are being hired to assist care staff with food service and housekeeping duties. Retaining current staff is also a concern; fatigue and burnout are constant worries, as are the staff injury rates and the wage levels.

Despite all these efforts, beds are being "closed" to new admissions (and for respite care), care plans are being "modified", and some residents are left in bed on alternate days. This is not good for their physical or emotional health or comfort. Families raised concerns about inadequate bathing, nutrition and hydration; isolation and lack of one-to-one care and attention; possibilities of health and safety risks. Some expressed shock that the entry level wage for care aides was just over \$13 an hour, and after 6 years, just over \$16.

Two years ago, the Auditor General's key recommendations were to improve the standards of care and to measure the effectiveness of the care. The major concern of families to the MLA Task Force was inadequate staffing; the first recommendation in the report was to target funding for staffing to restore care services.

The facility operators themselves have reported they are unable to provide staffing levels or competencies to provide adequate care; in 2004, they said that the difference between care funding needed and care funding provided was 24%, and that restoring care to 1991 levels would cost \$85 million (in 2004 dollars). In response to the Task Force report, they identified the loss of professional nursing care, high staff turnover, and training and recruitment "challenges" because of ongoing insufficient funding, as significant concerns.

Quite apart from creating a crisis for care facility residents and their families, and for those waiting for care facility placement, the current situation makes a mockery of the Government's promise and actions to increase the hands-on care time for residents, improve the assessment of care needs, develop appropriate care plans, and improve the quality of life and care for those who need 24/7 health and personal care. Without adequate staffing levels and competencies, all the plans and the money invested in new buildings and computerized assessment systems (which eat up trained staff hours) are useless, and all the promises to improve the quality of care for residents are meaningless.

A colleague from Citizen Watch and I wrote to Messrs. Stelmach and Hancock in January (with reference to their "focus on listening to Albertans" and "improving Albertans' quality of life") to say there were ongoing concerns about continuing care, and we'd appreciate an opportunity to meet to discuss how these concerns might be addressed. The response, from Minister Hancock, ignored the request for a meeting. He assured us that continuing care was a priority for this government; that the new health service standards, with increased training and funding for health care aides and other initiatives, would result in "real improvements to quality of care and life for all continuing care clients in Alberta".

But the current staffing and care crisis exists because of deliberate Government policy. Every decision about the continuing care system, from the policy shifts in the late 1980s without the necessary funding and resources, the massive cuts to the health care workforce and training in the 1990s, to the superficial response to the 2005 Auditor General and Task Force reports, could have had no other result. They have blindly followed a "vision", without providing adequate resources,

without reality checks to see how it was really working and what needed correction, and ignoring all the warnings in repeated family concerns and evidence of failings.

In the name of progress and prosperity, services and staffing have deliberately been reduced. Trained staff have been replaced with minimally trained staff or those with no training while the medical complexity of individuals in continuing care settings has increased significantly. In the name of "aging in place" and "choices for Albertans", the government has abdicated its responsibility on behalf of the community to care for the disabled and chronically ill.

Carol Wodak
213 Village Close, Sherwood Park
417-1705
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