First Progress Report: May 2006

Is the Alberta Government making progress on implementing the Auditor General’s recommendations for improving care and programs to seniors?

The Auditor General issued his damning report on continuing care in Alberta on May 9th 2005. Since then, CITIZEN WATCH has been scanning for information on actions taken by the Alberta government to implement the recommendations in that report – recommendations designed to provide better care and improved accountability through consistent oversight and strict enforcement of health and accommodation standards in all long term care settings (i.e. nursing homes and auxiliary hospitals, public lodges and assisted living).

CITIZEN WATCH has developed this first progress report using relevant references found to date. As it shows, our provincial government has done almost nothing about the Auditor General’s sound proposals for system and Ministry reform.

Given the Auditor General’s findings indicating the urgent need for constructive action, why is the provincial government stalling?

<table>
<thead>
<tr>
<th>Auditor General’s Recommendations to Health and Wellness, May 2005</th>
<th>Level of Progress</th>
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<tbody>
<tr>
<td>1. i Update the Basic Services Standards for services in long term care facilities</td>
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<td>ii Implement a system to regularly review and update the Basic Service Standards to ensure they remain current</td>
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<td>2. i Improve the system for monitoring the compliance of long-term care facilities with the Basic Service Standards</td>
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<td>ii Identify the information required from long-term care facilities to enable the Departments and Authorities to monitor their compliance with legislation</td>
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<td>3. Assess the effectiveness of services in long-term care facilities</td>
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<td>4. Collect sufficient information about facility costs from Regional Health Authorities and long term care facilities to make accommodation rate and funding decisions</td>
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<td>5. i Develop a long-term plan to meet future needs for services in long term-care facilities</td>
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<td>ii Report publicly on progress made towards goals in the plan</td>
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<td>6. Establish standards for care and housing services provided in assisted living and other supportive living settings</td>
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Recommendation 1

i. **Update the Basic Service Standards** for services in long term care facilities [P. 7, 29]

ii. **Implement a system to regularly review and update** the Basic Service Standards to ensure they remain current [P. 7, 29]

**Response:** AGREED

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**Excerpts from Submissions to the MLA Task Force on the Continuing Care Health Service and Accommodation Standards**

► **Alberta Medical Association (AMA)**

"The draft document often treats standards as moving targets. If allowed, the erratic nature of such discretionary targets will promote uneven, substandard care across the province."

"Because provision of appropriate care for assessed needs is the standards’ intended outcome, standards are the factors that must determine resource allocation – and not vice versa”

► **Alberta Gerontological Nurses Association (AGNA)**

"General concerns about the draft standards focus on the vagueness of terminology in some areas, and the lack of specifics around timelines, staffing levels and professional staff: resident ratios (staff mix). – A lack of specificity in the standards could lead to considerable variation between regions in actual service provision, and potential risk to residents. – Provincial standards for staffing levels, hours of care, and staff mix are needed.”

► **Alberta College of Pharmacists**

"Proposed standards need to be strengthened and made clearer with more explicit performance measures. – Standards that have been proposed for medication/drug programs for seniors are inadequate. They are immeasurable and deficient in providing clear expectations for administrators, health professionals, and ancillary care providers.”

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**Progress**

The following information derives from the Alberta Budget 2006:  
**Alberta Finance Response to the Auditor General, March 22, 2006**  

i. **Standards for accommodation and health services** provided in continuing care (including long-term care facilities) have been drafted.

Implementation of the standards is planned beginning 2006-07.

ii. **A review system will be created** to ensure the standards are regularly updated.

**Health Minister’s Statement:** “New health and accommodation service standards will be implemented this year for all continuing care facilities and services. … **Whether those are carried further in terms of legislation I cannot commit to at this time.”**  
[Reference: Alberta Hansard, March 1, 2006]

**Seniors Minister’s Statement:** “**There is a large area of the standards, a number of areas that we can certainly put into place without legislation.**”  
[Reference: Alberta Hansard, April 24, 2006]
Recommendation 2

i. **Improve the systems for monitoring the compliance** of long-term care facilities with the Basic Service Standards  [P. 7, 31]

ii. **Identify the information required from long-term care facilities** to enable the Departments and Authorities to monitor their compliance with legislation [P.9, 37]

**Response:** AGREED

Excerpts from Submissions to the MLA Task Force on the Continuing Care Health Service and Accommodation Standards

► **Alberta Medical Association (AMA)**

“Monitoring Compliance: An improved and authoritative process for monitoring compliance with provincial standards is needed, **conducted by one body**, without variation from region to region.”

► **Alberta College of Pharmacists**

“Standards respecting medication/drug programs for seniors must be prescriptive, measurable, and enforceable. There must be a commitment to ongoing monitoring to improve performance and compliance.”

**Progress**

The following information derives from the Alberta Budget 2006: Alberta Finance Response to the Auditor General, March 22, 2006

i. Health and Wellness “**to establish** effective, coordinated **mechanisms for monitoring compliance** with health service and accommodation standards in long-term care facilities.”

   “Health and Wellness, through the 2006-09 three-year health plan process, **will require** all Regional Health Authorities to have a monitoring and performance audit system to measure the compliance of long-term care facilities to the Continuing Care Health Service Standards.”

ii. NO INFORMATION COULD BE FOUND
Recommendation 3

Assess the effectiveness of services in long-term care facilities [P.8, 34]

Response: AGREED

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**Excerpts from Submissions to the MLA Task Force on the Continuing Care Health Service and Accommodation Standards**

- **Alberta Medical Association (AMA)**
  
  “The implementation of (InterRAI)MDS, a well-recognized and more widely used set of quality indicators and performance measures, responds to the need for standardized processes and tools that assess medical as well as functional needs. This is to be applauded.”

  
  “Physician awareness and training – To date, there has been almost no communication with physicians about the proposed implementation of MDS and how it may impact on physicians and the care they deliver. This is an important issue, given that MDS is a more clinically oriented process. Physicians should have input into determining quality indicators around medical care that will be medically appropriate.”

- **Alberta Gerontological Nurses Association (AGNA)**

  “As the InterRAI MDS will replace the long standing classification/case mix index system, information is needed on the funding formula. Changing the standards for continuing care and including more specifics regarding resident assessment and staff levels/mix will require increased funding to this sector.”

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**Progress**

The following information derives from the Alberta Budget 2006: Alberta Finance Response to the Auditor General, March 22, 2006

Health and Wellness and Regional Health Authorities “will implement the InterRAI system in long-term care facilities. Health and Wellness began initial implementation on the InterRAI system in April 2005 with expected completion by 2007.”
Recommendation 4

Collect sufficient information about facility costs from Regional Health Authorities and long-term care facilities to make accommodation rate and funding decisions [P. 9, 35]

Response: AGREED

Excerpts from Submissions to the MLA Task Force on the Continuing Care Health Service and Accommodation Standards

► Alberta Medical Association (AMA)

“Ministries and regional health authorities are ultimately responsible and accountable for delivering a system that functions appropriately, and this entails appropriate allocation of resources to support intended outcomes.”

► Alberta College of Pharmacists

“It is not suffice to merely establish these standards, but to also ensure that systems and processes for ongoing monitoring and improvement are adequately planned and funded. This is a provincial responsibility that must not be lost through delegation to health regions.”

Progress

The following information derives from the Alberta Budget 2006: Alberta Finance Response to the Auditor General, March 22, 2006

“A mechanism to monitor costs associated with the provision of long-term care accommodation services has been developed by Seniors and Community Supports. Operator expenditure patterns for the 2004-05 fiscal year are being reviewed and based on the results of the analysis, recommendations will be made for a rate adjustment. A revised template for a financial reporting system will be developed in a phased-in approach by Health and Wellness, with the target date for the first phase of implementation in 2006-07.”
**Recommendation 5**

i. Develop a long-term plan to meet future needs for services in long-term care facilities [P.10, 39]

ii. Report publicly on progress made towards goals in the plan [P.10, 39]

**Response:** AGREED

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<td>► Alberta Medical Association (AMA)</td>
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<td>“There is a serious shortage of physicians trained in geriatrics. Need continues to outpace ability of medical schools and programs to respond, and more capacity must be built into the system both to train new providers and to give current providers access to long-term geriatric education.”</td>
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<td>“The need for higher staffing levels and skills for managing the increasing and complex needs of the frail elderly will continue and must be addressed.”</td>
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<td>► Alberta College of Pharmacists</td>
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<td>“The appropriate use of drugs by geriatrics requires unique knowledge and skills. We agree that specialized training should be funded and strongly recommend that pharmacists should be both beneficiaries and providers of such training.”</td>
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**Progress**

The following information derives from the Alberta Budget 2006:
Alberta Finance Response to the Auditor General, March 22, 2006

i. Health and Wellness “to develop a long-term plan to meet future service needs in long-term care facilities. This will be achieved by Health and Wellness leading the development of a Health Policy Framework and a Health System Service Plan in 2006.”

ii. “Progress made toward the goals in the plan will be reported publicly.”
Recommendation 6

Establish standards for care and housing services provided in assisted living and other supportive living settings [P. 11, 45]

Response: AGREED

Alberta Medical Association (AMA)

"The draft document often treats standards as moving targets. If allowed, the erratic nature of such discretionary targets will promote uneven, substandard care across the province."

"Because provision of appropriate care for assessed needs is the standards’ intended outcome, standards are the factors that must determine resource allocation – and not vice versa"

Alberta Gerontological Nurses Association (AGNA)

"General concerns about the draft standards focus on the vagueness of terminology in some areas, and the lack of specifics around timelines, staffing levels and professional staff:resident ratios (staff mix). -- A lack of specificity in the standards could lead to considerable variation between regions in actual service provision, and potential risk to residents. -- Provincial standards for staffing levels, hours of care, and staff mix are needed."

Alberta College of Pharmacists

"Proposed standards need to be strengthened and made clearer with more explicit performance measures. -- Standards that have been proposed for medication/drug programs for seniors are inadequate. They are immeasurable and deficient in providing clear expectations for administrators, health professionals, and ancillary care providers."

Progress

The following information derives from the Alberta Budget 2006: Alberta Finance Response to the Auditor General, March 22, 2006

Standards for accommodation and publicly funded health services provided in supportive living facilities, including seniors lodges, have been drafted.

Implementation of the standards is planned beginning 2006-07.

Health Minister’s Statement: “New health and accommodation service standards will be implemented this year for all continuing care facilities and services. … Whether those are carried further in terms of legislation I cannot commit to at this time.”

[Reference: Alberta Hansard, March 1, 2006]

Seniors Minister’s Statement: “There is a large area of the standards, a number of areas that we can certainly put into place without legislation.”

[Reference: Alberta Hansard, April 24, 2006]
First Progress Report: May 2006

Is the Alberta Government making progress on implementing the Auditor General’s recommendations for improving care and programs to seniors?

Auditor General’s Recommendations to
The Department of Seniors and Community Supports,
The Honourable Yvonne Fritz
- May 2005 -

Summary of the Alberta Government’s Progress Toward Implementing the Auditor General’s Recommendations

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<td>6. Establish standards for care and housing services provided in assisted living and other supportive living settings</td>
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<td>7. i (a) Update the Seniors Lodge Standards, and (b) Implement a process to maintain them</td>
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<tr>
<td>ii Improve systems to monitor management bodies’ compliance with the Seniors Lodge Standards</td>
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<tr>
<td>8. i Improve measures to assess the effectiveness of the Seniors Lodge Program ii Obtain sufficient information periodically to set the minimum disposable income of seniors used as a basis for seniors lodge rent charges iii Improve processes for identifying the increasing care needs of lodge residents and consider this information in the Department’s plans for the Seniors Lodge Program</td>
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<tr>
<td>9. i Improve measures to assess whether the Department is meeting the objectives of the Alberta Seniors Benefit Program (ASB) ii Obtain further information necessary to make income threshold, cash benefit and supplementary accommodation benefit decisions for the Alberta Seniors Benefit Program (ASB)</td>
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Recommendation 6
Establish standards for care and housing services provided in assisted living and other supportive living settings [P. 11, 45]

Response: AGREED

Excerpts from Submissions to the MLA Task Force on the Continuing Care Health Service and Accommodation Standards

► Alberta Medical Association (AMA)
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“Because provision of appropriate care for assessed needs is the standards’ intended outcome, standards are the factors that must determine resource allocation – and not vice versa.”

► Alberta Gerontological Nurses Association (AGNA)
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Progress

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[Reference: Alberta Hansard, March 1, 2006]

Seniors Minister’s Statement: “There is a large area of the standards, a number of areas that we can certainly put into place without legislation.”

[Reference: Alberta Hansard, April 24, 2006]
Recommendation 7

i. (a) Update the Seniors Lodge Standards, and [P.11, 48]
   (b) Implement a process to maintain them [P. 11, 48]

ii. Improve systems to monitor management bodies' compliance with the Seniors Lodge Standards [P. 11, 48]

Response: AGREED

Excerpts from Submissions to the MLA Task Force on the Continuing Care Health Service and Accommodation Standards

► Alberta Medical Association (AMA)
 "Monitoring Compliance: An improved and authoritative process for monitoring compliance with provincial standards is needed, conducted by one body, without variation from region to region."

► Alberta College of Pharmacists
 "Standards respecting medication/drug programs for seniors must be prescriptive, measurable, and enforceable. There must be a commitment to ongoing monitoring to improve performance and compliance."

Progress

The following information derives from the Alberta Budget 2006:
Alberta Finance Response to the Auditor General, March 22, 2006

i. (a) “The Seniors Lodge Standards have been incorporated into the Alberta Continuing Care Health Service and Accommodation Standards. To test the standards, the Ministry of Seniors has conducted surveys in 30 lodges.”

   (b) “A process will be implemented to keep standards current.”

ii. “A process for monitoring management bodies’ compliance with the standards will be implemented in 2006-07.”
Recommendation 8

i. **Improve measures to assess the effectiveness** of the Seniors Lodge Programs [P.12, 49]

ii. **Obtain sufficient information periodically to set the minimum disposable income of seniors** used as a basis for seniors lodge rent charges [P.12, 49]

*Response: AGREED in principle*

iii. **Improve processes for identifying the increasing care needs** of lodge residents and consider this information in its plans for the Seniors Lodge Programs [P. 12, 50]

*Response: AGREED*

**Progress**

The following information derives from the Alberta Budget 2006: Alberta Finance Response to the Auditor General, March 22, 2006

i. “*The Ministry will continue to monitor* whether lodges are serving primarily low and moderate-income seniors. *Lodge surveys will continue to be used* to measure the effectiveness of the Senior Citizens Lodge Program in providing quality services.”

ii. “*The Ministry will continue to obtain information* periodically to adjust, if necessary, the minimum income of seniors used as a basis for seniors lodge rates.”

iii. NO INFORMATION COULD BE FOUND

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Recommendation 9

i. **Improve measures** to assess whether the Department is meeting the objective of the Alberta Seniors Benefit Program (ASB) [P. 13, 55]

ii. **Obtain further information** necessary to make income threshold, cash benefit and supplementary accommodation benefit decisions for the Alberta Seniors Benefit Program (ASB). [P. 13, 56]

*Response: AGREED*

**Progress**

The following information derives from the Alberta Budget 2006: Alberta Finance Response to the Auditor General, March 22, 2006

i. NO INFORMATION COULD BE FOUND

ii. “*In 2006-07 Seniors and Community Supports will look to improve* and develop senior specific model(s) and datasets to better identify seniors’ financial needs and aid in the decision making process.”