

The New Supportive Living Licensing Act

We've just had another "public consultation", but you may have missed it.

The Department of Seniors is preparing Supportive Living Accommodation Legislation. The notice was posted on a government website on August 15, with a Discussion Guide and a survey that asked whether you agreed or not with some details. The consultation closed on August 27.

Over the last five years, the housing providers have been involved with the Seniors Ministry, Alberta Health and Wellness, the health regions, and the Long Term Care Association in developing the Standards for supportive accommodation, long term care facility accommodation, and health care service standards. The draft versions were made public in 2005, in response to the Auditor General's Seniors Report, and revised versions were implemented in regulations earlier this year.

There were two public consultation sessions, in Calgary (August 21) and in Nisku (August 22); invitations were sent to the Implementation Steering Committee (mostly Government, Health Region and facility operator representatives) who have been developing the policies which will define the legislation.

The 3-hour Nisku meeting was attended by about 60 people. There were very few members of the public or users of the services present. There were more questions than time for discussion allowed: Which facilities would need to be licensed and which wouldn't, and why? How would other licensing requirements and monitoring agencies be coordinated? What services will be provided? What's the potential for overlap or coordination with the care standards? How long should conditional licensing be allowed? Will there be sanctions?

One person, in frustration, asked "What's the hurry?" The answer seemed to be that there was a need for to license the housing components of continuing care. Well, that was true for years; but the regulation is now in place.

We don't allow manufacturers to develop automobile safety standards, or restaurant owners to develop food safety regulations and inspections; why should the health care and housing industry define our continuing care services?

The absence of the public and users of the services from the "stakeholder groups" which define the services, standards and protocols for administration is a concern. The MLA Task Force did, under pressure, hold some public meetings two years ago to discuss the first drafts of the continuing care standards; but we certainly didn't see changes to address the concerns raised at those meetings.

We've needed to develop comprehensive public policy and legislation to make sense of the mishmash of continuing care services for a long time. Indeed, that was a major theme in the 1988 Long Term Care Review Report and the later Broda Reports. Both recognized the need to maintain and improve nursing home care for this population, and recommended expanding the long term care system with alternatives for those who are still able to live relatively independently.

The concept of providing services in the community so folks can stay in their own homes longer can work – it works very well in some European countries – but it depends on careful and comprehensive planning, good assessment of personal, social and health care needs, and adequate funding for a wide range of appropriate services. Most significantly, where it works well, it supplements, and does not replace, the facility care that is needed for those who are most seriously ill and impaired.

Perhaps the most worrying feature of this legislative initiative is the proposition that the accommodation part of continuing care should be addressed in legislation separately from the

personal and health care services. While the Seniors Ministry was working on the Supportive Living Accommodation Standards, Alberta Health incorporated the separate Long Term Care Accommodation Standards and the Continuing Care Health Service Standards into the Nursing Home Act Regulations. Health regions must include these obligations in contracts they sign for long term care (which is accommodation with on-site care).

Alberta Health also included the Health Service Standards in the Home Care Regulations, for agencies under contract to the health authority. This means that the care standards apply to publicly-funded care services only. If you pay for your own health care services, whether from a facility or a home-care agency, the Standards do not apply. You're on your own; there is no consumer protection. Now, would you choose to eat in a restaurant that was exempted from the food service standards and regulations?

We've seen, in the East Central health region, how conflicting legislation and ill-defined authority and responsibility put patient safety at risk. When responsibility is divided among several Ministries and delegated to the Regional Health Authorities and other agencies, there will be gaps, inconsistencies, shortfalls, and inefficiencies, and no one is going to be able to tell us how the system is working - or account for the money.

When Health Minister Hancock was asked to clarify what services and level of care could be expected in each of the myriad of continuing care settings, he said that was the subject of ongoing work with the Minister of Seniors, and they needed to discuss where responsibility for long term care should be. He confirmed that they'd heard concerns from service providers, who felt it was unfair that they should have to compete with public services.

Why new legislation for Supportive Living settings? Clearly, not to provide authority to define standards, or to license and inspect supportive living accommodation; that's already in place. We won't really know what the agenda is until it's too late.

The Discussion Guide and questionnaire is gone from the government website, but you might want to let them know about your concerns anyway.

Carol Wodak
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