

Blueprint for Action



**Recommendations to Supplement
the *Seniors Report* — *What We Heard
and Draft Recommendations***

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Travelling around the province with the MLA Task Force on Continuing Care Health Services and Accommodations put me in a unique position to be able to study the state of continuing care facilities throughout Alberta. This was especially valuable after the Auditor General's report this spring revealed that Alberta simply does not have appropriate systems in place to manage continuing care services and programs.

I was able to visit a wide range of groups and facilities and listen to the stories, advice and warnings of residents, families, advocates and operators in rural and urban areas. The message was loud and clear, and it reinforced what I had experienced in my days as a geriatric nurse and a member of the Liberal Opposition — quality of care must improve dramatically and immediately.

This document is a blueprint for action. It serves to supplement the *Seniors Report: What We Heard & Draft Recommendations*. It was a pleasure working with Task Force co-chairs MLA Ray Prins and MLA Len Weber and the support staff, and it is my desire that the MLA Task Force will incorporate my recommendations into their final report. My perspective on continuing care is guided by the fundamental premise that each continuing care setting is home to its residents and they deserve the highest quality of care in their home.

There is an urgency to take action to improve the living and working conditions in these facilities. We are concerned with the physical health and safety of residents, and with their social and mental wellbeing. We are also concerned with enhancing the quality of life for the health care providers who tirelessly devote themselves to work that is very physically and emotionally demanding.

While we recognize that there are many other areas that require action, we have outlined the five priority areas where immediate and long-term action is essential to:

1. Improve the quality of life for residents.
2. Implement clear, *enforceable* standards for health care and accommodations.
3. Address staffing issues, working conditions and training.
4. Ensure transparency, accountability and consistency across the province.
5. Commit to increased funding.

1. Improve quality of life

- **Establish autonomous Resident & Family Councils in all homes.** *(Immediately)*
- **Ensure that stimulating activities and therapies are readily available.** *(Immediately)*
- **Legislate a Resident Bill of Rights.** *(Fall 2005)*

“I’ve witnessed residents being left in their wheelchairs and beds for extended periods of time without any food or drink.”

– Lynda Jonson,
Seniors I Care petition creator

Alberta seniors have worked hard to build this province. Their retirement plans did not include dreams of living in a faceless impersonal institution receiving substandard care. While the province classifies long term care facilities as institutions, for the people who live there, it is their home. No one deserves poor treatment in their own home.

We owe our seniors a resident-friendly environment where care is planned and scheduled based on the needs, convenience, and independence of residents. Policies at a provincial, regional and facility level must address quality of life issues by supporting independence and resident comfort.

Quality of life can be significantly improved when residents have an opportunity to participate in activities and have access to recreational and occupational therapy. A broad range of programs such as musical events, games, community events, discussion groups, and art programs are essential to creating a stimulating environment. We must also have therapists working closely with patients toward optimal levels of independent living, prevention of disability and maintenance of health.

Family involvement is key to improving and enhancing life in these homes. We recognize that residents cannot be viewed separately from their family and friends. Lifelong connections and relationships are integral parts of a resident’s identity and it is imperative that families are welcome and their role in the lives of residents is respected. The establishment of *autonomous* Resident & Family Councils in all homes will give families a voice in decisions that impact them and their loved ones.

As a body independent from management, Resident & Family Councils will be empowered to act as advocates within the facilities. Resources, such as funding for education and training, must be directed toward these Councils in order to build capacity within communities and facilities to help dependent residents.

Family Councils can implement positive changes like organizing training sessions for volunteers on safe feeding practices for residents, urging the home to assign the same nursing assistants to the same residents or providing suggestions and advice on ways to make improvements in the home.

We must also legislate a Resident Bill of Rights in order to guarantee that continuing care residents, regardless of region, facility or ability to pay will have the following rights:

- The right to be treated with dignity and respect.
- The right to 3 baths per week, mouth care and to be toileted.
- The right to form friendships, enjoy relationships and participate in Resident & Family Councils.
- The right to protection and advocacy services.
- The right to raise concerns or recommend changes in policies, and services to the Residents’ Council, facility staff, the Inspector General or the Advocacy Centre (*See section 2*), without fear of restraint, interference, coercion, discrimination or reprisal.
- The right to have complaints investigated.
- The right to sufficient nutrition and hydration.
- The right to refuse treatment, diets and medications.
- The right to be free from abuse and neglect.
- The right to be informed in writing of any law, rule or policy affecting the operation of the facility and of the procedures for initiating complaints.
- The right to refuse chemical and physical restraints except in emergency or physician ordered situations.
- The right to receive complete cost information about services and charges.
- The right to pursue social, cultural and religious interests.
- The right to privacy and independence.

“Let’s treat seniors with the dignity and respect they deserve. Wouldn’t you like to be treated the same?”

– Susy Cyr-Todd, Letter to the Editor,
Cold Lake Sun

2. Implement clear, enforceable standards

- **Legislate clear, measurable, resident-focused standards.** (Fall 2005)
- **Create an Inspector General, accountable to the Legislature.** (Fall 2006)
- **Fund the creation and operation of an independent Advocacy Centre for Dependent Adults.** (Fall 2006)
- **Eliminate the Health Facilities Review Committee.**

“Even verbal requests to go to the toilet were ignored.”

– Carol Wodak, in the *Edmonton Journal*, July 23, 2005

“We arrived at the facility only to find him in his room, door closed, no lights on, him crying, saying to us ‘mean, mean.’”

– Audrey Johnston, Rocky Mountain House, May 19, 2005

Quality of life depends on ensuring dependent residents receive high standards of care and that they be treated with dignity. There must be clear, measurable, resident-focused standards with strict guidelines for enforcement.

The current system is not meeting public expectation for ensuring the safety and wellbeing of seniors. The Health Facilities Review Committee (HFRC) and Protection for Persons in Care Office do not have the power to inspect facilities for compliance with standards. Nor do they have enforcement mechanisms to ensure that facilities rectify non-compliance.

Families, residents and staff across the province have voiced concerns about the difficulty that exists in launching and resolving complaints. We must put appropriate measures in place to ensure that people can openly voice their concerns without fearing repercussions. Staff are afraid of losing their jobs if they complain. Families fear that they will be banned from visiting their loved ones if they voice disapproval. Or worse, they fear that vulnerable residents will be punished.

In order to address enforcement and improve accountability, there should be two independent offices created:

- An Inspector General for Continuing Care.
- An Advocacy Centre for Dependent Adults.

The Inspector General would monitor compliance with standards and investigate reports of abuse. The office would have the power to conduct random and scheduled inspections and monitor to ensure that standards were being met. In cases of non-compliance, the Inspector General would have the formal power to order compliance, impose fines, withdraw funding or suspend licenses. The Inspector General would report to the Legislature and make results of investigations public. Inspection results must be posted on the Inspector General’s website and in each facility. This office would also be a safe place for staff to bring complaints about facilities without having to fear repercussions for identifying areas of concern.

The Advocacy Centre for Dependent Adults would deal with any complaints lodged by residents or their families. Staff would work on behalf of individuals and groups of residents, provide information to residents and their families about the continuing care system, and work to effect systems changes. They would provide an on-going presence in facilities, monitoring care and conditions and act as a central support centre for Resident & Family Councils.

The Advocacy Centre would also include a community legal clinic to provide legal services with a focus on dependent adult issues such as health care consent, consumer issues, dependent adult abuse, and substitute decision-making. Staff would provide direct client services for anyone needing advice or assistance with legal issues, and understanding legislation, policies and their rights within the system.

Elder abuse is a serious problem and must be addressed. Currently, the Protection for Persons in Care Office investigates reports of abuse only in publicly funded facilities. And similar to the HFRC, there are no mechanisms in place to ensure that recommendations have been implemented. With the creation of the inspections office and an advocacy centre, the HFRC and the PPIC office must be disbanded as their functions would be rolled into these two new offices.

3. Improve staffing and training

- **Legislate a *minimum* level of 4 hours of care per day.**
(Fall 2005),
- **Legislate clear, measurable minimum requirements for the number of nursing staff and staff-to-resident ratios.**
(Spring 2006)
- **Implement competitive wages, permanent positions and increased staffing levels and appropriate staff mixes.**
(Begin immediately)
- **Establish standards of training and regulate PCAs.**
(Within 6 months)
- **Partner with colleges, universities and professional associations in an effort to recruit and train people for a career in continuing care.**
(Begin immediately)

“Nursing staff can only be accountable for the level of care they can give through available resources, and right now we don’t have the resources to give good care.”

– Rae Ing, personal care attendant,
Red Deer, Tuesday Aug. 9, 2005

“I found Bob sitting in a wheelchair in an empty hallway, trying to call out for help. I shall never forget that sight.”

– Maryon Egan, Calgary, April 28, 2005
Letter “To Whom It May Concern.” (Bob Egan, 71,
died Nov. 7, 2004, less than 20 days – and two
serious falls – after entering long-term care)

There is no doubt that staff in long term care homes are extremely committed, dedicated and hard-working people. However, they are not provided with the resources, tools and supports necessary in order to do their jobs effectively. The government must address this problem immediately.

There are far too many instances where requests for assistance go unanswered. People are waiting hours for assistance with toileting, bathing, dining or for medications. Residents have the right to expect quality service provided by trained staff, capable of meeting their mental, social and physical needs.

As the needs of residents become increasingly complex, there are increased expectations for health professionals, physicians and care staff to have specialized education and training. While most health professionals have regulated training, Personal Care Attendants (PCAs) do not. This is alarming when one considers that PCAs provide 70% of all resident care hours. They have the most direct and frequent contact with residents and are in a unique position to identify individual needs and preferences. It is time to introduce standards for the training of PCAs. Ongoing mentoring and training for PCAs is also essential in order to give them the skills to recognize and communicate the health needs of continuing care residents.

Often outdated standards of care are not treated as minimums, but instead as ceilings and in some cases, like baths, residents are limited to having one bath per week. Continuing care facilities, working their staff at maximum capacity, are only able to provide baths based on facility resources rather than resident dignity and need.

The government must legislate clear, measurable minimum requirements for the number of nursing staff, staff-to-resident ratios and hours of care per day. The current standard of 1.9 hours of care per day is outdated. Legislating a *minimum* of 4 hours per day will provide a safe and comfortable level of care for residents and reduce stress for care workers. Hours of care must be based on individual care plans and increased as need increases.

Retaining staff is a critical factor in enhancing quality. Staff are burned out and discouraged. They lack the resources and supports necessary to do their job. High turnover and low retention negatively impact quality of care because staff have less familiarity with resident needs and less time for care. We need to implement competitive wages, permanent positions and increased staffing levels and appropriate staff mixes to improve the quality of life for health care providers.

There is a distinct lack of health care professionals in the field, including RNs and gerontologists. The government and the regions need to partner with colleges, universities and professional associations in an effort to recruit and train people for a career in continuing care.

4. Ensure transparency, accountability and consistency across the province

- **Legislate province-wide standards to apply in both public and private settings.**
(Spring 2006)
- **Accredit facilities, rather than just the regions.**
(Begin process immediately)
- **Legislate and communicate clear definitions to clarify what services and levels of care can be expected in each setting, including distinctions between care services and accommodation fees, extra fees, and access to programs.**
(Spring 2006)
- **Ensure that all contracts between Regional Health Authorities and facilities are made public.**
(Immediately)

“A couple of years ago the rent in double rooms went up by \$12 per day, person. More staff and better food was promised, but to my knowledge, this didn’t happen.”

– Catherine Hughes, Letter to the Editor,
Rimhey Review, May 24, 2005

“The facilities could not function ... without charitable donations to furnish, repair and maintain it.”

– Carol Wodak, in the *Edmonton Journal*, July 23, 2005

Alberta requires one set of provincial standards that all regions must follow. As the Auditor General pointed out, Alberta’s lack of provincial standards has resulted in regions augmenting basic standards by issuing policies of their own which results in differences from region to region. Alberta’s dependent adults deserve the same standards of care regardless of the location of their home.

There should be a Provincial Accreditation system at the facility level. In the current system, health regions are accredited by the Canadian Council on Health Services Accreditation. However, individual homes are not accredited. While it is essential that the government legislate minimum standards, facilities should be encouraged to go above and beyond. Self-assessment, peer review and continuous quality improvement would help facilities increase their level of care and improve the lives of the residents. This should apply to both publicly and privately run facilities.

There is confusion among seniors and their families when it comes to identifying and understanding the basket of services and levels of care provided in homes. A consistent, province-wide classification system is required in order to eliminate this confusion. Terms such as assisted living, lodges and supportive living must be clearly defined. The government must also require that all homes outline in unambiguous terms who is responsible for the cost and delivery of these services. Systems must be in place so residents and families know what level of care to expect and can decide which type of facility would best meet their needs.

Residents and families want to know that the facility they are selecting will meet their needs and have the care and recreation opportunities they require. They also need to ensure they have a thorough understanding of all related costs they will be required to pay. If laundry services or room cleaning cost extra, residents must have access to this information before entering care so they can be prepared and make better decisions on what facility they should call home. A website must be created where all facilities are required to fully disclose their staffing, levels of service, programs and all related costs and fees. This site must also contain the contracts between health regions and care facilities and have a section where residents and families can offer comments and rate facilities.

5. Funding

- **Commit to immediate short-term, accountable funding.**
- **Concentrate funding in front-line resident care.**

“There has to be change. The government has held its head in the sand for 20 years. Finally we are going to get some action.”

– David Didow, Coalition of Seniors Advocates in Alberta,
Calgary, July 1, 2005

Conclusion

As outlined in the Auditor General’s report, we need immediate short-term funding to address staffing shortages and provide training, complete with bursaries and living costs for students, in order to recruit and train qualified staff. Funding that the government allocates to the Regional Health Authorities must be designated for use in continuing care settings.

We need more resources to make standards a reality. These resources must be tied to specific outcomes and an annual audit must be undertaken to ensure that the funding designated for specific roles or resources is actually spent on the intended priorities.

Dollars must be concentrated in resident care and therefore any future spending for care should be tied directly to the nursing and personal care envelope to ensure the money goes directly to frontline care.

People from across Alberta spoke publicly to the Task Force about some of the most difficult, frustrating and painful experiences in their lives. We have an obligation to every Albertan in care, and to those who will eventually need care, to take immediate action to remedy the system. Albertans must also be alert to impacts the Government’s third-way healthcare reforms are likely have on persons in long term care. Private facilities must be subject to the same levels of enforceable standards, accountable costs and service as public facilities.

The current system is fundamentally flawed at all levels and Albertans are finding their collective voice. We must make meaningful changes to how we care for people and we must take immediate action and develop a long-term, sustainable plan.

A shift has occurred in this province from a medical model — which included care and housing — to assisted living settings such as designated assisted living, enhanced lodges or supportive living. It is time that we review all the legislation relating to continuing care to ensure that we have strong standards and ensure accountability mechanisms are in place. These different designations must have province-wide definitions.

The facts are in and the people have spoken loud and clear. I sincerely hope that the government has heard and will *act now*.

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Task Force Member

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Seniors Critic for the Official
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“People in long term care wait because of staff shortages or, in the case of assisted living or designated living, having to pay extra costs for these services because what they’re entitled to is so minimal. I pray that none of us here in this House, or more so our parents, will experience the indignity of only being a commodity on a bottom line.”

March 8, 2005, Alberta Hansard

Biography

Bridget A. Pastoor was elected to her first term as a Member of the Legislative Assembly for the constituency of Lethbridge-East in 2004. Currently, Bridget is the Alberta Liberal Opposition’s Critic for Seniors.

Before Bridget was elected, she worked as a registered nurse and later obtained a certificate as a geriatric specialist. She worked as an RN at the Edith Cavell Care Centre from 1990 to 2004 and gained valuable experience and insight into the continuing care system in Alberta.

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