

Continuing Care in Alberta: Advocacy and Special Interest Groups Discussion Session

Date: July 27, 2005

Location: Edmonton

Attendees: Alberta Committee of Citizens with Disabilities, Elder Advocates of Alberta, Living Positive – Edmonton Persons Living with HIV Society, Alberta Alliance on Mental Illness and Mental Health, Alberta Association of the Deaf, Alzheimer Society of Alberta and North West Territories, Family and Community Advisory Council, Family and Friends Protecting Patients, Northern Alberta Brain Injury Society, APHAA, Seniors Community Health Council, Alberta Public Interest Alliance, Mental Health Patient Advocate, Good Samaritan Society Family Council, Alberta Association on Gerontology, Alberta Council on Aging, Home Care Association, Islamic Family Social Services Association, Seniors United Now

Key Themes:

- The draft standards are a good start, but they should not be the only approach to improvement.
- We need to go beyond minimum standards that are punitively enforced. We need a better enforcement mechanism.
- There is not enough staff to provide adequate care. Need more permanent and full time staff to provide consistent quality care.
- Improve staff morale and the work environment to attract staff. Staff must have the resources to perform their jobs well.
- Staff must be adequately and appropriately trained. Need incentives for people to become educated in seniors' care.
- Management staff must have good leadership skills and have the proper training to deal with the types of problems that arise in continuing care to set an example for their staff.
- Will need more funding to implement the standards, increase staff and ensure they are well trained.
- Operators should be accountable for how they spend public funding.
- Accountability should be based on outcomes instead of processes.
- The complaints resolution process should hold facilities and staff more accountable. Some residents and family members do not trust the current process.
- There needs to be strict and effective legislation surrounding abuse, neglect and complaints resolution.

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- There needs to be more clarity on the different types of supportive housing and the services they offer.
- There should be continuity in the ability to access services regardless of location or income.
- There should be more services and support within the community so people don't have to enter a facility, particularly those with developmental disabilities.
- Care plans need to be followed by the care team.
- Physiotherapy is critical to maintaining and improving mobility. It must be an integral part of the care a resident receives.
- Address the inappropriate use of chemical restraints.
- There should be resident/family councils in all facilities to help residents resolve concerns and ensure quality care. The resident and family members must be recognized as valuable member of a cooperative health care team.
- Each stream of continuing care (home care, supportive living, long-term care) should have their own standards.
- Concerned that the standards will be too rigid and focus too much on the clinical side of care. This would inhibit the ability of supportive living settings to adapt to new models of care or to their residents needs.
- To have a truly client centered system, certain groups must be recognized as having specific and unique care needs.