

Continuing Care in Alberta: Professional Associations Discussion Session

Date: July 25, 2005

Location: Edmonton

Attendees: Alberta Medical Association, College of Physicians and Surgeons of Alberta, Alberta Association of Registered Nurses, College of Licensed Practical Nurses of Alberta, Registered Psychiatric Nurses Association of Alberta, Alberta Gerontological Nurses Association, Alberta Dental Association and College, Alberta Dental Hygienists Association, Alberta Physiotherapy Association, Alberta Association of Registered Occupational Therapists, Alberta Association of Rehabilitation Centres, Nutrition and Food Services Network of Alberta, Dieticians of Canada, Pharmacists Association of Alberta, Health Sciences Association of Alberta, Alberta Association of Naturopathic Practitioners, Canadian Union of Public Employees, Alberta Union of Provincial Employees, United Nurses of Alberta, Alberta Centre on Aging, University of Alberta Health Sciences Council, Norquest College, Edmonton Police Service's Elder Abuse Prevention Team, Alberta College of Family Physicians.

Key Themes:

- The standards have provided direction on where continuing care is going, but there will need to be more funding in order to get there.
- Standards should define the process for determining funding and resource allocation. Appropriate outcome based funding is necessary.
- The funding associated with the current case mix index assessment process encourages dependence instead of independence. This must be re-evaluated.
- There must be a comprehensive standards framework with fixed benchmarks of quality.
- The standards must set clearly defined and measurable criteria for staff levels, staff mix and staff education/training. Appropriately trained full time and permanent staff is critical to quality care.
- Staff turnover is extremely high and is affecting the quality of care residents receive. Need to ensure that good staff wants to stay.
- Geriatric training is critically important and training must be affordable and accessible.
- Physicians and pharmacists should be more involved in the continuing care team. They are an untapped resource.
- Oral care and dietary services should be represented in the standards as critical components of quality care.

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- The standards should clearly define staff roles and responsibilities, especially for case managers.
- The standards should be universal to avoid inconsistent care.
- Care should be person centered with a good combination of clinical and social care. There should be greater emphasis on positive patient outcomes with a focus on quality of life measures.
- The difference between the various types of care settings needs to be clarified.