

**LONG TERM CARE
POLICY ADVISORY COMMITTEE
FINAL REPORT**

“Healthy Aging, New Directions for Care”

LISTING OF RECOMMENDATIONS

November 1999

SHORT TERM RECOMMENDATIONS

Recommendation 1 – Address immediate needs

The Committee recommends that:

- *Additional funding should be provided to address the current pressing needs in continuing care.*
 - *The first priority should be to increase support for home care services so that more people can receive the care they need at home rather than in facilities.*
 - *Steps should be taken to expand home care services in supportive housing arrangements such as expanding services available in lodges especially in rural communities, making use of subsidized apartments for seniors' housing, and expanding health services in coordination with home care.*
 - *Additional funding should be targeted to increasing the number of qualified front line staff available to address the increasing acuity of people in long term care centres.*
 - *For people with complex and chronic health problems, additional funding should be provided to regional health authorities to allow them to look at all possibilities for using existing space and beds in the region, including re-opening closed beds. Although these beds are located primarily in acute care centres, they could be used on a short term basis to accommodate people with higher health needs. There should be minimal disruption to people who are already living in long term care centres.*
 - *For people with less serious health problems, the priority should be on expanding home and community care, providing respite care for informal caregivers, and expanding supportive living arrangements.*

LONG TERM RECOMMENDATIONS

Recommendation 2: Promote healthy lifestyles and prevent illness and injury

The Committee recommends that:

- *Policies and programs to support healthy aging should be a priority for the provincial government. There should be an initial investment across government and sufficient resources – funding, people, commitment and knowledge – should be available to support the implementation and delivery of healthy aging programs and services.*
- *Alberta Health and Wellness and regional health authorities should work with seniors, physicians, volunteer agencies, government departments and other stakeholder groups to develop health policies and strategies to support healthy aging.*
- *Higher priority should be placed on programs that promote healthy lifestyles and prevent illness and injury including good nutrition, active living, immunization, elimination of smoking, prevention of falls, and prevention of illnesses that can lead to chronic health problems.*
- *Regional health authorities should have an expanded capacity to provide health promotion and prevention programs targeted at healthy aging. As part of their business plans, regional health authorities should be required to have a specific plan to develop, implement, measure, monitor, and evaluate progress in implementing healthy aging strategies.*
- *Regional health authorities should develop strategies to identify elderly people at risk. This could include case finding and screening processes and other actions designed to identify health needs in elderly people and take steps to prevent further deterioration of their health.*

Recommendation 3 - Empower and engage seniors

The Committee recommends that:

- *Strategies should be implemented to assist elderly people in coping with chronic conditions, maintaining their independence and ability to manage their own care, and improving their quality of life. Alberta Health and Wellness should take the lead in working with regional health authorities, seniors, and other agencies to develop and implement these strategies.*

- *Strategies should be developed to promote active engagement in life for older persons. These strategies should be developed jointly by Alberta Health and Wellness, health authorities, physicians, seniors, other government departments, voluntary and community agencies.*

Recommendation 4 - Design future communities for an aging population

The Committee recommends that:

- *Alberta Health and Wellness should work in partnership with the different levels of government, the housing industry and corporate sponsors to design future communities where seniors can “age in place”, retain supportive networks of family and friends, and experience a positive quality of life.*

Recommendation 5 – Adopt a primary health care model for services to older people

The Committee recommends that:

- *A primary health care model should be adopted as the most effective approach for providing health services to older people with complex health care needs. An example would be expanding integrated care delivery programs such as PACE and CHOICE programs.*
- *A five-year strategic plan and implementation strategy should be developed to expand primary health care models across the province with a priority on meeting the needs of frail elderly people with complex, chronic health care needs.*
 - *Part of the action plan should include a review of how programs and services are currently funded to ensure that there are appropriate incentives for taking a primary health care approach to services for older people.*
- *Alberta Health and Wellness should work with health authorities, physicians, registered nurses and other health providers, the voluntary and private sectors, and agencies to develop a provincial framework and prototypes for primary health care for older people.*

Recommendation 6 – Coordinate health services for older people within and between regions

The Committee recommends that:

- *Health authorities should develop and implement strategies to coordinate care for elderly patients with multiple health needs and ensure that services are integrated within their region and coordinated with other regions. This will, of necessity, mean that providers of primary health care (physicians, nurses, and others) need to work together dynamically as teams.*

Recommendation 7 - Re-organize acute care services

The Committee recommends that:

- *Medical and acute care services and practices should be re-organized so they are better able to meet the needs of an aging population, the frail elderly, and older people with chronic health conditions.*
- *Alberta Health and Wellness should take the lead in working with regional health authorities, physicians, health providers, university-based educators, seniors and stakeholders to develop a provincial framework for organizing and integrating acute care services to meet the needs and increased volume of elderly people. This would include establishing the standards, expectations and outcomes for acute geriatric care in the province. It also should clarify the roles and responsibilities of acute care, home care, long term care centres, community care, mental health, and the role of regional health authorities.*

Recommendation 8 - Expand acute geriatric services in the regions

The Committee recommends that:

- *Regional health authorities should be responsible for working with people in their region to assess acute geriatric services, deliver programs and services consistent with the overall provincial direction, and monitor and evaluate the effectiveness of the services they provide.*
- *Regional health authorities should develop strategies to prevent unnecessary admissions of elderly people to acute care hospitals.*

- *Clear alternatives to emergency room care and traditional in-hospital care should be available for frail elderly people who develop acute illnesses. Staff in emergency rooms and in acute care hospitals should have processes in place to identify “at risk” seniors.*

Recommendation 9 - Expand geriatric assessment services across the province

The Committee recommends that:

- *Geriatric assessment services should be available in all regions across the province.*
- *Alberta Health and Wellness should review how geriatric assessment services currently are provided across the province and determine whether or not geriatric services should be considered as a provincial program.*
- *Expanded educational programs should be available to provide specialized geriatric training for physicians, nurse specialists, and other staff of acute care hospitals.*

Recommendation 10 - Strengthen case coordination and improve discharge planning

The Committee recommends that:

- *Provincial protocols for case coordination and discharge planning should be developed and implemented not only within hospitals but also between hospitals and other programs and services within and outside the region. Alberta Health and Wellness should take the lead in working with regional health authorities, physicians and health providers to develop these protocols.*
- *Every regional health authority should have effective processes for discharge planning in place to ensure appropriate coordination and support for self care or family care and access to continuing care services in the region and between regions. These discharge planning processes are especially important when home care is not involved and individuals and their families are responsible for follow-up.*

Recommendation 11 – Adopt a new scenario for the future of continuing care

The Committee recommends that:

- *Continuing care services should be delivered in three streams – the home living stream, the supportive living stream and the facility-based stream.*
 - *The first priority should be to keep elderly people in their homes as long as possible.*
 - *By 2005, there should be a moderate shift from the current situation. A smaller percentage of the population should need to be served in continuing care facilities and there should be a corresponding increase in alternative supportive housing arrangements and care in the home. By 2016, there should be a major change with more supportive living options, expanded care in the home and a corresponding reduction in the proportion of people needing continuing care facility beds.*
- *Alberta Health and Wellness should develop a five year implementation plan to achieve the targets set in the scenarios and to implement strategies to:*
 - *“unbundle” health care services, support and housing services, allow flexibility in packaging services to meet an individual’s needs, and review subsidy policies to reflect these new approaches*
 - *expand community and home care services*
 - *expand supportive housing and care sites*
 - *upgrade continuing care centres to care for elderly people with more serious and complex health needs*
 - *develop a new generation of continuing care centres with new and innovative designs and methods for delivering services.*
- *The future scenarios and progress in implementing those scenarios should be reviewed at least every three years.*

Recommendation 12 - Expand coordinated access to include all continuing care services

The Committee recommends that:

- *Access to continuing care services should be based on assessed need. To the extent possible, people should have choices in the services they receive and where those services are provided.*

- *People should have reasonable and timely access to the continuing care services they need based on availability, affordability and the appropriateness of services needed.*
- *There should be a coordinated, single point of entry to a full range of continuing care services.*
- *Regional health authorities should work together to ensure there is coordinated access to services across regional boundaries.*
- *People who want to access continuing care services from regions other than their home region should be considered on the same basis as residents who live in the region.*
- *Technology should be used to facilitate and streamline the referral process and share assessment information appropriately. The client's privacy must be protected when assessment information is shared.*

Recommendation 13 - Implement new assessment tools

The Committee recommends that:

- *A new provincial standardized tool for assessing the need for continuing care services should be adopted by Alberta Health and Wellness and used consistently by regional health authorities.*
- *A provincial standardized method should be developed for assessing family support, income and criteria for referrals to services available in home care, supportive housing and long term care centres.*
- *The new assessment tools currently under development should be reviewed to assess whether they are consistent with the overall direction and specific recommendations included in this report.*
- *A three year plan should be developed to implement the new system of assessment and classification systems.*

Recommendation 14 - Ensure a broad range of continuing care services across the province

The Committee recommends that:

- *Regional health authorities should be expected to provide a broad range of continuing care services, in a number of settings and delivered by a wide range of health care providers.*
- *Regional health authorities should provide a leadership role in coordinating, referring clients and providing linkages to services in the community.*

Recommendation 15 - Implement a new information, assessment and referral process

The Committee recommends that:

- *A new model for an information, assessment and referral process should be adopted and used by regional health authorities across the province.*

Recommendation 16 – Expand home care and community services

The Committee recommends that:

- *Expanded home care services should be available across the province to support people and enable them to remain independent and in their own homes as long as possible.*
- *Community and home care should be provided through a range of service delivery options including direct service delivery, self managed care and guardian managed care. The amount of service provided in each of these categories should depend on the assessed needs of the individual and should ensure reasonable access to services that can be provided in the region.*
- *There should continue to be limits on the maximum amount of home care services provided, however the current limit of \$3,000 should be reviewed in light of current costs.*
- *Current exemptions to the limits on home care services should be expanded to include not only palliative care patients but other groups as well, including children with complex needs.*

- *The self managed care option should allow individuals, under their direction, to designate responsibility for the financial management of self managed care.*
- *To the extent possible, there should be continuity of care if people move from one region to another.*

Recommendation 17 - Expand the supportive housing stream

The Committee recommends that:

- *Supportive living arrangements, with appropriate and flexible home care services, should be expanded across the province to provide greater flexibility, meet the needs of an aging population and curtail the need for additional spaces in long term care centres.*
- *A Health and Housing Partnership Committee should be established and should take the lead in:*
 - *Assessing needs and providing overall direction*
 - *Developing and evaluating a variety of models for providing supportive living*
 - *Setting policies and standards for both the quality of care provided and the construction of appropriate supportive housing units*
 - *Clarifying the role and accountability of regional health authorities, other government departments, and the private and voluntary sectors in supportive housing.*
- *Appropriate subsidies and income support programs should be in place to ensure that low income seniors are able to access supportive housing units. Alberta Health and Wellness should work with other government departments to ensure that appropriate subsidies are in place and that the existing supply of subsidized housing is utilized effectively.*
- *Appropriate information about the types of supportive housing needed to allow people to “age in place” should be communicated to the private and voluntary sectors. Alberta Health and Wellness should work with other government departments and health authorities to ensure that this information is readily available.*
- *In smaller communities and areas where there are not enough people or sufficient demand to attract private sector developers for building supportive housing, enhanced lodges and apartments should be considered as well as other special arrangements. Alberta Health and Wellness should work with other government departments, health authorities and the private sector to develop the most effective arrangements.*

Recommendation 18 - Revitalize long term care centres

The Committee recommends that:

- *A new generation of innovative long term care centres should be developed. This would include upgrading and improving the physical condition of current nursing homes and auxiliary hospitals to enhance the quality of life for long term care residents, respond to the increasing complex health care needs of their residents, and implement new models of care.*
- *Alberta Health and Wellness, in partnership with other government departments, should take the lead in developing and implementing a five year plan to upgrade and revitalize long term care centres. The plan should reflect the target scenarios recommended by the Committee for the year 2016.*
- *All three and four bed wards in long term care centres should be phased out as soon as possible as part of the five year plan. Residents should have access to single rooms and rooms that are appropriate for couples.*
- *Strategies should be in place to assist long term care centres in meeting the increasingly complex health needs of their residents. Those strategies should include ways of ensuring there is an adequate supply of staff, upgrading training of human resources, and enhancing the services available.*
- *Long term care centres should be considered as sites for facility-based long term care, palliative care, sub-acute care, respite care, care for people with Alzheimer's disease, wellness and community care centres and other innovative service options. In view of this expanded role, the name "long term care centres" should be changed to "continuing care centres."*

Recommendation 19 – Develop a province-wide plan for addressing needs of people with Alzheimer's disease and other dementias

The Committee recommends that:

- *A multi-faceted province-wide plan should be developed to address the future needs for care and support for people with Alzheimer's disease and other dementias. The plan should include the following components:*
 - *Education about Alzheimer's disease and other dementias for the public and caregivers*
 - *Enhancement of the diagnosis, assessment and care planning skills of physicians, nurses, and other health care professionals in treating people with these diseases*

- *Education and training for front line workers, in particular those who work in continuing care centres and in community care programs*
 - *Support for care givers*
 - *Development of models for delivering services in the community*
 - *Development of new residential supportive housing and facility-based models for residents with Alzheimer’s disease and other dementias.*
 - *A substantial increase in the number of special care (secure) units for individuals with dementia and severe behavioural problems.*
- *Alberta Health and Wellness should take the lead in developing the plan in partnership with health authorities, health care providers, Alberta Learning, the Alberta Mental Health Board, the Alzheimer’s Association of Alberta, and other voluntary agencies and support groups.*

Recommendation 20 – Address the continuing care needs of people with disabilities

The Committee recommends that:

- *For disabled people living in continuing care centres, the centres should provide programs and facilities that reflect their needs. Programs should be individualized, flexible and sensitive to the social and physical needs of the age groups receiving care in their facilities.*
- *Regional health authorities should take the lead in encouraging the private and voluntary sectors to provide a variety of housing options for the young disabled in their communities.*
- *Regional health authorities, wherever possible, should locate community-based health services and programs in close proximity to other agencies and services that are generally used by disabled people.*

Recommendation 21 – Expand community-based mental health services for older people

The Committee recommends that:

- *There should be expanded programs available in communities to meet the needs of older people living with mental illnesses. The Alberta Mental Health Board should work collaboratively with regional health authorities to ensure that the necessary programs and services are in place and accessible, including providing access to psychogeriatric specialists, inpatient assessment, outpatient and crisis intervention programs.*

- *Health professionals and continuing care staff should have increased access to education and training to assist them in providing care for older people living with mental illnesses.*

Recommendation 22 – Respond to cultural and ethnic diversity of people in continuing care

The Committee recommends that:

- *Regional health authorities should ensure, wherever possible, that continuing care programs and services are sensitive to cultural diversities, e.g., customs, religious beliefs, languages and food.*
- *Inservice programs, events, workshops and other educational opportunities should be available for continuing care staff to enhance their knowledge and understanding of different cultures*

Recommendation 23 – Adopt a conceptual framework on responsibility for costs

The Committee recommends that:

- *The conceptual framework should be adopted as the basis for decisions about responsibility for the costs of different types of continuing care.*

Who is responsible for the costs of continuing care?

Cost components	Home care	Supportive living	Long term care facility
Professional care, e.g. health and medical treatments, visits, tests, etc.	Government – 100%	Government – 100%	Government – 100%
Activities of daily living, e.g. personal care and homemaking services	Government/individual share costs	Government/individual share costs	Government/individual share costs
Accommodation, e.g. food, cleaning, utilities, etc.	Individual – 100%	Individual – 100%	Individual – 100%
Capital, e.g. construction, renovations and upgrading	Individual – 100%	Individual, with income support where needed	Shared responsibility: Individual – 33% (through rental payments) Owner – 33% Government – 33%

Recommendation 24 – Increase charges in continuing care centres

Options for charge in continuing care centres:

Option 1 – Maintain the status quo

Option 2 – Increase charges within the range of a minimum and a maximum threshold amount. Ensure that subsidies are in place for those who cannot afford the higher fee levels.

Option 3 – Set charges at a level that covers the full operating and capital costs of the facility.

The Committee recommends that:

- *Option 2 should be adopted as the best approach for adjusting cost recovery charges for continuing care centres on an ongoing basis.*

Recommendation 25 – Target additional revenues from increased charges to improving services and upgrading facilities

The Committee recommends that:

- *Additional revenues raised from increasing charges for residents of continuing care centres should be used in two ways:*
 - *Improving services in continuing care centres – A portion of the increased charges should be used to provide enhanced programs and services and to meet the increasingly complex needs of people in continuing care centres.*
 - *Establishing a capital pool to be used in each region to renovate and build new continuing care centres – The remaining portion should be used to upgrade facilities.*

Recommendation 26 – Increase home care charges for daily living services

Options for home care charges:

Option 1 – Status quo

Under the status quo option, people would continue to receive home care services based on their assessed needs. A maximum cap of \$300 a month would remain in place and people would be expected to pay an average of \$5 an hour for homemaking services.

Option 2 – Base charges on the average cost of the service, but put in place a minimum and maximum cap based on a person's income.

Under this option, people would be charged the full amount per hour but a minimum and maximum cap would be set. The caps would be based on the person's income and subsidies would be in place for those who need them.

Option 3 – Set the charges at half the average cost and also put a minimum and maximum cap in place based on income.

This option is similar to option 2 except that the costs to the individual would be lower because the charges are set at half of the actual costs.

Option 4 – Set the charges to cover the full costs and do not put any caps in place.

This option would mean that an individual is paying the full cost of home care services aside from the health care services covered by the provincial government.

The Committee recommends that:

- *Option 2 should be adopted. Charges for the assistance to daily living component of home care services should be based on the average cost, with minimum and maximum caps in place based on income.*

Recommendation 27 – Provide exemptions for sub-acute care

The Committee recommends that:

- *Sub-acute care cases in continuing care centres should be exempted from payment of accommodation and capital charges.*

- *Sub-acute home care patients should also be exempted from payment of charges. This means the short term home care caseload for people with sub-acute needs in the current home care program would be exempted from fees.*

Recommendation 28 – Provide exemptions for palliative care

The Committee recommends that:

- *In continuing care centres, palliative care cases that are sub-acute in nature, should be exempted from charges. Longer term palliative care cases should pay the full accommodation and capital charges.*
- *For home care, sub-acute palliative care cases should also be exempted from charges if they meet the criteria. This would likely include most of the palliative care cases in the current home care program.*

Recommendation 29 – Provide some exemptions for respite care

The Committee recommends that:

- *People using respite care in continuing care centres should pay the part of accommodation charges that relates to the services they receive but should be exempt from charges relating to capital.*
- *In home care, people should be expected to pay the charges. These people likely would be classified as long term home care patients.*

Recommendation 30 – Phase in any changes to cost recovery charges and subsidies

The Committee recommends that:

- *Changes to cost recovery charges and subsidies should be phased in over a reasonable period of time.*

Recommendation 31 – Introduce a new Continuing Care Act

The Committee recommends that:

- *A new Act – called the Continuing Care Act – should be developed to cover the key aspects of legislation and regulations related to continuing care.*
- *The Act should cover a range of issues but specifically, it should:*
 - *Clarify the roles and responsibilities of Alberta Health and Wellness, other government departments, the Alberta Mental Health Board, the Alberta Cancer Board, regional health authorities and other agencies in providing continuing care services*
 - *Establish policies and standards for quality of care and services to be provided*
 - *Establish provincial policy on coordinated access to continuing care*
 - *Establish who is eligible for different types of continuing care services*
 - *Establish a mechanism for monitoring the quality of care provided in the home living stream, the supportive living stream, and the facility stream. This should include responsibility for regular reporting.*
 - *Clarify the responsibility for monitoring and ensuring the quality of care provided*
 - *Establish mechanisms for individuals and their families to lodge complaints and ensure that there is appropriate follow up*
- *For facilities that do not receive public funding, legislation should clarify how to set standards and monitor the quality of care provided.*
- *Current legislation related to housing should be reviewed to ensure that there are consistent standards, particularly for new supportive living developments, and that effective monitoring mechanisms are in place.*

Recommendation 32 – Increase funding to reflect the impact of an aging population

The Committee recommends that:

- *The amount of funding provided to regional health authorities should be increased and adjusted each year to reflect changes in demographics due to an aging population, inflationary trends, and trends in increasing acuity of people receiving continuing care.*

Recommendation 33 – Maintain population-based funding, set outcome measures, and consider geriatric assessment as a province-wide service

The Committee recommends that:

- *Continuing care should be funded as part of the population funding pool for regional health authorities. However, the formula should be reviewed and adjusted to ensure that there are adequate funds available to meet ongoing pressures for continuing care services.*
- *Outcome measures for continuing care should be developed by Alberta Health and Wellness. Regional health authorities should be required to report regularly on those measures and on the amount of money spent on continuing care services.*
- *Consideration should be given to designating services such as geriatric assessment as province-wide services.*

Recommendation 34 – Fund continuing care facilities consistently across the province

The Committee recommends that:

- *Once appropriate standards have been established, operators of continuing care facilities should be treated in a consistent manner across the province in terms of the funding they receive from regional health authorities.*

Comments:

Currently, there are inconsistencies across the province in the amount of funding operators receive from regional health authorities. If standards are in place and the operator meets those standards, they should be funded in a consistent way across the province.

Recommendation 35 – Provide capital support

The Committee recommends that:

- *Support for capital for continuing care facilities should be a shared responsibility among the individual (through rental payments), the operator, and the provincial government.*

- *Support for capital equipment should continue to be the responsibility of the continuing care facility operator.*
- *Capital for palliative care and respite care spaces should be fully funded by the provincial government.*

Recommendation 36 – Phase in new programs to support short-term acute care drugs used at home

The Committee recommends that:

- *Short-term acute care drugs should be available at home and used to facilitate early discharge from hospital and to prevent hospitalization.*
- *Considering the costs of implementing this program, support for short term acute care drugs should be phased in with the first priority being parenteral anti-infectives since this is the greatest need. Other medications should be added as funding permits.*
- *Infusion supplies should be included as a program benefit and provided to patients with their medications. Infusion pumps should be provided to patients on a loaned basis.*
- *Plans for the new program should proceed with implementation targeted for April 1, 2000.*

Recommendation 37 – Address the high cost of drugs provided in continuing care centres

The Committee recommends that:

- *Additional funds should be provided to address shortfalls in funds available for high cost drugs in continuing care centres and to address issues related to utilization of new drugs, reporting and information needs, and a peer review process.*
- *Individuals who are assessed and require admission to continuing care centres should not be refused admission because of the cost of the medications they require.*
- *The distribution of funding for high cost drugs should be equitable and consistent for all continuing care centre operators across the province.*

Recommendation 38 – Take steps to address appropriate use of medications by older people

The Committee recommends that:

- *A conference should be held in Alberta to initiate activities and begin developing solutions to ensure appropriate drug use by older people.*
- *Following the conference, specific strategies should be implemented to address appropriate drug use by seniors. Those strategies should include effective ways for physicians and pharmacists to work together to regularly review and monitor prescriptions provided to individual seniors.*

Recommendation 39 – Provide support for equipment and supplies

The Committee recommends that:

- *Individuals who receive care in the community for an acute care episode should have access to the equipment and supplies that are necessary for their treatment and recovery.*
- *For necessary equipment, people discharged from an acute care hospital should be provided with the equipment they need to complete their recovery from an illness or injury*
- *For medical and surgical supplies, people discharged from an acute care hospital should be provided with adequate and appropriate medical and surgical supplies to enable them to remain in their home. These supplies should be provided for as long as they are assessed as needed.*

Recommendation 40 – Expand education and training for professionals and non-professionals

The Committee recommends that:

- *All health care workers – professionals and non-professionals – should have the appropriate skills and knowledge to respond to the needs of an aging population.*
 - *To achieve that objective, the following steps should be taken:*
 - *Courses and programs in geriatrics should be expanded to include more courses in geriatrics at the graduate and undergraduate level.*

- *Geriatric training should be included as part of the mandatory curriculum for health professionals.*
 - *Alberta Health and Wellness, in cooperation with other departments, should provide stand alone, Ministry-based funded positions for training in geriatric medicine to be shared equally between the province’s medical schools.*
 - *Ongoing training and inservice should be provided through lectures, workshops, seminars, on-site training courses and certificate programs.*
 - *Affordable home study courses should be available for support staff in facilities and community care.*
- *Regional health authorities should have sufficient funds available to allow them to support the costs of ongoing education and training opportunities in seniors’ health and geriatric medicine.*
 - *The number of nurse specialists in geriatrics should be increased. Current barriers to expanding the supply of nurse specialists in geriatrics should be identified and removed.*

Recommendation 41 – Establish basic standards for continuing care staff

The Committee recommends that:

- *Basic standards and competencies should be developed for continuing care non-professional staff who work in public, private or volunteer continuing care agencies, home care or continuing care centres. Once the standards are in place, non-professional staff should be expected to meet those standards within a set amount of time. Alberta Health and Wellness should work with Alberta Learning, health authorities and other key stakeholders to develop appropriate standards and competencies.*

Recommendation 42 – Establish a province-wide program in seniors health and geriatric care

The Committee recommends that:

- *A provincial virtual program in seniors’ health and geriatric care should be established to provide leadership and innovation, education and training, and research.*

Recommendation 43 – Ensure an adequate supply of health care professionals and other providers to work with an aging population

The Committee recommends that:

- *Steps should be taken to assess, review and forecast the number and types of health professionals required to best meet the needs of an aging population. Strategies also should be developed to retain and ensure that sufficient numbers of geriatricians and registered nurses are available in the province.*
- *To address shortages of trained staff in continuing care centres and in home care services, strategies should be developed to ensure that there is an adequate supply of trained community care workers.*

Recommendation 44 – Support informal caregivers

The Committee recommends that:

- *Health authorities should develop strategies to ensure that informal caregivers are appropriately involved as part of “the team” in assessing and managing an individual’s needs and services.*
- *Alberta Health and Wellness should work with health authorities to explore appropriate strategies for supporting informal caregivers.*
- *Employers should be encouraged to provide flexible policies that allow staff to act as caregivers for relatives.*

Recommendation 45 – Expand respite care

The Committee recommends that:

- *Alberta Health and Wellness, in collaboration with the regional health authorities, should review the number of beds required for respite care in each region. The capital costs for respite beds should be fully funded by the province.*

Recommendation 46 – Take steps to explore ethical issues

The Committee recommends that:

- *A multidisciplinary provincial forum should be established to:
 - *Explore ethics issues specific to seniors health*
 - *Regularly communicate positions and policy advice on ethical decision making to assist the health system and continuing care providers in making decisions, delivering programs and establishing appropriate policy.**
- *Existing resources such as the Provincial Health Ethics Network (PHEN) should be more fully utilized to address ethical issues in continuing care across the province.*
- *Current payment mechanisms and subsidies should be reviewed to ensure that they reflect the principles of fairness and equity, compassion and respect for the dignity of individuals, and affordability for individuals, government and society.*
- *Government should continue to provide information and education about personal directives.*

Recommendation 47 – Expand research on aging and continuing care

The Committee recommends that:

- *Funds should be available to support ongoing research on aging and continuing care as well as the development and implementation of innovative programs and service delivery models.*
- *Information about successful new models, alternative service delivery, best practices in other provinces and countries, and research findings should be shared widely across the health system and with the public.*
- *Within three to five years, the provincial government should undertake a comprehensive review of progress in implementing the recommendations of this Committee and the impact on seniors' health and continuing care services.*
- *Specific funding should be set aside in Alberta Health and Wellness for this review.*

Recommendation 48 – Clarify responsibility for health-related transportation

The Committee recommends that:

- *Steps should be taken by the provincial government to sort out responsibility for a variety of health-related transportation issues, including ambulance services.*

Recommendation 49 – Establish clear lines of accountability

The Committee recommends that:

- *The current work of Alberta Health and Wellness in clarifying accountability should be endorsed and supported.*
- *As noted in the recommendations regarding future legislation, a new Continuing Care Act should clarify the roles and responsibilities of the various organizations involved in continuing care, ensure that consistent standards are in place, and establish a clear mechanism for monitoring the quality of care provided throughout the continuing care system.*
- *As noted in recommendations related to funding mechanisms, a core set of provincial outcome measures should be developed for continuing care. Regional health authorities should report on those measures as part of their annual reporting requirements.*

Recommendation 50 – Set standards and monitor outcomes

The Committee recommends that:

- *Measurable program standards consistent with the overall direction of this report should be developed and implemented by Alberta Health and Wellness and regional authorities.*
- *These standards should be included in the contracts regional health authorities have with private and volunteer agencies and facilities.*
- *The current monitoring, evaluation and monitoring mechanisms should be reviewed and enhanced on a continuous basis to ensure that standards are being met and quality of care is appropriate and consistent across the province. Alberta Health and Wellness should take the lead in this review in cooperation with regional health authorities.*

- *As noted in earlier recommendations, a new Continuing Care Act should establish policies and standards for care. A core set of measures should also be established and performance should be tracked on a continuous basis.*