

Tracking Progress



A Progress Report on
Continuing Care
Reform in Alberta

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Message From MLA Dave Broda

Alberta's population is aging at a pace that our current services and facilities cannot match. Long-term care needs will continue to evolve in the next 10 to 25 years and Alberta must be prepared for these changes. Meeting this challenge requires that we shift the way we look at the needs of our aging population.

In 1999, the Long Term Care Policy Advisory Committee, which I chaired, delivered a report to the Government of Alberta called *Healthy Aging: New Directions for Care*. Our report outlined the various needs and issues facing our aging population and made comprehensive recommendations for continuing care reform. The Government of Alberta responded in April 2000, accepting our blueprint for reform and setting strategic directions to guide their implementation.

The process of continuing care reform that is now underway will lead to an integrated network of continuing care services and programs that ensure that, as Albertans age, they:

- Are treated with respect and dignity;
- Have access to information that allows them to make responsible choices regarding their health and well-being; and
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Albertans want accessible, affordable, high quality continuing care services available when they or their family members need them. As this Progress Report indicates, we are moving forward on an agenda for fundamental change that will impact the lives of Albertans over the next decade.

Sincerely,



Dave Broda, MLA, Redwater
Chair
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**Albertans want
accessible,
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Introduction

In 1997, the Government of Alberta established the Long Term Care Review Policy Advisory Committee, appointing Dave Broda, MLA, Redwater, as Chair. In November 1999, the Committee released *Healthy Aging: New Directions for Care*, a report developed through extensive stakeholder consultations and input.

A strategy to develop an improved, sustainable and affordable continuing care system for Albertans.



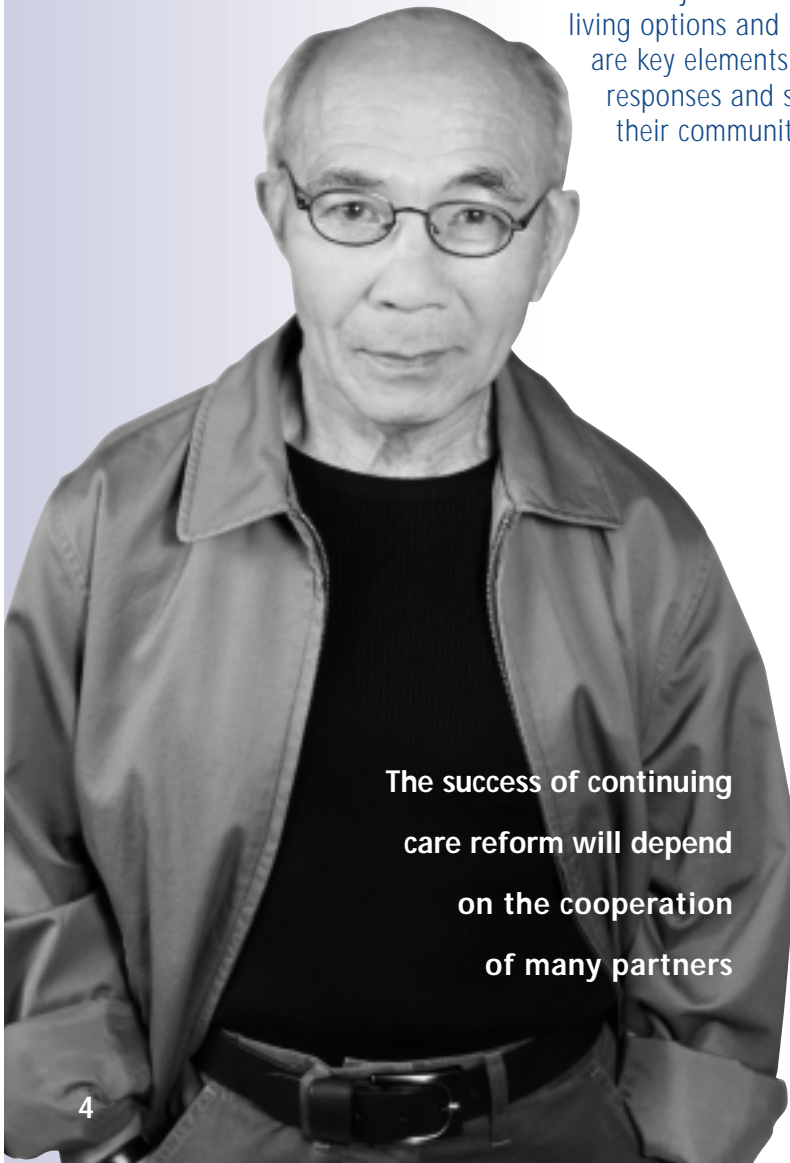
The Committee report and additional public input and suggestions on its content were thoroughly reviewed by Alberta Health and Wellness. The government responded in April 2000 with *Strategic Directions and Future Actions: Healthy Aging and Continuing Care in Alberta*, a strategy to develop an improved, sustainable and affordable continuing care system for Albertans.

This report, *Tracking Progress*, shows the progress to date in each of the strategic directions set out in the government's response, and summarizes future plans to keep continuing care reform moving forward.

Making Continuing Care Reform a Reality

The vision and recommendations of the November 1999 *Healthy Aging: New Directions for Care* (the Broda Report), together with the new directions for health care outlined in the Premier's Advisory Council on Health report, *A Framework for Reform*, provide a detailed roadmap for reforming health care in Alberta. The foundations of these two reform initiatives are remarkably similar. Both emphasize wellness and prevention, the need for a client focus, individual and shared responsibilities, partnerships, service quality and sustainability.

The success of continuing care reform will depend on the cooperation of many partners. It will be an ongoing process over the next 10 years and will include changes in policy, programs, service delivery, training and development of skilled staff. The rejuvenation of long-term care centres, expansion of supportive living options and increased access to home and community care services are key elements of this reform. It will require the coordination of market responses and social policy to encourage living options for seniors in their communities.



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MORE TO DO:

Much progress has already been made. Early actions included significant reinvestment in capital and collaborating with partners to determine roles in following through on these strategic directions. Although all strategic directions are important, key priorities for the future include:

- Expand supportive living to respond to the growing demands for this alternative.
- Develop appropriate incentives to support continuing care reform.
- Implement key features of an improved and streamlined process to ensure Albertans get the service they need in the most appropriate place.

Additional Funds for Continuing Care Initiatives

- \$50.5 million one-time funding for construction of supportive living spaces.
- \$37.5 million annually to RHAs to enhance home care services.
- Increase in RHAs home care expenditures from \$199.8 million in 1999/2000 to \$242.4 million in 2000/2001.
- \$3.4 million annually approved for Alzheimer's drugs.
- \$625,000 one-time funding approved to enhance services to dementia/Alzheimer patients.
- \$280.5 million one-time funding for capital and upgrading beds.
- \$250,000 one-time funding for geriatric mentoring.
- \$1.3 million one-time funding to train people to care for continuing care clients.



The Primary Themes of Continuing Care Reform



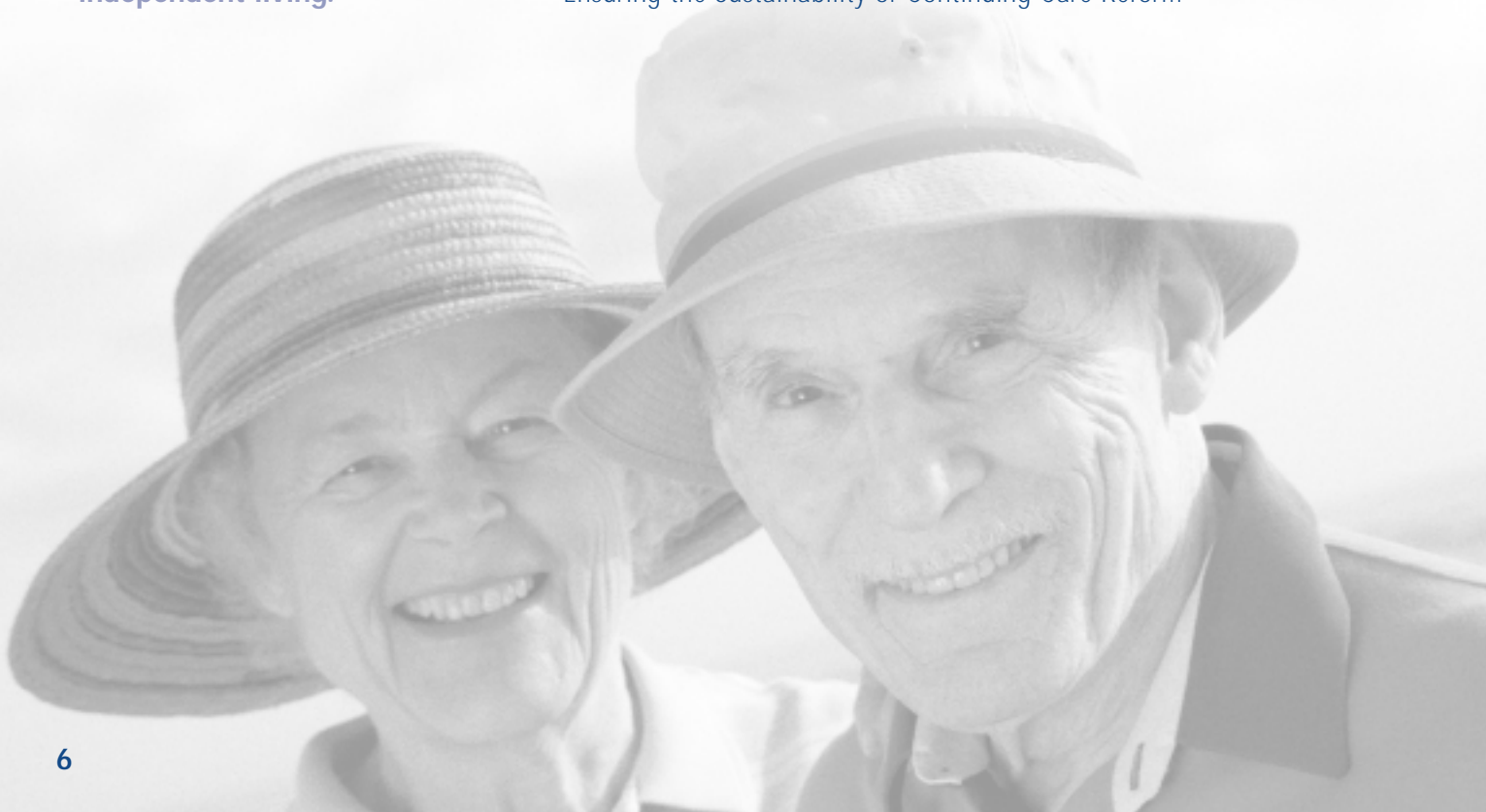
The continuing care reform process is shaped by several primary themes and strategic directions. Together, they create a new framework for continuing care that will encourage healthy aging and independent living; be responsive to diverse client needs; ensure that long-term care facilities meet higher needs of care; and deliver consistent, high quality services to seniors, disabled persons and other clients across our province.

The reform process acknowledges the role that Alberta Health and Wellness, in collaboration with Alberta Seniors, plays in creating the framework, policies, and legislation that will drive reform. It also acknowledges the primary role of the province's Regional Health Authorities (RHAs) in implementing change and reporting on their progress, as well as the skill and dedication of the province's long-term care providers.

These themes create a new framework for continuing care that will encourage healthy aging and independent living.

Primary Continuing Care Reform Themes:

- Healthy Living
- Coordinated Access to Appropriate Services
- Community-Based Supports to Independence
- Targeting Services to Meet Special Needs
- Ensuring the Sustainability of Continuing Care Reform



Progress Report on Continuing Care Reform

HEALTHY LIVING

DIRECTION - Encourage Healthy Living

To ensure seniors greater vitality, independence and living choices as they age.

PROGRESS

- Alberta's Healthy Aging and Seniors Wellness Strategic Framework 2002-2012 was released in July, 2002 for use in planning services to encourage healthy aging.
- Province-wide health promotion campaign on active living and healthy eating to be launched in Fall 2002.
- RHAs are implementing new or enhanced programs on influenza vaccination, injury prevention, management of chronic conditions and other preventative programs.



HEALTHY LIVING FOR GREATER INDEPENDENCE

Mary is 70 years old and has lived alone in her home for over 40 years. She gets the flu most winters and last year she was hospitalized. She has been slow to recover and doesn't get out to shop as much as she did. Mary cooks less and her nutrition is simply not what it should be.

Programs are in place to help Mary stay healthy and live where she chooses for as long as possible.

Mary can be immunized in the late fall to protect her against the flu. There's a seniors' activity centre nearby where she can meet others, access information about healthy eating or sign up for Meals on Wheels when needed. If Mary misses a visit to the centre, the staff will check in on her.

Progress Report on Continuing Care Reform

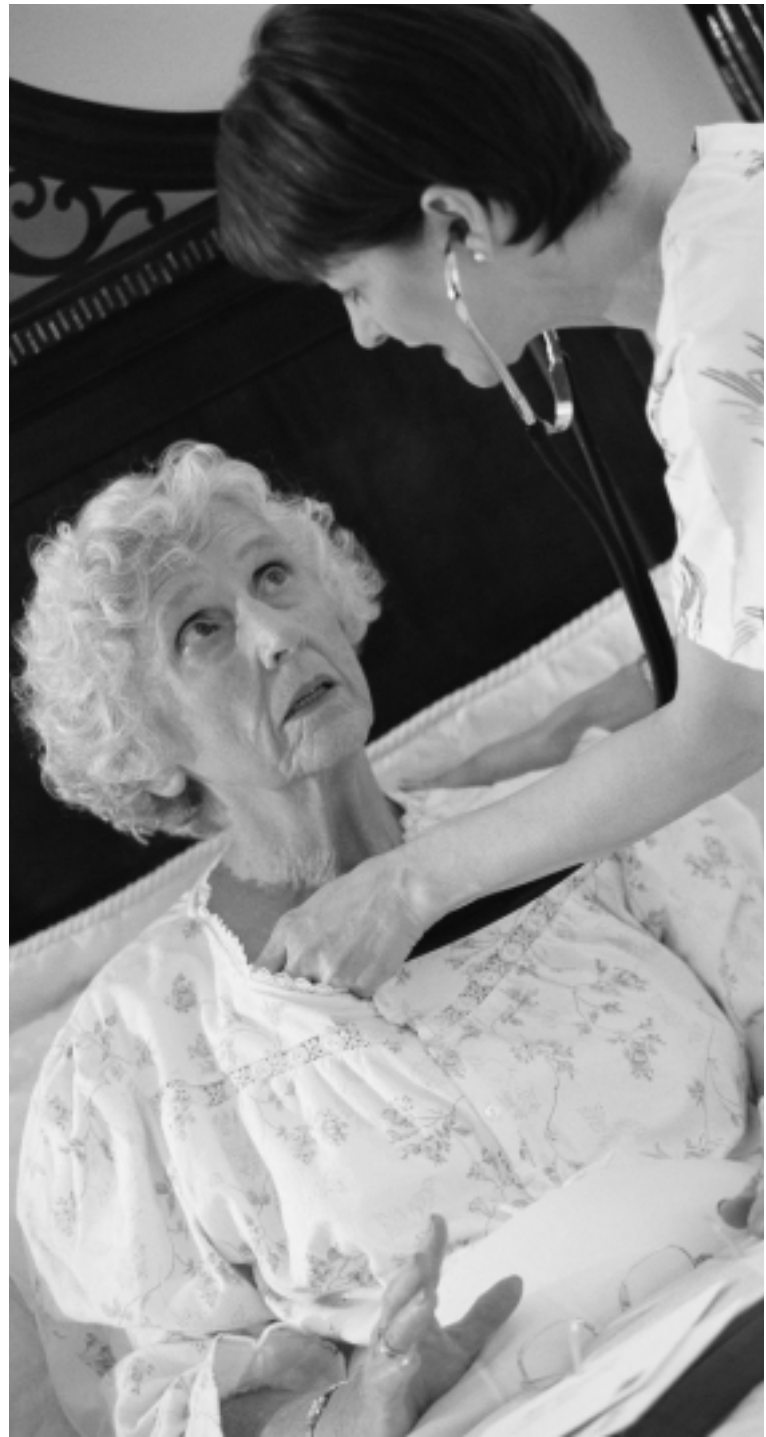
COORDINATED ACCESS TO APPROPRIATE SERVICES

DIRECTION - Improve Province-Wide, Coordinated Access to Services and Care

Improve and streamline process for clients to access services. Ensure needs are assessed consistently and clients have the information they need to make informed choices. Ensure services are delivered in the right places.

PROGRESS

- Some regions have already made it easier for clients to receive services by providing access to referral services seven days a week.
- Alberta Health and Wellness, together with RHAs, carried out a demonstration project to support a more standardized approach to collecting information and assessing client needs.



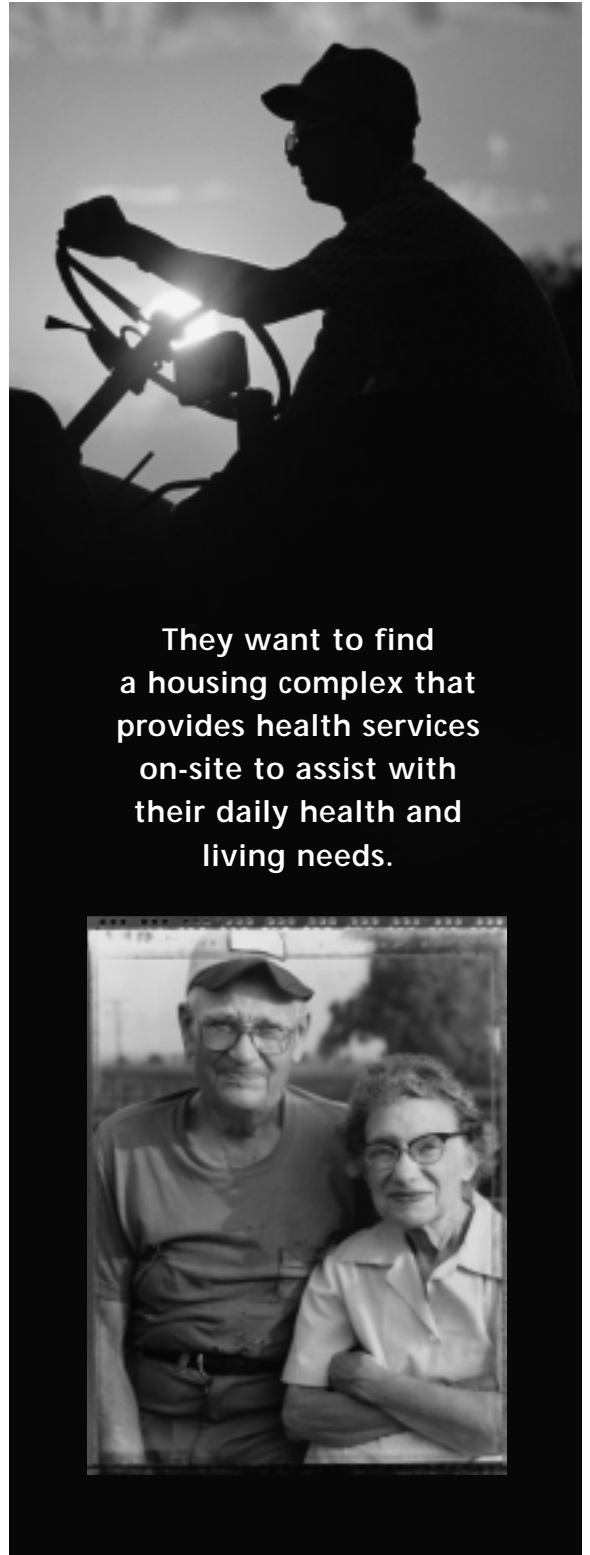
EASIER AND MORE CONVENIENT ACCESS TO SERVICES

Jack and his wife Elaine have decided they can't maintain their home any longer. Jack is 77 and has a heart condition, while Elaine suffers from severe arthritis. They want to find a housing complex that provides health services on-site to assist with their daily health and living needs.

Jack has phoned around, but is confused by the conflicting information he has received.

In the future, Jack can call a 1-800 number and obtain information on the range of services, care and housing available (home care, long-term care, and supportive living). A case coordinator will recommend an integrated package of services that meet his needs.

RHAs, in partnership with health care providers and housing operators, are working to prepare 10-year Continuing Care Service Plans to bring this new, coordinated system on-line.



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Progress Report on Continuing Care Reform

COMMUNITY-BASED SUPPORTS TO INDEPENDENCE

DIRECTION - Expand Supportive Living as an Alternative to Long-Term Care Centres

While Alberta's seniors provide their own housing, supportive services must be available so they can enjoy their independence as long as possible.

PROGRESS

- \$50.5 million one-time funding provided to two new programs, Healthy Aging Partnership Initiative (HAPI) and Seniors Supportive Housing Incentive Program (SSHIP), to facilitate supportive living spaces.
- 1,636 new supportive spaces approved for construction (see Location of New Spaces). To date, 413 spaces have been developed.
- Alberta Health and Wellness, Alberta Seniors and Alberta Infrastructure are working collaboratively.
- Some regions, in particular rural regions, are responding to this growing demand for supportive living spaces by modifying and enhancing the facilities they already have.

KEEPING COUPLES TOGETHER

Marilyn and Bob have been married for more than 50 years. Her health has deteriorated and she needs the type of care provided in a long-term care facility. Bob cannot manage on his own and he needs to find an alternate living arrangement, but they want to stay as close together as possible.

Many options are becoming available to keep couples like Bob and Marilyn together as they require greater support. For example, the David Thompson Health Region in conjunction with private, voluntary and public partners, are planning an integrated seniors' complex that will provide services to seniors with varying levels of service needs in Sylvan Lake. The complex will offer services from one-meal a day in a common dining room right up to the level of services provided in a long-term care complex. In a complex like this, Bob and Marilyn can continue to live together.

The Aspen Health Region is adding 14 supportive living spaces to their lodge in Thorhild. These new spaces will have wheelchair accessibility, common areas, a community based wellness centre and a community play school program.



DIRECTION - Improving Access to Home Care and Community Care

To ensure long-term care facilities are available for clients with the highest care requirements.

PROGRESS

- \$37.5 million to enhance home care services. Additional funding allocated to all 17 RHAs.
- Home care expenditures by RHAs increased from \$199.8 million in 1999/2000 to \$242.4 million in 2000/2001, an 8.2% increase.

Communities Receiving New Supportive Housing Units and/or Additional/Replacement Long-Term Care Spaces

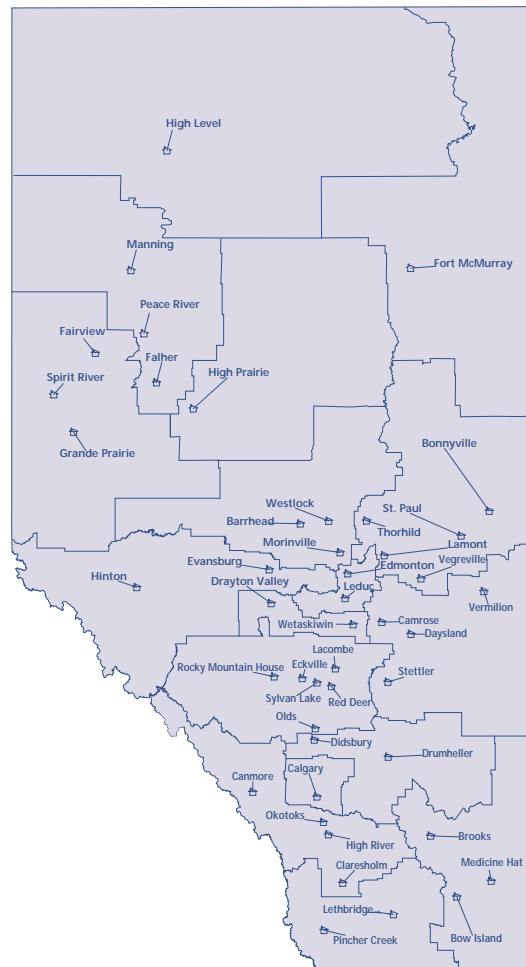
Seniors Supportive Housing Incentive Program (SSHIP) and Healthy Aging Partnership Initiative (HAPI) Approved New Units

Community	Number of Units	Community	Number of Units
Edmonton and area	245	Vermilion	40
Calgary and area	82	Camrose	70
Lethbridge	63	Stettler	65
Pincher Creek	55	Hinton	25
Dunmore	2	Evansburg	30
Brooks	75	Wetaskiwin	91
Medicine Hat	18	Drayton Valley	12
Bow Island	30	Leduc	47
Claresholm	8	Morinville	44
Okotoks	16	Westlock	60
High River	10	Thorhild	14
Canmore	15	Barrhead	40
Didsbury	20	Vegreville	99
Drumheller	24	Bonnyville	8
Red Deer	20	Lamont	14
Eckville	15	St. Paul	30
Olds	20	Fairview	65
Lacombe	20	Grande Prairie	16
Sylvan Lake	20	Falher	26
Rocky Mountain House	25	High Prairie	5
Daysland	12	Fort McMurray	40
Total		Total	1636

Additional and Replacement Long-Term Care Spaces Approved Since 1998-1999

Community	Additional Spaces	Replacement Spaces
Edmonton and area	437	262
Calgary and area	703	483
Peace River	-	40
Manning	-	16
High Level	9	4
Spirit River	16	-
Evansburg	40	-
Hinton	25	-
Medicine Hat	30	50
Camrose	-	130
Red Deer	10	100
Rocky Mountain House	10	30
Sylvan Lake	40	-
Vegreville	-	90
Didsbury	-	50*
Westlock	-	120
Total	1320	1375

*Estimate only



Progress Report on Continuing Care Reform

TARGETING SERVICES TO MEET SPECIAL NEEDS

DIRECTION - Regenerating Our Long-Term Care Centres

Create better environments for residents and reorient service for clients with high and complex care needs.

PROGRESS

- 1,320 additional long-term care spaces and 1,375 replacement spaces approved for construction since 1999 (see map, page 11).
- 231 four-bed rooms replaced with private and semi-private rooms since 1999 (represents 31.6% of existing stock of four-bed wards).
- 436 additional new spaces and 208 replacement spaces on stream in 2000/2002.
- Additional 306 four-bed rooms will be replaced over the next three years. In total, 73.4% of four-bed rooms will be replaced.



DIRECTION - Alzheimer's and Dementia Initiative

Respond to the increased number of older Albertans who will require specialized Alzheimer's and dementia care.

PROGRESS

- \$3.4 million annually approved for Alzheimer's drugs.
- A number of regions have opened special care centres for dementia clients, e.g. Signal Pointe and Harvest Hills in Calgary, and McConnell Place in Edmonton.
- *Alzheimer Disease and Other Dementias* was released in July 2002 to guide RHAs to take actions in this area.
- \$625,000 approved to implement enhanced service priorities, including:
 - Supports for informal caregivers.
 - Education and training.
 - Public awareness.

MEETING THE NEEDS OF ALZHEIMER'S CLIENTS

John has had Alzheimer's for five years now and is in a nursing home. He wanders throughout the night and forgets where his room is. John shares a room with another man who is disrupted by this behaviour, and he requires an increasing level of care and attention.

John was soon transferred to a new Alzheimer's care centre. The facility is designed with the needs of Alzheimer's clients in mind. Special lighting, walking paths, individual rooms, and a family dining area are all designed to support the special circumstances of these clients.

John and his fellow residents help with daily activities. This reinforces memory skills and builds a sense of community.

The Capital Health and Calgary Health regions have developed special care centres for persons with Alzheimer's and dementia (Signal Pointe and Harvest Hill in Calgary and the McConnell Place Care Centres in Edmonton).

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TARGETING SERVICES TO MEET SPECIAL NEEDS

DIRECTION - Comprehensive Care for the Elderly

Address the needs of older adults with multiple and complex health needs.

PROGRESS

- Integrated services (e.g. day hospital/ day care, multi-disciplinary primary health care services, enhanced supports in the home) are increasingly available for seniors who would otherwise be admitted to long-term care centres, or who are frequent users of acute care.
- Some regions are providing enhanced geriatric assessment services.



ENSURING THE SUSTAINABILITY OF CONTINUING CARE REFORM

DIRECTION - Develop Appropriate Incentives to Support Reforms

Ensure we use the resources for long-term care wisely and meet the needs of current seniors without risking services and care for future generations.

PROGRESS

- LTC care accommodation rates increased January 1, 2002, to offset the impact of inflation since the last increase in 1994:
 - Standard room increased from \$24.75 to \$28.22/day (from \$752.81 to \$858.21/month).
 - Semi-private room increased from \$26.25 to \$29.93/day (from \$798.44 to \$910.22/month).
 - Private room increased from \$28.60 to \$32.60/day (from \$869.92 to \$991.71/month).
 - The actual cost of a long-term care bed is about \$125/day.
 - Half of Alberta's 14,423 long-term care facility residents receive cash benefits through the Alberta Senior's Benefit.
- Incentives, charges and subsidies in different continuing care settings (home, supportive living and long-term care) are under review to ensure:
 - The removal of disincentives for staying in the community.
 - Additional revenue generated to meet increasing demands.
 - Low-income Albertans are protected from any negative effects caused by these changes.

DIRECTION - Develop and Implement 10-Year Regional Continuing Care Service Plans to Follow Through on Strategic Directions

PROGRESS

- Government has set expectations for plans and provided support by developing a computer model to estimate future needs, and is completing benchmarking studies of continuing care services in other provinces.
- 10-year plans prepared by regional authorities and under review.



Progress Report on Continuing Care Reform

ENSURING THE SUSTAINABILITY OF CONTINUING CARE REFORM

DIRECTION - Enhance the Skills and Increase the Supply of Health Care Workers Who Deliver Care to Seniors

PROGRESS

- Funding for 216 additional support worker seats in post-secondary institutions annually.
- Core competencies for continuing care support workers developed through consultation with employers.
- Curriculum for health care professionals working with persons with Alzheimer's to be available Fall 2002.
- Geriatric In-Service Mentoring Program under development.
- Prototype provincial curriculum for support workers completed in fall 2002.
- Strategy to increase the number of appropriately trained Clinical Nurse Specialists and Nurse Practitioners will be completed in fall 2002.
- Implementation of province-wide, in-service training for Alzheimer's and dementia support workers targeted for 2003.



Principles Guiding Continuing Care Reform

The following principles provide a foundation for the continuing care reform process.*

Wellness and prevention:

- Support healthy aging for all Albertans.
- Emphasize promotion of health and prevention of illness, injury and disease.
- Help Albertans to cope effectively with chronic conditions and function to the best of their abilities.

Client centered:

- Endeavour to understand and meet client and family needs, work in partnership with clients, and ensure client choice where possible.
- Acknowledge the client's right to dignity and self-determination.
- Have reasonable access to a variety of affordable services and have their needs met in a flexible, timely and responsive manner.
- Respect the client's right to privacy of space and person.
- Recognize and respond to the physical, psychological, spiritual and social aspects of health.

Information:

- Provide clients with access to information required to make informed choices and decisions regarding care and services.
- Ensure confidentiality of personal information, however, allow appropriate sharing of information to support the highest quality of services and best possible outcomes.

Individual and shared responsibility:

- Encourage independence by assisting Albertans to reach their greatest potential, recognizing that clients and families have the primary responsibility for their own health.
- Recognize the concept of interdependence and facilitate collaboration between Albertans, community and government.

Effectiveness and efficiency:

- Make decisions based, as much as possible, on the values of the consumer, on evidence provided through research, evaluation and technology assessment, and available resources.

Intersectoral approach:

- Recognize that, by working together, Albertans, government, regional and provincial authorities, non-government organizations, and the voluntary and private sectors all have an active role in contributing to the health of Albertans.

*Report of the Long-Term Care Review Policy Advisory Committee, *Healthy Aging: New Directions for Care*, November 1999.

**For more information on the
Long Term Care Review, contact:**



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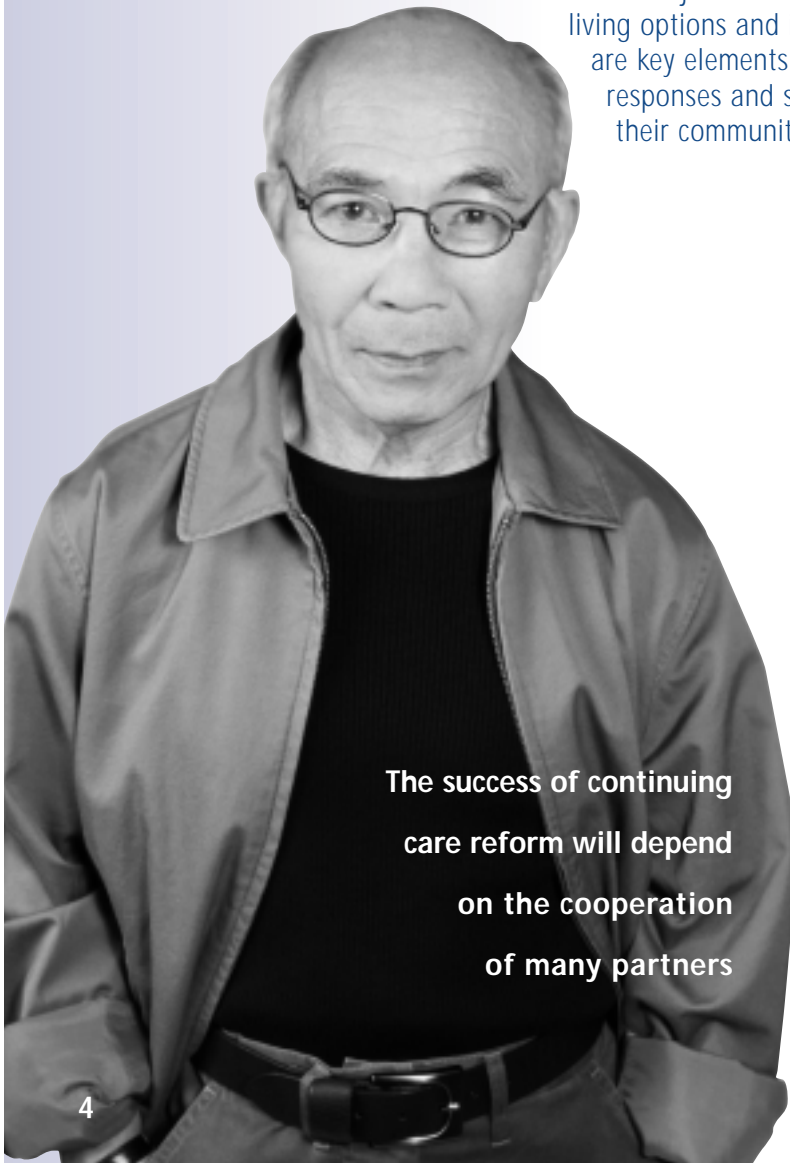
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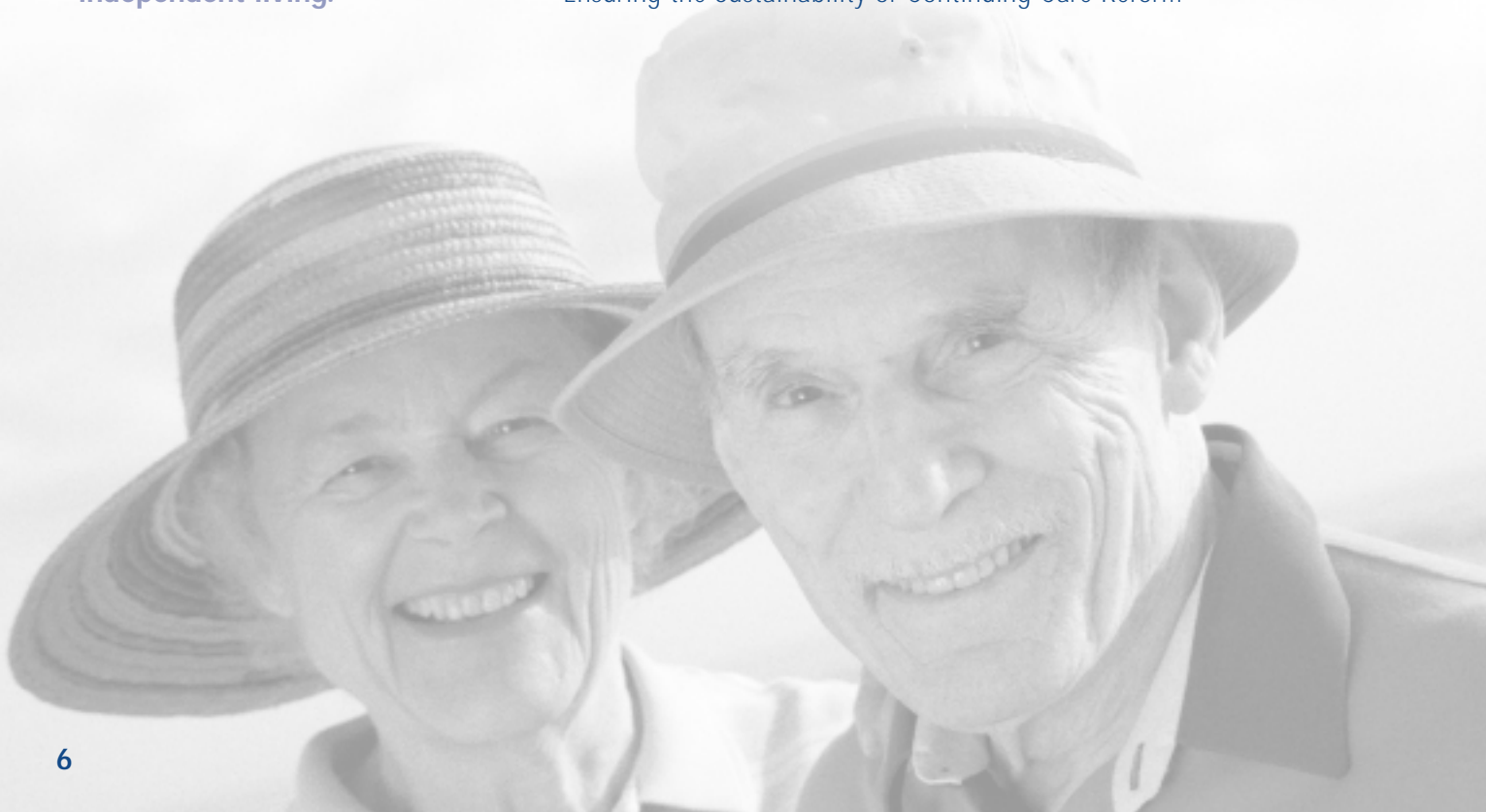
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