

HEALTHY AGING:

**New Directions
for Care**

PUBLIC AND
STAKEHOLDER
RESPONSE TO
THE FINAL REPORT
OF THE
LONG TERM CARE
POLICY ADVISORY
COMMITTEE

APRIL 2000

Alberta
HEALTH AND WELLNESS

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I

Executive Summary

Alberta's population is aging. Preparing the continuing care system now to address the current and emerging challenges is a priority. In November, 1997, the Minister of Health appointed a Long Term Care Policy Advisory Committee to conduct a comprehensive two year study of long term care services in the province. Their work resulted in a three part report *Healthy Aging: New Directions for Care*, containing a vision, principles and 50 recommendations for building on the strengths of the existing system and proposing innovative approaches for meeting future needs and demands. Upon release of the report, a public consultative process, using a web-based survey, was undertaken to gather responses and feedback on the recommendations. Over 100 service providers, operators of continuing care facilities, professional and provincial associations, provincial and regional health authorities and the public responded. Appendix A contains a listing of all respondents.

The executive summary presents the highlights of the feedback received. Overall, respondents expressed agreement with the vision, principles and future directions proposed in the report. Of the respondents answering the questions on the specific recommendations (just over two thirds), agreement on the 50 recommendations ranged from a high of 100% to a low of 67%. Appendix B contains tables showing the level of agreement, importance and urgency for each recommendation.

Specific feedback on the recommendations is organized into 15 themes. Exhibit I-1 shows each theme and the percentage ratings on the applicable recommendations which are averaged to show the overall level of agreement, importance and urgency for each theme.

Exhibit I-1

Recommendation themes by percentage of agreement, importance and urgency

Theme	Rec. #	% agreement	% important	% urgent
I—Healthy aging	2,3,4	99%	90%	78%
II—Primary health care, acute geriatric care, geriatric assessment and discharge planning	5,6,7,8,9,10	99%	94%	88%
III—future scenarios for continuing care services, home living, supportive living and facility based streams and services.	11,16,17,18	99%	97%	90%
IV—coordinated access and assessment tool.	12,13,14,15	96%	92%	88%
V—special needs, persons with Alzheimer's disease, disabilities, mental health needs and cultural needs.	19, 20, 21, 22	98%	89%	78%

Exhibit I-1
Recommendation themes by percentage of agreement, importance and urgency—continued

Theme	Rec. #	% agreement	% important	% urgent
VI—cost recovery and subsidization policies.	23, 24, 25, 26, 27, 28, 29, 30, 35, 45	82%	89%	82
VII—Continuing Care Act, accountability and standards.	31, 49, 50	99%	93%	83%
VIII—funding.	32, 33, 34	91%	95%	93%
IX—drugs, short term acute drugs and supplies, long term care drugs and medication for the elderly.	36, 37, 38, 39	97%	96%	95%
X—education and training.	40, 41, 43	99%	97%	93%
XI—Network of Excellence on seniors’ health and geriatric care.	42	92%	80%	60%
XII—informal care givers.	44	93%	85%	84%
XIII—ethical issues.	46	94%	84%	73%
XIV—research.	47	97%	84%	61%
XV—ambulance and transportation.	48	97%	88%	78%

Recommendations regarding the future scenarios, funding, drugs and supplies, and education and training received wide support. The recommendations on cost recovery and subsidization policies received the lowest support.

A number of exhibits follow, showing the ranking of the recommendations according to their percentage ratings on agreement, importance, and urgency. The exhibits that follow are:

- Exhibit I-2—Recommendations receiving 100% agreement (13).
- Exhibit I-3—Recommendations receiving less than 80% agreement (6).
- Exhibit I-4—Top 15 recommendations ranked as very important.
- Exhibit I-5—Top 15 recommendations ranked as very urgent.
- Exhibit I-6—Top recommendations (17) ranked as very important/important and urgent/very urgent.

Exhibit I-2
Recommendations receiving 100% agreement

Number	Recommendation
01	Address immediate needs
02	Promote healthy lifestyles and prevent illness and injury
05	Adopt a primary health care model for services to older people
06	Coordinate health services for older people within and between regions
09	Expand geriatric assessment services across the province
10	Strengthen case coordination and improve discharge planning
14	Ensure a broad range of continuing care services across the province
17	Expand the supportive housing stream
19	Develop a province-wide plan for addressing needs of people with Alzheimers disease and other dementias
21	Expand community-based mental health services for older people
32	Increase funding to reflect the impact of an aging population
40	Expand education and training for professionals and nonprofessionals
50	Set standards and monitor outcomes

Recommendations pertaining to healthy aging, the strengthening of processes and service providers within the system and the expansion of services to address the needs of older persons were strongly supported.

Exhibit I-3
Recommendations scoring less than 80% agreement

Rec #	Recommendation	%
23	Adopt a conceptual framework on responsibility for costs.	67%
25	Target additional revenues from increased charges to improving services and upgrading facilities.	77%
26	Increase home care charges for daily living services.	75%
28	Provide exemptions for palliative care .	78%
29	Provide some exemptions for respite care.	76%
35	Provide capital support.	77%

Recommendations regarding costs recovery and subsidization policies received the lowest ratings on agreement. Respondents expressed concern about the costing framework and application of charges for various services, especially those designed to keep people living at home as long as possible.

Exhibits I-4 and I-5 show the ranking of the top 15 recommendations when only the “very important” and “very urgent” percentages are considered.

Exhibit I-4
Top 15 recommendations ranked as very important

Rec #	Recommendation	%
43	Ensure an adequate supply of health care professionals and other providers work with an aging population.	89%
1	Address immediate needs.	87%
36	Phase in new programs to support short term acute care drugs used at home.	86%
32	Increase funding to reflect the impact of an aging population.	86%
37	Address the high cost of drugs provided in continuing care centres.	84%
41	Establish basic standards for continuing care staff.	84%
31	Introduce a new Continuing Care Act.	80%
45	Expand respite care.	75%
10	Strengthen case coordination and improve discharge planning.	74%
38	Take steps to address appropriate use of medications by older people.	74%
7	Reorganize acute care services.	74%
40	Expand education and training for professionals and nonprofessionals.	73%
9	Expand geriatric assessment services across the province.	73%
19	Develop a province-wide plan for addressing needs of people with Alzheimers disease and other dementias.	73%
18	Revitalize long term care centre.	72%

The ranking of the top 15 recommendations as “very” important yielded slightly different results. These recommendations appear to focus on those issues that are of immediate concern in the continuing care system rather than those that are longer term such as the future scenarios.

Exhibit I-5
Top 15 recommendations ranked as “very urgent”

Rec #	Recommendation	%
43	Ensure an adequate supply of health care professionals and other providers work with an aging population.	88%
32	Increase funding to reflect the impact of an aging population .	85%
1	Address immediate needs.	83%
36	Phase in new programs to support short term acute care drugs used at home.	81%
37	Address the high cost of drugs provided in continuing care centres.	77%
10	Strengthen case coordination and improve discharge planning.	69%
40	Expand education and training for professionals and nonprofessionals.	69%
38	Take steps to address appropriate use of medications by older people.	68%
41	Establish basic standards for continuing care staff.	67%
45	Expand respite care.	67%
39	Provide support for equipment and supplies.	66%
31	Introduce a new Continuing Care Act.	65%
34	Fund continuing care facilities consistently across the province.	64%
19	Develop a province-wide plan for addressing needs of people with Alzheimers disease and other dementias.	64%
16	Expand home care and community services.	63%

The top 15 recommendations ranked as “very urgent” show similar results to the top 15 recommendations ranked as very important, although the ordering differs. The expansion of home care and community services, support for equipment and supplies and consistent funding of continuing care facilities across the province are included among the top “very urgent” items.

Exhibit I-6 shows the top recommendations when the very important/important ratings, and the very urgent/urgent ratings are combined. Due to equivalent ratings on some recommendations, the top 17 recommendations are given.

Exhibit I-6

Top recommendations ranked as important and urgent

Rec #	Recommendation
1	Address immediate needs.
36	Phase in new programs to support short term acute care drugs used at home.
37	Address the high cost of drugs provided in continuing care centres.
19	Develop a province-wide plan for addressing needs of people with Alzheimers disease and other dementias.
32	Increase funding to reflect the impact of an aging population.
43	Ensure an adequate supply of health care professionals and other providers work with an aging population.
11	Adopt a new scenario for the future of continuing care.
41	Establish basic standards for continuing care staff.
16	Expand home care and community services.
21	Expand community-based mental health services for older people.
45	Expand respite care.
12	Expand coordinated access to include all continuing care services
33	Maintain population-based funding, set outcome measures, and consider geriatric assessment as a province-wide services.
8	Expand acute geriatric services in the regions.
9	Expand geriatric assessment services across the province.
10	Strengthen case coordination and improve discharge planning.
17	Expand the supportive housing stream.
34	Fund continuing care facilities consistently across the province.
39	Provide support for equipment and supplies.

Combining the percentages for the important and urgent ratings shows a balance between addressing the current needs and preparing to meet the future needs by redesigning the system.

From the short survey, the recommendations receiving the most mentions as highest priority were: addressing immediate needs (27), expanding the supportive housing stream (23), introducing a new Continuing Care Act (23) and expanding home care and community services (22). These findings are consistent with the ratings of the recommendations.

The key findings by theme now follow.

A. Healthy aging

Strong support was shown for the recommendations addressing healthy aging. Living a high quality of life, being healthy and active and focusing on wellness were reinforced as important values. Targeting health promotion strategies where the most impact on healthy lifestyles can be realized, was reinforced. However, respondents also noted that clarifying the nature of health promotion and illness prevention programs and the use of effective interventions using evidence-based outcomes, was necessary to ensure effective use of funds.

Fostering independence, consulting with and keeping seniors involved were all regarded as components for quality living. Concern was expressed that development of strategies to empower and engage seniors be a collaborative and “genuine” consultative process with all stakeholders, including the seniors.

Most respondents supported an aging-in-place concept when that meant being able to live in one’s own home or community longer. While a community designed for seniors has some appealing features, some were concerned that such communities could foster ghettoizing of the senior population. Developing multi-generational communities that encourage integration of seniors, contain accessible and affordable housing and cater to a broad range of population needs, was viewed as preferable.

B. Primary health care, acute geriatric care, geriatric assessment and discharge planning

The concept of a primary health care model was well received given the wide range of complex health needs that may be experienced by older persons and the use of a multidisciplinary approach to address them. However, some respondents expressed frustration with the lack of a definition for a primary health care model and the lack of description and use of acronyms for some existing programs.

Respondents were unequivocal about the importance of coordinating health services within and between regions. Health services need to be better coordinated so residents may move effortlessly from one part of the province to another.

A high level of support was shown for reorganizing the acute care system with sentiments that many older persons do not receive appropriate attention and care given their symptoms and subsequent needs, including mental health problems. Education and expertise regarding acute care of the older person was viewed as necessary. Specialized approaches in caring for older persons with acute symptoms need to be addressed to facilitate discharge home. Quick response teams linked with emergency departments and improved discharge planning were cited.

Some opposition to “fixing” the acute care system was registered, stating that the problems experienced in acute care are symptomatic of larger, system-wide problems, where the lack of inpatient beds is viewed as a major problem. Seniors who are acutely ill and admitted are considered necessary hospital admissions when they cannot be discharged due to inadequate home and community supports. Better discharge planning, better coordination with home and community care, supportive living, improved funding and access within all levels of care, are required to resolve the problems.

Strong support was also shown for expanding geriatric assessment services across the province, although some respondents felt that the term geriatric assessment needed to be defined. Recognition was given to the limited supply of geriatric specialists, reducing accessibility to services in rural areas. Other service

options were suggested such as telehealth, mobile/travelling specialty teams, joint/shared service arrangements between regions, and contracting of geriatricians' services for weekly rural clinics.

Effective discharge planning was viewed as imperative. The development of provincial protocols received some mixed reaction. While documented provincial standards and expectations would be helpful, flexibility was deemed important in responding to the unique circumstances in RHAs and local communities.

C. Future scenarios for continuing care services, home living, supportive living and facility-based streams and services

Strong support was given for a shift in the future system from fewer institutional beds to more home and supportive living arrangements. Of those who responded, 81% supported Scenario 2. However, some concerns were raised that the level of funding and other resources in the community needed to be increased substantially before any shift occurred. Increased demands will be placed on the informal support system, thus support systems and respite programs also need attention.

Unbundling of health, support and housing services was supported but with caution. Concerns were raised that this appeared to be an opportunity to introduce user fees which was not supported.

The expansion of home care and community services and supportive housing was strongly supported, including expansion of services into lodges. Consistency in the development and application of services and funding limits across regions was reinforced. The creation of a Health and Housing Partnership Committee to guide the expansion initiative also received positive feedback, although some reiterated that housing does not fall under the jurisdiction of Health.

Strong support was shown for revitalizing long term care centres. Many respondents noted deteriorating conditions and dysfunctional facilities unable to properly accommodate those with complex needs and high dependencies requiring use of specialized equipment and/or special environmental designs.

D. Coordinated access and assessment tool

Coordinated access to all continuing care services was well accepted and viewed by some as an underlying principle for the provision of continuing care in Alberta. Services need to be available and coordinated (including access to affordable housing) to ensure that individuals receive the care that they require in an efficient, effective and affordable manner, considering all service and housing choices, including lodges. Single point of entry was supported by most and noted to be operating in many regions.

Implementation of new assessment tools was widely supported. New assessment and classification tools need to be comprehensive and holistic in addressing the full range of health needs, including wellness, with applicability across continuing care.

Ensuring a broad range of continuing care services was strongly supported, although some respondents expressed concern about the feasibility and affordability implied by the recommendation. Particular concern was raised by and for rural areas where providing a broad range of services may not be possible due to funding constraints, low demands/needs due to a small population base, large travelling distances, and difficulty in recruiting and retaining professional staff, especially rehabilitation therapists. Providing a limited range of services supplemented by a transportation system to access specialized

services in other communities (maybe another RHA) was viewed as more practical and affordable by some respondents.

The development of a process for information, assessment and referral was supported and viewed as being consistent with earlier recommendations.

E. Special needs, persons with Alzheimer's disease, disabilities, mental health needs and cultural needs

A provincial plan for addressing those with Alzheimer's disease was strongly supported. Many noted the increasing number of residents with some form of dementia and the subsequent increase in care and supervision requirements. Standardized education and training of informal caregivers and staff at all levels, including nursing attendants and personal care aides, was reiterated.

The principle of responding appropriately to the specific needs of a population was reinforced which includes those with disabilities. While the recommendation was supported, concern was expressed about the constraints in rural and smaller communities to accommodate special housing and service needs.

Strong support was given for expanding community-based mental health services, not only for the elderly but for all those with mental illnesses. The delivery of quality, timely and accessible mental health services, including service to prevent mental illness, was viewed as a system-wide issue.

While recognizing and respecting cultural and ethnic diversity is considered an important principle underlying quality care, fewer respondents placed high importance or urgency on this recommendation. As much as possible organizations try to address cultural diversity but many noted that small numbers make it difficult to accommodate special dietary and other ethnic preferences cost effectively. Some areas have introduced programs to address Aboriginal customs. The importance of staff education and cultural sensitivity, with the family playing a major role, was stressed.

F. Cost recovery and subsidization policies

Recommendations regarding costs and subsidization raised the most concerns. The conceptual framework regarding assignment of costs within continuing care received mixed reactions, with only 67% of all respondents agreeing with the framework. Several respondents indicated that they did not understand the determination nor rationale for assigning specific responsibilities for specific costs and felt that they needed more detail before they could fully respond.

While an underlying philosophy exists that those who can pay, should contribute, many raised concerns about the potential financial hardship and subsequent denial of services to those persons with low or fixed incomes. Although government income support and subsidy programs are available, the demands that could be created through the proposed recommendations, could not be addressed without a substantial infusion of monies.

Creating disincentives in the community care system was also viewed as an issue with the proposed charges for activities of daily living that would include personal care. Overall concern was raised that such charges appeared contrary to the future direction for the system.

Others expressed concern with the assignment of costs for housing, particularly noting the additional challenges of addressing higher construction costs in rural and northern areas and the lack of a private

sector to supplement public housing activity. Using additional revenues to build a capital pool was challenged as to the appropriate use of such funds and whether sufficient monies would be generated to support future construction and upgrading needs.

Exemptions for individuals who are palliative, require sub-acute or respite care were supported although several felt that the recommendations needed more clarity for implementation purposes. Specifically, concern was expressed about the difficulty in defining particular stages of an individual's care situation and the potentially cumbersome administrative process to apply and withdraw charges when the situation changed.

Most supported a phased-in approach to prepare the system for implementation and the payment of fees for services that are highly subsidized now. With provincial surpluses currently the norm, others expressed concern about the perception of adding and/or increasing charges. A point was made that the conceptual and operational framework for applying charges across the continuing care system be developed carefully with stakeholder input, and in concert with other government income support and subsidy programs.

G. Continuing care act, accountability and standards

Strong support was given for the introduction of a new Continuing Care Act to replace all existing legislation. Specific support was identified for the development and monitoring of service delivery and care standards to ensure consistency across all sectors in continuing care and across all regions, including application to private facilities. Development of this legislation was viewed as requiring extensive stakeholder collaboration.

Strong support was shown for establishing clear lines of accountability. Specific requirements for clear definitions of fiscal, policy and programming responsibility and accountability within and beyond the continuing care system were reinforced.

Clear standards and definitions are needed regarding access (including reasonable access), affordability, funding, financial responsibility, and service expectations. Standards must be quantifiable and measurable. Standards need to be applicable across continuing care, including private and voluntary organizations. A collaborative and inclusive approach is needed for the development of standards, including citizen and community organizations, with Alberta Health and Wellness taking the lead.

H. Funding

All respondents supported increased funding with many feeling an urgency for funding adjustments to be made as soon as possible. Several considerations for funding adjustments were made: allowances for remote, northern and rural communities with large distances and small populations and subsequent higher operating costs; increased funds for health promotion and injury prevention programs in addition to services that respond to client treatment needs; migratory flows between regions; and increased labour costs.

While the population-based funding formula was largely accepted, some challenged whether it was adequately addressing regional disparities in geographical distances, population/senior densities, longevity rates (influenced by health status) and the concentration of acuity cases (i.e., complex cases largely being managed in urban settings).

While support for consistently funding continuing care centres across the province was given, several respondents commented on the variations in operating practices and costs that are affected by geography, population density, facility structures and sizes, resident acuity, program and service mix, staffing mix and subsequent compensation. The impact of standards on these variables was unclear. However, the principles underlying fairness and equity were supported.

I. Drugs, short term acute drugs and supplies, long term care drugs and medication for the elderly

Recommendations related to drug utilization and assurance that their costs do not become a deterrent for access to home care and continuing care facilities were strongly supported. Providing for short term acute drugs and supplies for home care clients was viewed as a necessity, supporting the principle that the site of care should not discriminate against the equitable provision of drugs and supplies.

J. Education and training

Strong support was given for increasing the education and training of all practitioners in the continuing care system. A variety of educational approaches, including distance and Internet-based instruction, are required. As well, funding is required to enhance staff development budgets and for staff replacement. Facilitating specialization in geriatric care was also strongly supported for the creation of more nurse clinical specialists in geriatrics and physicians practising as geriatricians, including psychogeriatricians.

Establishing basic standards for continuing care staff was strongly endorsed. The development of appropriate curricula, accessibility to training, funding to cover costs and the monitoring of the application of standards need to be addressed.

Strong support was shown for developing and maintaining the supply of health care professionals to meet the needs of an aging population. The supply, recruitment and retention of health care professionals, including an aging workforce, were viewed as issues affecting all sectors of health care.

K. Network of Excellence

A provincial Network of Excellence was supported, although some respondents felt that strong educational and training programs were a priority. The Network needs to be relevant, inclusive and accessible to all providers, including frontline workers. Building on and strengthening existing networks such as the Education Resource Centre, was suggested. Also, the Network needs to extend beyond the medical model and address built environment (building standards and design, senior friendly sidewalks and roads), recreational activities, safety and security, enhancement of quality of life, and development of supportive communities.

L. Informal care givers

Recognition of the important and valued role played by informal caregivers was strongly reinforced. Service coordination models need to provide for involvement of informal caregivers in assessing and managing client needs and services. Strategies to support informal caregivers, including strong respite programs, are required.

Some mixed reaction was received with regard to flexible employment policies for informal caregivers. Some respondents noted that employees can be under considerable stress that affects their performance and that some provision needs to be made for them. However, the financial implications of providing extended leaves was raised as an issue.

M. Ethical issues

Considerable feedback was given with respect to ethical issues reinforcing its significance. Some criticism was leveled at the wording of the recommendation, viewing it was weak and non-assertive. A comprehensive ethical framework for decision-making needs to be adopted to assist Albertans in addressing ethical issues inherent in the health system.

A multidisciplinary provincial forum was supported with some respondents suggesting that the role and mandate of the existing Provincial Health Ethics Network be expanded to serve this purpose. The Forum membership needs to be inclusive of disciplines, roles, sectors and levels (i.e., grassroots to department heads), urban and rural areas. The Forum needs to be a formal, clearly accountable and sustainable body with a mandate to provide thoroughly considered information and recommendations to local and regional decision-makers on clinical and administrative ethical issues, standards and policies.

Ongoing education of the public, professionals, administrators and all working in the continuing care system, was strongly promoted, not only for personal directives, but for other issues such as guardianship, trusteeship, competency, resource allocation and decision-making on care and treatment options when nearing the end of life. An ethical decision-making framework was suggested for discussions about the principles and values underlying current payment mechanisms and subsidies. An Ethical Ombudsman position was suggested to serve as a primary contact and information source when ethical issues or dilemmas arise.

N. Research

Most respondents supported research on aging and continuing care, although some felt that other priorities in the system should be met before allocating funds for this purpose. Research needs to be extended beyond the medical model to address factors associated with healthy aging and resilience, health and wellness promotion, illness prevention, determinants of health within a broad context of family, community, and society. Research also needs to build on the existing knowledge base and be collaborative with universities, RHAs, other stakeholders and the Alberta Heritage Foundation for Medical Research.

O. Ambulance and transportation

Transportation is an issue that affects the operation of the continuing care system. Strong support was given for the development of an organized, comprehensive and reliable system to ensure safe, efficient and appropriate transportation for users, considering a partnership between municipalities and health authorities.

Transportation needs are high in rural Alberta, not only for physician appointments and other health-related services, but also for shopping, recreation and visiting. Transportation needs to be adequately addressed and funded. Jurisdiction for transportation services needs to be clarified. Where funding has been provided for transportation, accountability needs to be enforced to ensure that funds are being used accordingly.

Alternatives to ambulances are required for clients requiring transfer between communities or travel to specialist appointments. Other transfer systems, handi-vans and travelling clinics need to be considered.

N. Implementation of the report

Respondents were also asked about the steps to be taken in implementing the report. Although variations were suggested, most suggestions encompassed three themes:

- **Engage the public**—collate and circulate a summary of the public response to the report, conduct awareness and education campaigns, conduct province-wide consultations on the recommendations and develop a communications plan to market the new vision of healthy aging.
- **Confirm government response**—government ministries need to consult on the recommendations and determine their response.
- **Convene multi-stakeholder implementation project groups**—to develop comprehensive implementation plans for clusters of related recommendations in accordance with priorities.

Overall, the report was viewed as a comprehensive document addressing the majority of issues affecting the continuing care system. Respondents expressed satisfaction with the level of consultation throughout the review and the subsequent reflection of stakeholders' input throughout the report.

Now, the challenge is to confirm the recommendations and any adjustments that are required. Setting forth an inclusive implementation strategy, developing the plans and securing the funding to address the most pressing issues and priorities is critical. The government must now respond. Albertans are anxious for results...and Albertans are ready to help!