



**Implementing the Recommendations of the
Minister's Advisory Committee on Health**

July 6, 2010

THE ALBERTA CONTINUING CARE ASSOCIATION

The Alberta Continuing Care Association (ACCA) represents the owners and operators of long term care facilities (nursing homes and auxiliary hospitals), as well as supportive living facilities that provide health and personal care services under contract with Alberta Health Services (designated assisted living). The Association is a non-profit, volunteer organization comprised of 26 private, voluntary and public sector members.

Recently the Association's board completed discussions with the Alberta Home Care and Support Association (AHCSA) that will result in an expansion of the ACCA's mandate to include home care providers. The AHCSA's 37 public private and voluntary sector members will become ACCA members in September 2010. This will make the ACCA the only advocacy organization in Canada to represent public, private and voluntary sector providers of home care, supportive living and long term care services.

Under our new mandate and membership Association members will deliver over 21 million hours of hands-on care annually to more than 46,000 seniors and younger disabled adults in Alberta's continuing care system.

INTRODUCTION

The Alberta Continuing Care Association appreciated the opportunity to make a submission to the Minister's Advisory Committee on Health (MACH) on a new legislative framework for Alberta's health system last October. We note that a number of our ideas found their way into the Advisory Committee's final report. We are pleased to have been asked to provide a written submission in this next phase of consultations.

In the following pages we will respond specifically to four questions seeking our organization's views on:

1. the appropriateness of the proposed overarching principles;
2. the rights, responsibilities and other components in an Alberta patient charter;
3. other components that should be included in an *Alberta Health Act*; and
4. processes and mechanisms for consultations on future legislation, regulations and policies.

Lastly we will provide general comments on other aspects of the Advisory Committee's report.

PRINCIPLES

We based our October 2009 submission on the six dimensions of quality in the Health Quality Council of Alberta's *Quality Matrix for Health* – Acceptability, Accessibility, Appropriateness, Effectiveness, Efficiency and Safety. It is reasonable that the concept of quality should be central to a new *Alberta Health Act*. We are pleased to see the six principles capture most aspects of the HQCA's quality dimensions.

One inconsistency between the HQCA matrix and the proposed principles relates to Accessibility. The Council referred to accessibility as obtaining health services “in the most suitable setting in a reasonable time and distance”. The concepts of setting and distance were lost in the principle “Ensure equitable access to timely and appropriate care”.

Currently many Albertans, especially those in rural settings, are fearful about the loss of facilities in their communities that can meet the complex care needs of their aging or disabled relatives. Recent initiatives have resulted in the closure of long term care beds and replacement of those beds with settings whose design and staffing models are not suitable for providing quality complex care. Albertans are concerned that long time couples will be separated and aging relatives will be removed from their families and communities in their final years.

We recommend the principle of access be amended to include the elements of “in the most suitable setting” and “in a reasonable distance”.

In our October 2009 submission we emphasised the importance of “evidenced based decision making” in the health system. Some recent trends in continuing care, such as the closure or conversion of long term care facilities in favour of supportive living settings, appear to be driven more by philosophical views and cost savings than by evidence of improvements in care or quality of life.

In the Advisory Committee’s report the principle “Enable decision making using best evidence” is not worded as strongly as the supporting text, which states “Without clear and effective processes to **ensure** decisions based on best available evidence, Alberta will not have the efficient, responsive and well managed system it requires and can sustain”.

We recommend the principle “Enable decision making using the best available evidence” be strengthened to say “Ensure decision making using the best available evidence”.

We concur with the importance of recognizing that factors outside of the health system impact an individual’s health and wellbeing, including income, education, living conditions and social supports.

We recommend that government’s responsibility to support Albertans in addressing the social determinants of health be emphasised in the principle “Be focused on wellness and public health” and possibly added to the Patient Charter.

In the public health system care is delivered by a mixture of government (Alberta Health Services) and contracted care providers. Funding equity and equivalent standards should apply across the health system regardless of who is providing care.

We recommend the inclusion of a principle that all providers in the publicly funding health system will receive equitable funding and be held to the same high standards of care.

PATIENT CHARTER

The ACCA agrees with the concept of a charter that outlines the rights and responsibilities of government, health providers and those receiving health services.

The term “Patient Charter” appears to be inconsistent with what should be a basic tenet of Alberta’s health system - a focus on keeping people healthy, before they become patients.

We recommend the term “Patient Charter” be replaced by a more inclusive term such as “Health Charter” or “Health Charter of Rights and Responsibilities”.

The major themes identified in the proposed charter appear to be consistent with the themes in other Canadian and international health charters. However, some other jurisdictions include the concepts of quality and safety in their charters. We acknowledge that these elements have been captured in the proposed principles.

We recommend that government consider incorporating the elements of safety and quality into a Charter.

Without accountability mechanisms, including targets, compliance measures and public reporting, the Charter will be no more than a series of “motherhood statements”. Continuing care providers are heavily regulated and inspected, but this oversight often does not apply to government. In keeping with the principle of fostering a culture of trust and respect, monitoring of government and Alberta Health Services compliance with the Charter should be delegated to an independent body outside the health delivery system.

We recommend that government develop targets and compliance measures and establish an independent body, such as a Commissioner or Ombudsperson, to monitor, report on, and enforce government and Alberta Health Services compliance with the provisions of a Charter.

OTHER COMPONENTS OF THE ALBERTA HEALTH ACT

The ACCA agrees, in principle, with the proposals contained in Section 2 of the MACH report.

Alberta’s health system has been in turmoil over the past 15 years, with continual restructuring, changes in roles and responsibilities, inconsistent and confusing terminology and changing policy directions.

Embedding a governance structure, with clearly defined roles and responsibilities, will help the public and stakeholders understand the health system and will enhance accountability. These are important elements in rebuilding Albertans’ trust in the system.

The continuing care system will be a key beneficiary of establishing clear and consistent definitions embedded in legislation. Health officials, the public, regulatory bodies and providers are equally confused by the array of conflicting terminology used to describe elements of the continuing care system. Terms like continuing care, long term care, nursing homes, complex care, supportive living, assisted living, designated assisted living, community care and seniors care are often used interchangeably – sometimes within the same document. Public confidence, trust and respect are eroded when government commitments using uncertain terminology are unclear or subject to interpretation.

We agree with the proposal to consolidate a number of the 30 health related acts under umbrella legislation. Currently a limited number of acts have been identified. **We would like to see a thorough public review of the existing health legislation to determine which acts should be incorporated in the new *Alberta Health Act*.**

Legislation within the jurisdiction of other government departments also affects or is affected by health legislation. Some examples are:

- Alberta Seniors and Community Supports licenses supportive living settings, sets accommodation standards and monitors compliance. The terminology and regulatory requirements for supportive living settings must be consistent with those used by Alberta Health and Wellness and Alberta Health Services.
- Labour legislation set by Alberta Employment and Immigration or Alberta Health and Wellness is not consistent across the continuing care system. Most private and not-for-profit nursing homes are subject to a Right to Strike/Right to Lockout regime. In auxiliary hospitals governed by the *Hospitals Act*, Compulsory Interest Arbitration applies. As the two settings provide the same types and levels of care, government should address this inconsistency.
- Property and education tax legislation has not kept pace with the recent shift to designated assisted living. This is creating equity and sustainability issues for designated assisted living providers.

We recommend that government take this opportunity to amend other relevant legislation and regulations to make them compatible with the intent and wording of the *Alberta Health Act* and its regulations.

As we noted earlier in this paper “evidenced-based decision making” is a key to achieving quality outcomes and restoring confidence in Alberta’s health system. **The ACCA agrees with the proposal to establish an arm’s-length entity to inform decisions based on the best available evidence. As recommended in the MACH report we encourage this entity to make effective use of the extensive expertise and practical experiences of health providers such as ACCA members through effective consultation and/or formal representation on committees or the board.**

ONGOING CONSULTATION

The ACCA appreciates government's efforts to engage the public and stakeholders in developing an *Alberta Health Act* through a variety of mechanisms, including advisory committees, discussion papers, on-line surveys, open public consultations and dialogues with stakeholders and experts. We encourage government to continue this level of engagement and transparency throughout the next stages, to ensure that public expectations and government commitments are reflected in draft legislation.

Development or revision of legislation always entails a degree of public involvement in that government acts must be debated in the legislature and reviewed by an all-party committee; both of which are recorded in Hansard. However, the *Alberta Health Act* is intended to be "enabling legislation" meaning most of the detailed provisions will be contained in regulations and policies.

Regulations and policies are not generally debated in the legislature, and there is no requirement for government to post these documents for public or stakeholder input. This traditional closed approach to regulation and policy development is not consistent with the proposed principle of *fostering a culture of trust and respect*.

Given government's intent to use regulations extensively to implement provisions of the *Alberta Health Act*, the ACCA recommends government build a provision into the Act requiring consultation with the public and stakeholders when it develops regulations, standards and policies.

As has been done with the *Alberta Health Act*, we recommend that consultation on regulations and policies begin early in the developmental process, not after government has expended time and resources to prepare draft documents, at which time there are limited opportunities to effect change.

ACCA also recommends that government formally establish a permanent *Health System Advisory Committee* with representatives from the public and key professional and provider organizations. This committee will support government in developing or amending legislation, regulations, standards and policies related to the health system.

While it may not fall within the mandate of this consultation, the ACCA believes similar principles related to stakeholder engagement should apply to Alberta Health Services as they exercise their responsibilities in the health care system.

CONCLUSION

In summary, the ACCA supports the intent and recommendations contained in the MACH report, and is pleased to provide some suggestions for improvement. Some of our issues and recommendations could be addressed if government formally adopts the proposed *Guide for Aligning Decision Making* outlined in the report when developing regulations and policies.

The Association and its members hope to play a meaningful and ongoing role in helping government bring about necessary improvements to Alberta's health system.



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