

CARING NEWS

Winter 2009



News and Views of the Alberta Continuing Care Association

Message from the ACCA Board

In the June issue of the Caring News, we reported on the government's plan to dissolve the nine regional health authorities to form one provincial health board, called Alberta Health Services (AHS). Since then, a number of announcements related to Alberta's health care system have been made.

December 15, 2008, the Minister of Health and Wellness announced the new continuing care strategy; *Aging in the Right Place*. This strategy is designed to improve health and personal care service options for seniors and persons with disabilities by enhancing supports to help them live within their community.

To support this goal, the *Continuing Care Strategy* strategy promises to:

- Invest in home care funding
- Provide support for caregiver and enhanced respite care
- Replace 7,000 long term care beds by the year 2015
- Improve the investment model for the operation and development of new long term care facilities
- Support the development of 1,225 additional affordable supportive living spaces
- Change the way accommodations are paid for, including increasing

incentives to encourage non-profit and private investment, allow for enhanced service options, and continue government support for those in need.

Implementation of the strategy is scheduled to take place over the next three years.

In December 2008, the Minister of Health and Wellness also released *Vision 2020, The Future of Health Care in Alberta*. This strategy intends to "provide the right service, in the right place, at the right time," and plans to:

- Increase the number and availability of community-based services such as physician clinics and urgent care centres (facilities with expanded hours that provide care for less serious emergencies)
- Free up space in long term care facilities and reduce overall wait times
- Seniors with stable medical conditions will be better served in supportive living options, as compared to long term care facilities
- Develop more assisted living and supportive housing capacity for seniors
- Enhance access to high quality services in rural areas

New ACCA Executive Director

On September 8, 2008, the ACCA Board of Directors, members and staff welcomed Bruce West to the position



of Executive Director. Bruce has held a number of management positions within the Alberta government over the past 30 years including Director of Housing Programs, Director of Seniors Housing Services, Director of Housing Innovation & Policy, Director of Planning & Research, and most recently, Executive Director of Supportive Living and Long Term Care.

- Introduce recruitment and retention strategies with a focus on health care aides and nurses

Copies of *Aging in Place* and *Vision 2020* can be obtained by contacting Alberta Health and Wellness – Communications, 22nd Floor, 10025 Jasper Avenue, Edmonton, AB T5J 1S6.

INSIDE THIS ISSUE

Understanding Accommodation Fees

Health Care Aide Recruitment Continues

Long Term Care Survey Results

Meeting Standards in Long Term Care Facilities

The Loving Spoonful Mealtime Companion Program

A CLOSER LOOK AT THE NUMBERS



Understanding Accommodation Fees

The government increased accommodation fees, effective November 1, 2008, raising the maximum accommodation fee to:

- \$54.25 for a private room, an increase of \$3.50 per day;
- \$47.00 for a semi-private room, an increase of \$3.00 per day; and
- \$44.50 for standard ward room, an increase of \$3.00 per day.

The accommodation fee increase will provide approximately \$17 million in funding to maintain the quality of accommodations in the continuing care system. Accommodation fees in Alberta continue to be the lowest across the nation – and our standards among the highest. This increase will help long term care operators continue to provide high quality services. ACCA has encouraged government to review and adjust the regulated maximum accommodation fees annually based on inflation. This will ensure that proper funding is available which reflects the current costs of providing quality accommodation services and will avoid the need for large one-time adjustments.

The amount of assistance for low-income long term care residents was also increased.

The average total cost for each resident for one month in a long term care home is **\$5190.00**.

Accommodation fees which are paid by the resident include:

- Room – a room in a long term care facility
- Building maintenance – upkeep and repairs, landscaping and snow removal, staff, security services and equipment
- Food services (three meals per day, plus snacks, other nourishment), kitchen equipment (plates, cutlery, furniture, etc), staff
- Housekeeping services – staff, external cleaning services, facility laundry (towels, bedding, etc.)
- Building operations – utilities (gas, electricity), water and sewer, general facility costs, furniture, common area lounges, television, chapel and meeting rooms, dining room
- Administration – facility management, office equipment (computers, desks, etc.), general office services, accounting, billing and purchasing, benefits, labour and administration, trust account maintenance, insurance, and WCB insurance

The government provides funding for the **health care** services.

Examples of these services are:

- Professional staff (registered nurses, licensed practical nurses, dietitians, therapists, social workers, medical advisors)
- Other staff (health care aides/personal care aides/nursing aides/nurse attendants, unit clerks, therapy aides)
- Supplies and medications (medical supplies/dressings, medications/prescribed drugs, incontinence products, oxygen and equipment, diabetic supplies and testing equipment, feeding equipment, exercise equipment, specialized health equipment, specialized bathing tubs and lifts)
- Personal care services (bathing, dressing, grooming, toileting, meal assistance, recreation programs)
- Transportation (ambulance service)
- Special needs (wheelchairs, special beds, Wandergaurd bracelets, other medically needed equipment)

Breakdown:

<i>Resident Pays</i>	<i>\$1627.50</i>
<i>Government Pays</i>	<i>\$3562.50</i>
AVERAGE COSTS PER MONTH	\$5190.00

Long Term Care Survey Results

On December 10, 2008 the Health Quality Council of Alberta (HQCA) released results of the provincial long term care resident and family survey. These surveys were done to identify people's perceptions of what is done well and what could be improved in long term care in the province. Overall, results confirm that most facilities are providing good care to residents. Ninety seven percent of facilities rated by residents and 99% of facilities rated by families had an average global care rating of 7 or higher on a 10 point scale (where 10 means best care possible.)

While the overall care ratings suggest that most residents are receiving quality care it is recognized that there is always room for improvement.

Assuming that these are the most important areas to families and residents, they are the areas on which all long-term care providers should focus.

For families the areas that received lower scores included:

- Nursing home staffing levels
- Care of residents' belongings
- Facility environment

For residents the areas that received lower scores included:

- Staff respect for residents
- How well staff listen to residents
- How well staff explain things to residents

Comments provided by family members confirm that the above mentioned areas are important. The majority of family comments (60.1%) related to nursing home staffing, care of belongings and environment, with many spe-

cifically commenting on the need for more staff in long term care. Residents were most likely to comment on the care they received (73.6%), for example how quickly staff come when assistance is needed.

The survey results suggested that the majority of centres were providing good or excellent care to residents and comments suggest that both families and residents would like to see more staff working in their centres. Long term care providers will be able to use some of this information to guide future improvement efforts to enhance the experience of both residents and families.

Meeting Standards in Long Term Care Facilities

Currently in Alberta, continuing care centres are regularly inspected and audited to ensure they are providing quality care and services. Some of these inspections are routine and planned; others are unannounced, and some may be in response to a complaint.

Alberta Health Facilities Review Committee

This committee routinely reviews and inspects health care facilities and observes the manner in which they are operated. They also receive and investigate complaints about the care, treatment and standards of accommodation received by specific patients or residents in hospitals or nursing homes.

The Committee visits all facilities which operate under *the Hospitals Act, the Nursing Homes Act or the Regional Health Authorities Act.*

Visiting members normally spend one to three days at each facility. The Committee's routine visits are not announced in advance. This enables visiting members to observe the facility under normal operating circumstances. A written report is sent to facilities outlining the findings.

Alberta Occupational Health and Safety

An Occupational Health and Safety inspection occurs in response to high injury rates, a complaint to Workforce Health and Safety, or if a reportable accident has occurred. These inspections are done by an occupational health and safety officer and result in a report. If recommendations for

improvement are made, the facility has a time limit imposed to correct the deficiency. The officer then reinspects to ensure the issue has been corrected.

Long Term Care Accommodation Standards

Provincial accommodation standards fall into the following categories:

- physical environment;
- hospitality services;
- safety services;
- personal services;
- coordination and referral services;
- residential services;
- human resources; and
- management and administration.

The standards are enforced through annual inspections by Alberta Seniors and Community Supports staff. Inspections are also completed to investigate any complaints.

If during an inspection any standards are identified as unmet, the facility operator will receive a compliance action plan. This plan details the actions required to meet the standards by a specified date. A follow-up inspection or other proof of compliance such as photo documentation is used to ensure a facility complies with the accommodation standards.

Continuing Care Health Service Standards

The intent of the Continuing Care Health Service Standards is to identify standards for the provision of quality continuing care health services that take into consideration the individual needs, preferences and abilities of each client. The standards are divided into two parts:

- A. *Putting Individuals First:
Providing Quality Continuing Care Health Services*
- B. *Quality Improvement and Quality Assurance*

Infection Prevention and Control

Commencing April 2008, Alberta Health and Wellness will begin monitoring for compliance to infection prevention and control standards. The standards are:

1. *Infection Prevention and Control Accountability and Reporting*
2. *Cleaning, Disinfection and Sterilization of Reusable Medical Devices for all Health Care Settings*
3. *Standards for Single-use Medical Devices*
4. *Standards for Prevention and Management of Methicillin-Resistant Staphylococcus Aureus (MRSA) in Health Care settings*

Protection for Persons in Care (PPIC)

Protection for Persons in Care investigates reports of abuse or safety concerns for adults in publicly funded care facilities including hospitals, seniors' lodges and nursing homes. This Act is not intended to resolve complaints about unsatisfactory service.

Fire Inspections

Every long term care facility must comply with fire regulations associated with the regular inspection, maintenance, servicing, and replacement of buildings and equipment. The operator must ensure that the facility has a Fire Safety Plan in place in accordance with the Alberta Fire Code.

There are policies and regulations that long term care facilities must adhere to, in addition to the above listed.

These include:

The Health Information Act
Nursing Homes General Regulation
Nursing Homes Operation Regulation
Alberta Building Code
Alberta Fire Code
Canadian Food Inspection System
Employment Standards Code
Health Canada Food and Food Regulation (Federal)
Labour Relations Code
Minimum Housing and Health Standards (Alberta Health and Wellness)
Financial Audits
Medical Record Chart Audits
Hospitals Act, Health Professions Act

For more information contact ACCA at 780.435.0699 or info@ab-cca.ca

Recruitment Efforts Continue

Become a Health Care Aide, It's a career that makes a difference, is a recruitment strategy funded by industry and government. *Health Care Aide Week* ran from November 9-15, 2008. It was an opportunity to celebrate the positive contributions health care aides bring to the care team. It involved appreciation events and team-building activities in many long term care facilities. *Health Care Aide Week* was also announced in the Legislature and was featured in a newspaper insert distributed in seven cities in our province.



More information can be found online at www.carework.ca, or by emailing hello@carework.ca

The Loving Spoonful Mealtime Companion Program

It's lunch time on the special care unit of a Sherwood Park continuing care centre and Babs Marteniuk is enjoying a hot meal of pineapple chicken balls, vegetables and rice. The 87-year old resident is one of four in the dining room who can feed herself. Her five other lunch mates cannot. Like many residents in long term care centres, they require mealtime assistance.

Pat Burton stares blankly at her meal, a minced version of the one Babs is enjoying. Behind them, Mel Hughes waits as well. Nearby, Louise Meyers, who can't wait, eagerly digs in to her meal, not quite making the connection between the dish and her mouth.

Before the meals have time to cool, staff member Angela Sutherland glides from person to person on a stool with wheels, giving them nourishment, one loving spoonful at a time. She is assisted in this task by another staff member and two volunteers.

Were it not for the assistance of volunteers and family members, mealtimes at this facility would take much longer, and not be nearly the social event they so often are.

"It makes the meal more enjoyable," says Heather Buckle, a registered dietitian with CapitalCare, the largest public continuing care organization in Alberta. "We find on this unit, people respond to conversations and laughter. It also improves their appetite."

Wendy Marteniuk agrees. Her mother Babs moved to CapitalCare Strathcona in April 2008 and by Christmas-time had gained 15 pounds. Wendy attributes that in part to the quality of food and services at the centre, and in part to the social atmosphere generated by the team of staff, volunteers and family members who come into the centre to assist with mealtimes.



Mealtime companion Wendy Marteniuk assists her mother.

That's why she decided to become a regular mealtime companion. At CapitalCare, volunteers who assist with mealtimes are required to take a half-day course called the *Loving Spoonful Mealtime Companion Program*. The program was developed nearly a decade ago by CapitalCare and the Good Samaritan Society to provide volunteers with the knowledge and experience to help assist long term care residents at mealtime.

Betty Houck took the course two years ago when her husband first came to live at the centre. Her husband passed away in April 2008, but Betty continues to assist residents in the centre two times a day, seven days a week.

"The team work and camaraderie make mealtimes work really well here," says Wendy. "It's very rewarding to know you are contributing to someone's well-being and happiness and very gratifying to know that your loved one is part of a caring family which you can take an active part in."

"These people are like family to me now, that's why I keep coming back," says Betty.

Wendy says even though her own family member doesn't require assistance at mealtime, taking the program helped her feel confident enough to assist others on the unit who have difficulty feeding themselves.

"It's a big help to the staff too," says Angela.

Angela Sutherland appreciates the consistent help she gets from volunteers like Betty and Wendy. "It helps immensely that they're here," she says. "It means the staff don't have to rush and the residents get the time they deserve to enjoy a hot meal."

There are 14,654 long term care beds in Alberta. About 70% of the people living in residential centres suffer from some form of dementia, and the majority of them require assistance with meals. With three hot meals served daily, that's a lot of mouths to feed.

But the importance of good nutrition as one ages can't be understated. Residents of long term care have problems with their skin, bones and teeth. Good nutrition helps to repair wounds, fight infections and improve strength. At the same time, residents may not be too interested in eating if they are having difficulty swallowing or if they cannot enjoy the experience.

The *Loving Spoonful* course teaches mealtime companions to look for difficulties the residents may be having while eating and gives them ideas on how to get the residents to eat.

Wendy is having difficulty getting Louise Meyers to eat her strained apricot dessert. “She puckers her lips. I think she’s trying to tell me it’s too sour,” she says.



Betty Houck assists residents during mealtime at CapitalCare Strathcona.

“That’s important information,” says Heather Buckle, who works two days a week as the centre’s dietitian. “I can’t be here watching every resident eat, but mealtime companions, especially those who assist the same resident on a consistent basis, can alert me to difficulties the resident may be having with chewing and swallowing, or, in this case, with changing tastes.”

“We don’t force them to eat if they’re not hungry,” says Wendy “but we try to find why they’re not hungry, so that their diets can be modified.”

After everyone has eaten, Wendy joins her mother at the dining table. There has been much conversation and laughter shared over the course of the lunch hour and no resident leaves the table without having smiled, at least once.

To find out more about becoming a mealtime companion, contact your centre’s volunteer co-coordinator.



#509 Centre 104, Calgary Trail NW
Edmonton, AB T6H 5G8
P: 780-435-0699
F: 780-436-9785
E: info@ab-cca.ca
W: www.ab-cca.ca

Have a story to share?
Send to ACCA at the above address,
or email: communication@ab-cca.ca

COMMUNICATIONS COMMITTEE

Committee Chair
Iris Neumann
CEO, CapitalCare

Bernadette DeSantis
Manager of Communications, CapitalCare

Joanne Dusterbeck
VP Communications, Marketing
& Fund Development,
The Good Samaritan Society

Bruce West
Executive Director, ACCA

Sherrie Mohr
Communications Director, ACCA