

### **ABOUT ACCA**

Championing excellence in continuing care, since 1981



- 85+ organizations
- 60% of contracted facility basedcontinuing care represented
- 80%+ of funded home care in Alberta
- 5.5+ million hours of Home Care provided annually

### **ACCA'S MEMBERSHIP**

The Alberta Continuing Care Association (ACCA) is a non-profit, voluntary organization, made up of a unique alliance of:

- non-profit and/or faith-based and private owners and operators of home care and support services, supportive living and longterm care; and
- providers of quality products and services that support continuing care.

Our members provide care and services for over 13,000 long- term care (LTC) and designated supportive living (DSL) residents and over 5.5 million hours of home care to Albertans.

Our diversity is our greatest strength. We support advocacy for recommendations and solutions that help shape our province's continuing care system to become more efficient, sustainable and help to ensure Albertans receive the best quality of care and wellness possible.

### **OUR MEMBERS SUPPORT**



35,000+

ALBERTANS PROVINCE-WIDE



13,000+

CONTINUING CARE RESIDENTS



20,000+

CONTINUING CARE STAFF

# CONTINUING CARE IN ALBERTA



+121,000
HOME CARE CLIENTS



+28,000
CONTINUING CARE
RESIDENTS

### **HOME CARE**

- Prescribed health and assistance services provided at an individual's home (including senior lodges, independent living senior communities, and private residences)
- Includes personal support, nursing, palliative and end-of-life care at home, and rehabilitation

#### **FACILITY-BASED CONTINUING CARE:**

- Includes designated supportive living, long-term care (or nursing homes), and palliative or end-of-life care
- Care provided for individuals with more complex health needs that cannot be safely supported in their own home
- Provides access to 24-hour monitoring and support, including nursing care for complex and unpredictable health needs



## ALBERTA'S CONTINUING CARE SYSTEM

- Public, private and non-profit and/or faith-based
- All held to the same provincial standards, regulations, and accountabilities, regardless of ownership structure
- 50% long term care homes in Alberta are 30 years and older
- **62%** increase in demand for continuing care by 2030
- **225%** projected increase in the Albertan population aged 80+ by 2046
- 1 in 5 Albertans will be aged 65 and older by 2046
- **2 in 3** people know someone with dementia. Alberta has the highest dementia prevalence in Canada

### **CLIENT, RESIDENT & FAMILY PRIORITIES**

- Aging in place, with partners and family
- Adequate, qualified, caring staff and timely care
- High-quality, nutritious meals, and positive dining experiences
- Autonomy, safety, social engagement, and high quality of life, in an easily navigable care system







# PRIORITIES FOR TRANSFORMING CONTINUING CARE IN ALBERTA



The transformation of continuing care in Alberta will require government, the ACCA and partner organizations, individual operators, communities and Albertans to work together to solve:

- system capacity and accessibility
- workforce issues
- the modernization of older infrastructure

We believe these recommendations will significantly enhance continuing care in Alberta and enable the system to adapt along with the dramatic demographic changes we are experiencing. Our key asks are principle-based, reflective of recommendations from independent studies such as the Alberta Facility Based Continuing Care Review and the significant learnings coming out of the COVID-19 pandemic.

- 1. Improve system capacity by expanding home and community care, and increasing direct care hours for FBCC residents
- The rapidly growing senior population, as well as the rising resident/client acuity and greater dementia prevalence, necessitate increased sector capacity.
- Care models, and sector care funding, need to be reviewed and bolstered to ensure alignment with growing needs.
- Alberta's 2021 Facility Based Continuing Care (FBCC)
   Review Report recommended:
  - A 9% increase in the distribution of home care (HC) services versus FBCC provided across the system
  - Increased direct hours of care for residents in FBCC.

Improving overall system capacity would expand client choice, improve quality of life, and support clients' ability to remain at home within their community longer.

2. Invest capital in continuing care infrastructure to facilitate safe, appropriate care delivery and improved resident quality of life.

Modern, upgraded continuing care infrastructure is necessary to meet growing demand, as is significant capital investment:

- More than 50% of long term care homes in the province are over 30 years old and no longer meet design standards.
- Additionally, over 800 spaces need to be developed each fiscal year to replace spaces at the end of their useful life.
   By 2030, another 2,400 spaces will be 40 years or older, bringing the replacement requirement to more than 10,000 spaces.
- In 2021, approximately 6,800 Albertan FBCC spaces were in shared accommodations, with previous provincial capital grant funding programs largely focusing on noncapital initiatives, and new developments.

The accommodation fee margin for operators needs to continue to improve over time, freeing up funds to support capital upgrades and replacement of aged infrastructure. A predictable accommodation fee formula and increase schedule is necessary to support this.

Additionally, establishing dedicated funding for technology and sector innovation across the continuing care spectrum would enable greater information sharing, care continuity, enhanced system responsiveness, and improved client/resident quality of life.

Thousands of Albertans across the province will benefit from facility improvements, allowing continuing care homes to better meet the current and future needs of residents.

### 3. Develop a strategy to facilitate a sustainable and flexible continuing care workforce.

To enable adequate, qualified, staffing in continuing care, a vital pipeline of talent needs to be developed, with funding to support more equitable wages across the healthcare sector.

- Current wages, particularly in home care, are significantly lower than publicly employed and acute care staff, despite staff holding similar qualifications.
- Attracting and retaining talent in continuing care requires a blend of removing barriers and creating attractive work environments, encompassing:
  - Improved conditions for labour mobility across jurisdictions
  - Reducing complexities to attract internationally educated doctors and nurses to practice in Canada/ Alberta
  - Educational supports, and increased resources to enable more effective operations.

- There is the need to provide greater flexibility within care and staffing models, including,
  - Greater flexibility to assign staff in alignment with client/resident needs and preferences e.g. being able to substitute professional care hours between nurses and professional therapists to meet the changing needs.
  - Wage leveling to help ensure access to the workforce for all operator types, in both rural and urban settings.
- Acute staffing shortages in rural communities must also be addressed to ensure that all Albertans have accessible to appropriate care. The establishment of a flexible fee schedule for nurse practitioners will help to meet this need.

Creating an equitable pay structure and greater flexibility within care and staffing models will help ensure that there are appropriate levels of staffing to meet the growing needs of Albertans now and in the future.

ACCA members have the knowledge and desire to continue to be trusted partners in ensuring that all Albertans receive the high quality healthcare services, supports and accommodations they need and deserve.



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