



# INVEST IN ALBERTA'S CONTINUING CARE: THINK TANK SUMMARY REPORT

June 17, 2025

Alberta Continuing Care Association

[www.ab-cca.ca](http://www.ab-cca.ca)



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# MESSAGE FROM THE PREMIER OF ALBERTA

On behalf of the Government of Alberta, it is my pleasure to send greetings to everyone attending the Alberta Continuing Care Association (ACCA) Invest in Alberta conference.

Continuing care providers help support independence and quality of life for many Albertans. The industry is vital to our communities and to our province's economy, and this event is an exciting opportunity for stakeholders to explore the future of senior living and health care in this province.

Our talented workforce, low-cost environment, cutting-edge technology and innovation, and ease of doing business make Alberta a premier destination for investment. I hope this event is a valuable platform for networking and collaboration, and I deeply appreciate the ACCA for making it possible.

Best wishes for an enlightening and productive day.

A handwritten signature in black ink, reading "Danielle Smith".

**Honourable Danielle Smith, Premier of Alberta**



## EXECUTIVE SUMMARY

The Invest in Alberta's Continuing Care Think Tank, hosted in Edmonton on June 17, 2025, brought together over 150 leaders across government, finance, construction, operations, and care delivery to tackle Alberta's most pressing continuing care challenges. The event marked a significant moment of cross-sector alignment around the shared imperative to expand, modernize, and integrate care services for an aging and increasingly complex population. Through keynote addresses, sector panels, and direct dialogue with senior officials, the Think Tank served as both a forum for frank discussion and a springboard for policy reform.

### Key Themes and Opportunities

#### Aligning System Planning and Delivery

Participants agreed that Alberta's continuing care system must operate as a coordinated whole, with capital, operational funding, workforce planning, and regulatory frameworks working in tandem. The proposed creation of Assisted Living Alberta offers an opportunity to integrate planning functions, improve patient flow, and ensure people receive the right care in the right setting.

*"The learning from this event isn't a conversation starter, it's an implementation plan."*

-Feisal Keshavjee

#### Capital Investments Matched with Operational Sustainability

Infrastructure growth is essential, but new builds must be paired with sustainable operating agreements. Predictable, multi-year funding will allow providers to staff appropriately, maintain quality, and respond to rising resident complexity. This alignment is particularly important for rural projects, where operating costs and recruitment timelines differ from urban settings.

#### Flexible, Context-Specific Design Standards

Current design guidelines can be too rigid to meet diverse community needs. A principles-based framework—maintaining safety and quality while enabling rural adaptations, phased development, and modernization of existing assets—would unlock more viable projects. Early integration of design, finance, and operational planning would help ensure facilities are built to serve their intended purpose from day one.

## Workforce Stability as a Foundation for Quality Care

Predictable funding and timely data are key to recruiting, retaining, and developing a skilled workforce. A coordinated workforce strategy, aligned with infrastructure expansion, can strengthen recruitment pipelines, support team-based care, and reduce turnover.

## Innovation, Technology, and Asset Renewal

Providers are developing homegrown solutions in scheduling, training, and care delivery, but scaling these innovations requires dedicated funding and flexible standards. Supporting technology adoption as core infrastructure, alongside policies that encourage renovation and adaptive reuse of existing facilities, would extend system capacity and improve service quality.

## Rural and Equity-Focused Approaches

Rural and remote communities face unique challenges: higher build costs, limited trades access, and longer recruitment timelines. Policy and funding models designed with these realities in mind will help ensure equitable access to care across the province.

## Government Commitments and Path Forward

Minister Jason Nixon signaled government's commitment to structural reform, including:

- Unlocking public land and streamlining permitting processes.
- Applying proven financing models from the housing sector to continuing care.



- Modernizing regulations to support service flexibility.
- Designing funding models responsive to geographic and population complexity.
- Partnering equally with non-profit, private, and public providers.



## Call to Action

The Think Tank underscored that Alberta's demographic pressures demand coordinated, timely action. Success will depend on aligning capital and operational strategies, enabling flexible design, stabilizing the workforce, and scaling innovation through strong partnership between government and sector leaders. The expertise and commitment demonstrated at the Think Tank show that the solutions exist. The next step is to move forward together to implement them.

***“Let’s build something extraordinary together.” -Karim Kassam***

# PURPOSE AND INTENT OF THE THINK TANK

## KARIM KASSAM *Master of Ceremonies*

*ACCA Board Member and Treasurer  
and Co-Founder and Principal of  
Optima Living*

Karim Kassam opened the inaugural Invest in Alberta's Continuing Care Think Tank with a tone that balanced optimism, urgency, and a call for collaboration. He welcomed participants by emphasizing the unique nature of the gathering: a convergence of sector leaders, government officials, capital partners, designers, operators, and care providers, all committed to taking practical action on Alberta's continuing care infrastructure challenges.

Karim underscored the motivation behind launching this Think Tank: the urgent need to scale continuing care infrastructure in Alberta. He referenced Premier Danielle Smith's statement that the province requires 15,000 new continuing care beds by 2030, equivalent to constructing 3,000 beds per year.

This is a considerable challenge given the slow pace of development, aging infrastructure, labour shortages, and increasing complexity of resident care needs.

Rather than dwell on the problems which he said are already well understood, Karim urged participants to direct the day's conversation toward identifying solutions.

He pointed out that success will depend on more than increasing bed count; Alberta must also build communities that are vibrant, viable, and truly livable for older adults.



# FOUNDATION FOR THE DAY'S DIALOGUE

The Think Tank builds on months of work led by ACCA with members from across the province, resulting in two major position papers as blueprints for reform:

- **Transforming Alberta's Healthcare System: The Case for Continuing Care Infrastructure Investment** which outlines strategies to unlock builds, modernize aging stock, and coordinate capital planning across urban and rural regions.
- **Modernizing Alberta's Continuing Care Funding Model**, developed with input from a dozen Chief Financial Officers, offering actionable recommendations to modernize operational funding models, align them with real-world service delivery, and support financial sustainability.

“ *These position papers represent the collective expertise of Alberta's continuing care operators... practical recommendations based on current conditions, long-term planning needs, and on-the-ground realities.* ”

This Think Tank is organized into four critical panels: Finance, Construction, Design, and Operations. These panels reflect the interconnected components that must align to bring a single care facility to life, from the initial concept to occupancy.



We know that the Government of Alberta has made a strong commitment to health system transformation. We are here to support Assisted Living and Social Services and Assisted Living Alberta.

We're here to identify what's holding us back, to learn from each other and to move forward with intention.

“ *This is not simply about building more, it is about building better... designing welcoming, person-centred environments that reflect dignity and choice.* ”

# KEYNOTE SPEAKER DAVID WILLIAMS

*Assistant Deputy Minister, Housing  
Division, Ministry of Assisted Living  
and Social Services*

David Williams delivered a keynote that laid out the Government of Alberta's evolving approach to capital investment, infrastructure design, and policy reform in continuing care.

## **A Shift in Philosophy: Homes, Not Institutions**

Williams emphasized a foundational shift in how Alberta must approach the planning and regulation of continuing care infrastructure.

**“We’re not building health institutions, we’re building homes.”**

This shift, he said, is not simply linguistic it requires a rethink of how government licenses, regulates, funds, and designs continuing care spaces. The model must reflect both compassion and complexity and address the diverse needs of residents.

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## **Capital Investment: Budget 2025, Constraints, and Change**

Williams confirmed that Budget 2025 includes hundreds of millions in capital funding for



continuing care development. However, he made clear that:

**“Government will not be able to fund the full bill to pay for every project. We’re going to need more partners.”**

He noted that capital grants alone cannot keep pace with demand, particularly given Alberta's aging population and growing acuity. Public funding must be better protected against delays and cost overruns, which he identified as a major driver of project inflation.

Williams announced a strategic shift in how and when government will enter the funding process.

**“Rather than funding at the beginning, government needs to come in further down the line. That can help limit costs and accelerate approvals.”**

The goal is a more efficient, value-driven, and predictable funding model that ensures every dollar delivers.

## Learning from Housing: Results Through Reform

Williams drew from experience leading Alberta's housing capital reform, through the Stronger Foundations Strategy, his team introduced:

- Fixed per-project government contributions
- Co-investment with private and non-profit partners
- Clear benchmarks and capital planning frameworks

As a result, Alberta increased its average from 200–300 units/year to 3,500 units delivered since 2021.

He positioned this model as a proof point for accelerating development in continuing care, citing the same ingredients: clear plans, defined rules, and aligned partnerships.

## Continuing Care Design Guidelines Standards Reform

Williams acknowledged widespread concern about the 2024 Continuing Care Design Guidelines Standards and confirmed the following:

- An RFP has been issued to support a full standards review
- Consultations will occur over the summer
- There will be no surprise implementation

“*This isn't going to be done without you.*”

He emphasized that the process will be collaborative, pragmatic, and grounded in real-world usability.

## Benchmarking and Clarity in Capital Funding

Williams addressed sector concerns about

inconsistencies in per-door capital allocations, confirming that government is actively working toward a province-wide standard.

He cited the 2014 Affordable Supportive Living Initiative (ASLI) as a model for clear, consistent capital rules, suggesting the ministry is aiming to revive those best practices.

“*ASLI had very clear parameters. That's where we're going again.*”

## Aligning Capital and Operating: A Unified Entry Point

Williams emphasized the need to strengthen the link between capital and operating funding, to avoid fragmented systems that delay approvals and frustrate providers. He indicated that a single point of entry into the government system for both funding envelopes will be established.

## Principles for Reform: Clarity, Certainty, and Trust

Throughout his address, Williams returned to a set of core values driving the ministry's reform work:

- **Clarity:** Clear rules, capital benchmarks, and approval timelines
- **Certainty:** A more predictable policy environment for applicants and lenders
- **Trust & Feedback:** Openness to mistakes, iteration, and improvement
- **Partnership:** Sector as co-creators, not recipients

He concluded by thanking the sector for its leadership, reiterating that government cannot achieve these goals alone, and committing to ongoing dialogue, transparency, and action.



# KEYNOTE SPEAKER CYNTHIA FARMER

**Commissioner, Assisted Living Alberta (ALA), Ministry of Assisted Living and Social Services**

Cynthia Farmer, newly appointed Commissioner of Assisted Living Alberta (ALA), called for a fundamental mindset shift: from institution-based, episodic care toward community-integrated, socially responsive models of support.

## What is Assisted Living Alberta, and Why Does It Matter?

Commissioner Farmer emphasized that Assisted Living Alberta is not just a structural change, it represents a shift in how Alberta views aging, disability, recovery, and community support. The mandate of ALA is cross-cutting by design, enabling collaboration across housing, health care, social services, and local communities.

**“We’re not going to be able to serve everyone that needs a continuing care bed in an institution. That means we have to rethink home care, rethink wraparound services, and rethink how people move in and out of the system.”**

She called for a more flexible and person-centred system, capable of meeting people where they are in their homes, in lodges, in the community and providing ongoing, coordinated care.



## Addressing Complexity with Social Solutions

One of Farmer’s central messages was that the system must be redesigned to accommodate complexity, not treat it as an exception. Drawing from site visits and conversations across the province, she named several pressing populations whose needs are not well met in current models:

- Bariatric clients
- Clients with concurrent mental health and addiction issues
- Individuals cycling in and out of emergency or hospital units
- Clients with developmental disabilities and complex family situations

She advocated for a tiered, diversified system that includes everything from group homes to homestead-style supports designed to stabilize vulnerable populations and ease pressure on acute and facility-based systems.



## Confronting the Alternate Level of Care (ALC) Challenge

Farmer specifically called out Alternate Level of Care (ALC) as a critical challenge undermining system efficiency and client experience.

She stressed that resolving ALC bottlenecks will require more than adding beds, it demands a reimagining of discharge pathways, community supports, and transitional care infrastructure. She also challenged the system to consider differentiated models for those frequently readmitted or unable to sustain stable placements.

Farmer signaled that it is not just a hospital issue, it's a systems issue, with implications for data standards, coordination, and capital investment.



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## Co-Designing the Future of Continuing Care

Commissioner Farmer called on providers to think beyond traditional care models, and work with ALA to define what “modern” continuing care really means, not just in terms of infrastructure, but in how services are delivered, when they're delivered, and by whom.

- **Challenge old assumptions:** Institutions are not the only answer.
- **Define new service pathways:** Seamless discharge, seven-day service, mobile teams.
- **Push for integration:** Medical and social services need to work together.
- **Speak up:** Government is listening and the next system will be built with you.



*The way we solved problems in the past may not be the way to solve them in the future. We need your ideas, your experience, and your leadership.”*



# KEYNOTE SPEAKER DR. SAYEH ZIELKE

*Interim CEO, ALA*



## Standing Up ALA: Origins and Transition Process

Dr. Zielke began by explaining her role to lead the Transition Committee and to launch ALA. She highlighted the extensive preparatory work that has already taken place:

- The Transition Committee included 11 subcommittees, addressing critical areas like funding, capital, workforce, and care models.
- Many sector leaders were directly involved in shaping its recommendations.
- A public-facing report will be released in September 2025 summarizing the committee's findings and providing direction for ALA's launch.

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## Immediate Priorities: ALC, Culture, and Innovation

Dr. Zielke framed her current leadership mandate around three short-term strategic priorities that define ALA's immediate work.

### Priority 1: Alternate Level of Care (ALC)

The most urgent system issue ALA is addressing is the backlog of patients occupying acute care beds while awaiting discharge to home care, supportive housing, or continuing care.

She stressed that resolving ALC is not only about adding more beds, but about improving the efficiency and coordination of existing capacity. Prolonged hospital stays lead to deconditioning, higher infection risk, and avoidable costs.

**“ Roughly 15% of our acute care patients are Alternate Level of Care. That’s 400–500 people at any given time.”**

## Priority 2: Culture and Communication

Dr. Zielke emphasized the importance of culture change in establishing ALA as a values-driven, transparent, and responsive public organization.

ALA's culture, she said, must be built on trust, openness, and accountability, where staff, operators, and clients feel heard, respected, and empowered to speak up.

## Priority 3: Innovation and Digital Tools

She described ALA's ambition to integrate technology, data platforms, and AI into system operations. A major initiative under development is a digital portal that will:

- Display real-time continuing care capacity
- Highlight available wraparound services
- Connect clients, care coordinators, and providers in a seamless interface

**“ This portal will help end users and referrers navigate the system and artificial intelligence will help us run it efficiently.”**



## CONSIDERATIONS FOR COMMUNITY CARE

### DR. MICHAEL GUERRIERE

*Chief Executive Officer, Extendicare*

#### Alberta's Demographic Reality: The Scale and Speed of Change

Dr. Guerriere opened with statistics on Alberta's long-anticipated but under-addressed demographic shift:

- The number of Albertans aged 75+ will double by 2036
- The 85+ population is growing at ~4% per year, making it the fastest-growing cohort
- This surge will drive an exponential increase in demand for continuing care, palliative supports, and home-based services

He emphasized that the first baby boomers have just turned 80, meaning Alberta is only now entering the peak pressure period. Without proactive investment and redesign, acute care systems will continue to face capacity crises, not from failures in acute care itself, but from inadequate alternatives.



## Continuing Care Infrastructure: A System Falling Behind

Dr. Guerriere analyzed Alberta's infrastructure development over the past 14 years using data from Alberta Health Services.

### The Decline in Bed Availability

| Time Period | Beds Added | Beds per 1,000 (Age 75+) | Change                       |
|-------------|------------|--------------------------|------------------------------|
| 2010-2016   | 5,000      | 118                      | Expansion Phase              |
| 2016-2024   | 4,785      | 100                      | Capacity fell 15% per capita |

Bed construction slowed down just as the senior population surged, reducing access to care for Alberta's aging population.

To maintain (not improve) the current ratio of 100 beds per 1,000 people aged 75+, Alberta must build 1,600 new beds every year.

| Type of Bed                        | Beds Needed Every Year |
|------------------------------------|------------------------|
| Long-Term Care (LTC)               | ~900 beds/year         |
| Designated Supportive Living (DSL) | ~700 beds/year         |
| Total                              | 1,600 beds/year        |

He directly connected the Alternate Level of Care (ALC) crisis, patients in acute care awaiting discharge to these infrastructure trends, and framed ALC as a symptom of systemic underbuilding and poor flow management.

**“ We are talking about capital and talking about building homes, but we also have to think about home care and all of the services that this population is going to need.”**

### Redefining Capacity: Essential Shifts in Community Care Design

Dr. Guerriere made it clear that building more beds is necessary but insufficient. Alberta must also transform how care is delivered, especially in the community. He outlined six core redesign principles:

### 1. 24/7 home care responsibility

- Shift from visit-based models to continuous care accountability.
- Teams must monitor and intervene without routing through acute care.

### 2. Accessible in-home palliative care

- Alberta must ensure people can die with dignity at home, not via hospital admission.
- A clear pathway for families and providers must be built.

### 3. Virtual monitoring integrated with action

- Devices exist, but they must trigger real-time support, not just data dashboards.

### 4. Care transitions that bypass acute care

- Alberta still uses acute care as a “hub” for nearly all transitions.
- New care flows must allow patients to receive community services without hospital detours.

### 5. Circle-of-care communication systems

- It’s almost impossible for the family caregiver, physician, and home care nurse to communicate easily.
- Secure, real-time, interoperable communication platforms are essential.

### 6. Predictive response capabilities

- Monitoring systems should catch decline before it becomes crisis, a model that reduces emergency department use and improves quality of life.

“*The workflows in the community must be reimaged. Right now, the acute system is the hub of everything. That has to change.*”

## Digital Systems That Serve People

Guerriere urged leaders not to limit “digital transformation” to electronic medical records

alone. A full community-based system needs technology across several layers:

#### For providers:

- **HR systems:** Credentialing, training, career planning.
- **Scheduling platforms:** Flexible deployment of staff and resources.
- **Workflow tools:** Managing complex, multi-provider service delivery.

#### For families and informal caregivers:

- **Multi-channel service desks:** Real-time support and triage.
- **Caregiver portals:** One interface for all players in a person’s care team.
- **Identity management:** Know who is responsible, and how to reach them.

“*Technology must enable confidence. It must empower, not frustrate those delivering care and those receiving it.*”

## Workforce Capacity and Moral Injury

Dr. Guerriere spoke with urgency about the emotional and moral toll facing Alberta’s continuing care workforce:

- Burnout is rising not just from volume, but from the gap between effort and impact
- Workers feel powerless when care is delayed or suboptimal, even when it’s no fault of their own
- Retention will not improve until systems allow frontline staff to deliver care they’re proud of

“*People didn’t go into care work to fill out forms. They came to help others.*”

He emphasized the importance of career pathways, mentorship, and leadership development, especially for clinical staff.

# JOSEPH LOUGHEED

*Chair of Calgary Economic & Heritage  
Trust Opportunities Fund Corporation*



Joe Lougheed outlined a renewed vision for the Alberta Heritage Savings Trust Fund, positioning it not just as a savings account but as a sovereign wealth fund designed to shape Alberta's long-term future. He emphasized that this "New Alberta Model" was grounded in strong governance, strategic partnerships, dynamic capital allocation, and long-term thematic investing.

This reorientation offers a learning opportunity for the continuing care sector. If aging is understood as a structural force shaping Alberta's future, much like technology or energy, then continuing care infrastructure, workforce development, and innovation should be framed as investment priorities, to build long-term resilience, economic stability, and intergenerational wellbeing.



## Spotlighting the Challenges and Opportunities in Rural Continuing Care: A Call for System Equity

# MICHAEL BITTANTE

**ACCA Board Member and Regional Director Operations, Southern Alberta, Extendicare**

For the purpose of the presentation, rural continuing care homes were defined as facilities in communities with populations under 15,000 which make up roughly half of all Type A (LTC) homes in Alberta and 30% of Type B (DSL) homes. These homes play a crucial role in allowing seniors to age close to home, providing local employment, and decentralizing the health system.

### Severe Strain on Staff Well-Being

Research shows that, compared to their urban counterparts, rural employees experience notably higher levels of anxiety, stress, and insomnia, leading to lower overall job satisfaction.

- 40% of rural care aides say they are thinking about leaving continuing care.
- Sick leave rates have increased by 34% in the past five years.

When caregivers struggle, the possibility increases that the people they care for will struggle too.

### Persistent Workforce Shortages

Small local populations have a very limited pool of qualified personnel. Attracting staff from larger centres to drive long distances or relocate is difficult, especially without incentives that are costly to maintain or may violate collective agreements.

*Over 40% of rural care aides report regularly working short-staffed, compared to 20% in urban settings.*

Difficulty recruiting and retaining staff leads to increased reliance on agency staffing. While hourly rates may be lower than overtime, travel and accommodation make agency coverage more expensive. Excessive overtime further contributes to burnout, compounding recruitment challenges.

### Aging Infrastructure and Barriers to Redevelopment

Most rural continuing care homes are 40 to 60 years old and not designed for today's care standards. Construction costs have increased significantly, with borrowing, labour, materials, and design standards pushing rural redevelopment costs up to \$1 million per bed. Without economies of scale or stable capital support, many rural communities are stuck in a cycle of no redevelopment.



## Limited Living Options and Poor Access to Zone Supports

Rural areas lack sufficient Type B (DSL) options. As a result, residents who are more stable and able are living in Type A (LTC) homes in an effort to stay close to home.

- Rural residents as young as 18, 19, or 20 years old are placed in semi-private rooms with people in their 90s.

These placements undermine quality of life and highlight the absence of age- and needs-appropriate care options in many rural communities. They also have direct implications for funding and financial sustainability.

## Urban-Centric Funding Models Don't Fit Rural Realities

Rural homes operate under funding rules that don't reflect how care is actually delivered in their communities.

- Type A (LTC) homes receive funding through the Case Mix Index (CMI), which provides more dollars for residents with higher care needs. When more stable Type B residents are placed in Type A homes due to the lack of options, the average CMI is lowered, which reduces funding, even though the cost of care and operations stays the same.
- In Type B (DSL) homes, funding is fixed and does not increase as residents' needs grow. Homes are expected to manage higher-acuity care without corresponding increases in resources.

This creates a structural mismatch: rural providers are adapting to system gaps, but the funding model fails to support the realities they face.

## Digital Disparities Are Undermining Care Innovation

Many rural homes lack broadband connectivity and do not receive funding for technology. Homes are increasingly expected to use electronic documentation, care monitoring, and communication platforms but without internet access, they remain reliant on paper-based systems. These limitations hinder coordination, increase administrative burden, and widen the digital divide between urban and rural service providers.

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## Charting a Rural Path to Stability and Equity

While the challenges facing rural continuing care are significant, they are not insurmountable. Across the province, providers, communities, and policymakers are already identifying practical ways to respond. The following opportunities reflect actions that are either underway or clearly within reach, grounded in the realities of rural service delivery and focused on building stability, equity, and long-term resilience. These solutions are not one-size-fits-all; they reflect rural strengths, and offer a path forward rooted in community, flexibility, and care.

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## Strengthen and Support the Rural Workforce

People are the foundation of quality care. Supporting and growing the rural workforce means removing barriers and building on what works.

- With a generous grant from Assisted Living and Social Services, the Care for Staff initiative funded 126 wellness projects across the province, with more applicants than available funding, showing both strong uptake

and ongoing need. The program will continue for the next two years.

- Faster recognition of international credentials is helping LPNs and RNs enter the workforce without spending years and money on unnecessary upgrading.
- Expanding access to flexible scheduling, supportive housing, and workplace-based Health Care Aide training helps rural residents train and work close to home.
- Rural continuing care homes can also serve as home care hubs, increasing hours for part-time staff, improving retention, and building long-term community capacity.

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## Build a Funding System That Reflects Rural Strengths

Rural homes are essential, and the way they are funded should reflect the realities of small-scale, community-based care.

- Rural-specific formulas can better account for fixed costs like insurance, property taxes, and technology.
- More flexibility in staffing including leadership roles for LPNs and strategic use of professional nurses allows rural homes to adapt safely and sustainably.
- A funding model that considers geography, service gaps, and viability thresholds would give rural homes the stability they need to thrive.

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## Invest in Infrastructure That Fits Communities

Infrastructure should support care that feels local, connected, and dignified especially in smaller communities.

- Modular and small-home designs offer flexible, community-scaled solutions that can evolve with local needs.
- Investment isn't just about new builds; maintaining and upgrading existing homes is equally important.
- Other provinces offer models for consistent support, including Ontario's minor capital funding and Manitoba's per-diem infrastructure top-up.

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## Ensure Rural Access to Digital Tools

Digital systems are now essential for documentation, communication, and care but many rural homes lack access.

- Broadband and electronic health records are basic requirements for participating in Alberta's care system.
- Expanding virtual care also brings services closer, reducing travel burdens while improving access.
- Rural providers need infrastructure, operational and training supports to use these tools effectively.

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## Closing Message: Prioritizing Rural Resilience

Bittante concluded with a call to policymakers and sector leaders to recognize rural care facilities not as smaller versions of urban ones, but as unique and essential components of the provincial system.

**“ Let’s prioritize rural resilience, ensuring our continuing care homes and communities remain vibrant, healthy and strong and ensuring our residents have a great quality of life close to home.”**



## FINANCE PANEL

The Finance Panel convened leading voices from across Canada's banking, investment, and infrastructure sectors, each with deep experience in seniors housing and continuing care. Drawing on their work in project lending, capital markets, and equity investment, the panelists shared a wide range of insights into how financing frameworks and policy settings are shaping where and how capital flows into continuing care.

### Investment Climate and Systemic Barriers

To open the conversation, panelists were invited to share their perspectives on the current investment climate in Alberta's continuing care sector. Their reflections set the stage for a deeper examination of the barriers, both financial and structural that continue to limit the pace and scale of new development.

### Urban vs. Rural Viability

Panelists emphasized that while capital interest in Alberta's continuing care sector remains strong, most of that capital gravitates toward urban projects. These projects benefit from land value, scale, staffing availability, and established revenue models. In contrast, smaller rural developments face challenges, including limited workforce, higher construction costs per bed, smaller scale, and weak operating margins.

**“We're not going to finance something that can't pay for itself over 30 years. Rural builds need a different model.”** -Stephen Vermette

Panelists stressed that without supplemental supports such as capital grants, guaranteed occupancy, or operating per diems, many rural or small-town projects will remain unviable, reinforcing geographic disparities.

### Execution Risk from Fragmented Project Delivery

A persistent theme was the high level of execution risk in the current system. Many operators lack the internal capacity to manage complex infrastructure delivery. Tasks such as pre-construction estimating, capital structuring, and navigating municipal permitting often exceed their core competencies.

**“You need a full development team from day one. If it's just the operator, we start to worry.”** -Rishi Gehi

**“We've seen deals fall apart because the operator didn't have the support team lined up. This isn't a one-person job.”** - Zahra Roulhollahi

**Moderator:** The Honourable Doug Horner, Former Deputy Premier & Minister of Finance

#### Panelists:

- Rishi Gehi (Stonebridge Financial)
- Nick Delisle (Sun Life Capital Management)
- Zeon Billy (Graham Capital)
- Stephen Vermette (BMO)
- Zahra Roulhollahi (RBC)

Panelists recommended a shift toward integrated project delivery models that pair operators with experienced development and construction teams from the outset. These partnerships would increase alignment across functional areas, reduce scope drift, and build lender confidence.

### Transparency and Process Predictability

Several panelists flagged the lack of predictability in how Alberta allocates grants and approves bids. Nick Delisle was direct:

“ *Right now, it feels like a black box. We need a system, not a series of one-offs.* ”

Opaque decision-making and variable timelines undermine capital planning. Lenders and institutional investors need clear rules, fair competition, and consistent application of criteria. There was widespread agreement that Alberta needs a standardized, province-wide RFP and capital allocation process that balances transparency with contextual flexibility.

### Planning Gaps and Delayed Timelines

Infrastructure development takes time and Alberta's current planning approach is often reactive rather than proactive. Panelists warned that even well-financed projects are delayed by inconsistent planning, regulatory bottlenecks, and shifting policy signals.

“ *We're building homes for people who need care now, but our timelines are five to ten years. That's not a match.* ”  
-Zeon Billy

Greater emphasis on pre-emptive, long-term infrastructure planning tied to demographic trends was urged. This would allow investors to align capital deployment with anticipated system needs.

### Cost Escalation and Tightening Lending Conditions

Rising construction costs and tighter credit conditions are constraining access to capital. Loan-to-value ratios have dropped, meaning operators must bring more equity to the table, often a non-starter for not-for-profits. Moreover, if capital grants are too generous or ill-timed, they may displace rather than enable private investment.

“ *The grant should unlock financing, not replace it. Otherwise, we're just building a few one-offs.* ” -Rishi Gehi

“ *Operators can't carry 40% equity. It's not realistic. And if the grant comes too early or too late, it doesn't help.* ”  
-Zeon Billy

Panelists urged grant design that de-risks projects without crowding out private capital.

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### Policy Solutions and Recommendations

As the conversation shifted toward solutions, panelists focused on what changes are needed to mobilize capital, accelerate project development, and create a more enabling environment for public-private partnerships. While there was no one-size-fits-all answer, several actionable themes emerged.

#### Introduce Standardized, Transparent RFP and Approval Processes

Panelists unanimously called for a province-wide, structured RFP system. This would include:

- Clearly published timelines
- Standardized evaluation criteria
- Transparent application forms
- Defined approval pathways

**“ We need to know what the rules are and that they won’t change halfway through.” -Nick Delisle**

Standardization, they emphasized, doesn’t mean rigidity. A strong base process with room for adaptation based on operator size, location, and model would provide clarity while retaining flexibility.

### Recalibrate the Role of Grants and Capital Support

Rather than front-loading large grants, panelists recommended phased supports:

- Planning Grants for pre-development work (e.g., Class A costing, contract finalization)
- Construction Grants released upon project readiness
- Capital Per Diems built into operations to enable debt amortization

**“ If we get costing right up front, we can unlock private capital later.” -Zeon Billy**

Framing capital supports as investment rather than expense was another key message. Strategic deployment of relatively small per diems or planning supports could catalyze significant private investment and system capacity.

### Incorporate Viability into Operating Models

Financing depends on operating viability. Without reliable revenue streams, capital dries up.

**“ You can’t finance a capital asset if the operating stream doesn’t support it.” -Stephen Vermette**

Panelists pointed to jurisdictions where per diem rates include a capital amortization portion, enabling operators to service long-term debt. Alberta was encouraged to adopt similar models to align capital and operating incentives.

### Tailor Supports for Rural Projects

To address geographic inequity, panelists proposed targeted supports for rural builds:

- Operating top-ups or occupancy guarantees
- Capital supplements or rural per diems
- Streamlined permitting for rural municipalities

Without these measures, capital will continue flowing toward urban projects, widening the rural-urban care divide.

### Create Space for Innovation and Private Investment Models

Panelists called for new pathways to enable private-sector creativity, including:

- Outcome-based procurement models
- Unsolicited proposal processes
- Privately financed facilities with long-term service contracts

**“ Private capital will show up if the province lets us bring solutions to the table.” -Nick Delisle**

There was interest in models that reward performance, reduce public cost exposure, and accelerate delivery if Alberta creates the legal and contractual space to try them.

### Shift the Mindset from Spending to Strategic Investment

Doug Horner closed with a sharp reminder:

**“ A hospital bed costs more than double a long-term care bed. Every dollar invested here saves two downstream.”**

Continuing care infrastructure is not a cost, it’s a system efficiency lever. Panelists urged Alberta to see investment in continuing care as a way to relieve pressure on emergency departments, shorten hospital stays, and expand care options across the province.

## Closing Reflections

The Finance Panel offered a rare, candid look into the mechanics of capital deployment in continuing care. It revealed not just barriers but tangible strategies to enable timely, viable, and scalable investment.

**“ We’re not asking government to do everything. We’re asking for a system that lets us do what we’re good at.”**  
-Zeon Billy

### Key takeaways:

- Integrated project teams reduce risk and improve delivery
- Transparent RFP and funding processes attract institutional capital
- Rural builds need tailored models, not scaled down urban ones
- Strategic grants can unlock, not crowd out private capital
- System transformation requires co-investment, not handouts

**“ Government can’t build the system alone. And neither can the private sector. We need a smart, shared approach.”** -Rishi Gehi





## DESIGN PANEL

The Design Panel brought together experienced architects from across Alberta and British Columbia, all of whom have been deeply involved in continuing care and seniors housing projects across urban, suburban, and rural contexts. Following introductions, panelists were first asked to reflect on the current design landscape in Alberta's continuing care sector. What emerged from that opening discussion was a clear picture of where progress is being made and where systemic and structural barriers continue to constrain innovation, efficiency, and responsiveness in facility design.

### Small Home Models and Their Limits

Panelists agreed that the shift toward small home models (e.g., 14-bed units) has been one of the most significant design trends in Alberta and across Canada in recent years. While this model supports person-centred care, questions remain about its scalability and economic viability. In other provinces, more flexibility is being built into the model, allowing for different configurations based on site conditions, operational needs, and resident preferences.

**“It’s a good move, but we’re caught in the middle. We haven’t figured out the right balance of flexibility, scale, and viability yet.”** -Bill Mitchell

### Rigid and Prescriptive Design Guidelines

Designers noted that while Alberta's current guidelines promote smaller homes and technical

compliance, they often take a one-size-fits-all approach that fails to reflect the diversity of Alberta's geographies, urban, rural, and “semi-urban” or suburban communities. Northern Alberta, for instance, presents very different contextual needs than Calgary or Lethbridge. Current guidelines don't always allow designers to fully respond to these local differences.

**“We need to move from prescriptive rules to performance-based outcomes that reflect context.”** -Aziz Bootwala

### Rising Costs and Operating Pressures

Construction cost inflation was identified as a major constraint, particularly as per-bed construction costs have risen to unsustainable

**Moderator:** Taylor Jacobson, Associate Director, Development, Graham Capital

#### Panelists:

- Bill Mitchell (Zeidler Architecture)
- Aziz Bootwala (Kasian Architecture)
- Genevieve Giguere (S2 Architecture)
- Jonathan Rockliff (RPK Architects)

**“We get into design to make impactful change, not just for residents, but also for operators and staff.”** -Genevieve Giguere

levels in some jurisdictions. While Alberta is perceived to be doing relatively well in cost control compared to other provinces, panelists stressed that escalating costs still threaten the viability of many projects. Alberta projects have been reported at \$1.3–\$1.5 million per bed, while some jurisdictions are now seeing costs approach \$2 million per bed.

**“ We all know the elephant in the room, construction costs. We can’t design around that without collaboration.”**  
-Jonathan Rockliff

### Permitting Delays and Municipal Mismatch

Municipal planning and permitting processes were also highlighted as a source of delay and frustration. In some urban areas, panelists reported receiving 70-page comment letters, regardless of whether the project was for a non-profit or private operator. The lack of differentiation in municipal review processes was seen as a barrier to innovation and a mismatch with the public-interest nature of care infrastructure. Panelists urged a more flexible, outcome-oriented planning approach that considers the unique service mission of continuing care projects.

### Urban vs. Rural Design Considerations

The panel emphasized that care design must respond to fundamentally different realities across urban, rural, and suburban settings. Urban areas face site scarcity, limited land availability, and the need to integrate into dense, mixed-use environments. Panelists noted that in urban contexts, vertical (multi-storey) developments are often more feasible, but these come with staffing inefficiencies and increased operational complexity.

**“ Urban seniors should not be extracted from their communities. Aging in place means staying in your neighbourhood, not just a home-like setting.”** -Genevieve Giguere

By contrast, rural projects often have more land availability and fewer permitting challenges, allowing for single-storey layouts and better access to outdoor spaces. However, they face higher construction costs, workforce shortages, and smaller scale, which can make them financially unviable without targeted support. Suburban developments occupy a middle ground but still face design constraints related to sprawl and access to services.

### Designing for Staff Experience

The importance of designing for staff was also raised. Many older facilities were not designed with workforce well-being in mind. Panelists cited examples such as staff break rooms being located in basements or inconvenient locations. With ongoing recruitment and retention challenges, better-designed staff spaces were seen as critical for workforce satisfaction and retention.

**“ Workforce design used to be an afterthought. Today, it’s a retention strategy.”** -Aziz Bootwala



## Policy Solutions and Recommendations

### Shift to Performance-Based Design Standards

There was broad agreement that Alberta's current Continuing Care Design Standards are overly prescriptive and limit opportunities for innovation. Panelists called for a shift from prescriptive standards to performance-based or principle-based guidelines that allow flexibility in how outcomes are achieved. This approach would give designers and operators room to tailor projects to community needs while still meeting safety and regulatory expectations.

### Enable Iterative Approvals and Problem-Solving

Panelists acknowledged that building codes and bylaws are also becoming more stringent and time-consuming to address. They encouraged a more collaborative approach to design review, similar to how alternative solutions are handled in building code compliance, where owners and designers can bring forward proposals that achieve the intent of the standards in innovative ways. There was a strong call for more open dialogue with regulators and Alberta Health Services, allowing for iterative problem-solving rather than rigid enforcement of prescriptive measures.

### Introduce Innovation Streams and Pilot Projects

Some panelists suggested that Alberta designate innovation pathways to test alternative models such as dementia villages, intergenerational campuses, or Indigenous-led facilities with evaluation mechanisms to capture lessons learned. One example referenced was Hogeweyk in the Netherlands, where the distinction between residents and staff is nearly invisible, creating an environment grounded in dignity and autonomy.

### Streamline Municipal Zoning and Permitting

Municipalities should be encouraged to simplify permitting and introduce dedicated planning frameworks for continuing care projects. This could include zoning overlays or fast-track approvals for essential care infrastructure.

### Invest in Renovation and Adaptive Reuse

Renovation of aging infrastructure was also flagged as an underused opportunity. Many facilities have spaces that are underutilized or mismatched with current resident needs. In one example, a rarely used library was converted into a thriving horticulture room after resident feedback. These types of responsive, low-cost changes can deliver real impact.

### Strengthen Workforce-Centered Design

Panelists encouraged the inclusion of staff-focused spaces in future planning and suggested that good design for workers, natural light, proximity to residents, access to break areas is key to both retention and performance.

### Create Feedback Loops Through Post-Occupancy Evaluation

Operators were encouraged to track how facilities perform in real use, and to share that feedback with design teams and the broader sector. Post-occupancy evaluations can identify what works and what doesn't, allowing continuous

**“** *You couldn't tell who was staff and who was a resident. That's the kind of home I want to retire in.* ”  
-Taylor Jacobson

improvement. Panelists proposed conducting one-year post-build reviews to examine what lessons could be shared across providers and design professionals.

### Build for the Future, Not Just Today

Panelists stressed the importance of future-proofing design. Buildings constructed today must serve residents 20–30 years from now, people with different cultural norms, technological expectations, and health profiles. This requires a shift in mindset from short-term compliance to long-term adaptability.

**“ If we build for today, we’re already behind.”** -Jonathan Rockliff

### Closing Reflections

In closing, panelists were asked to name one challenge or opportunity in care design that deserves more attention. Their responses reinforced the need for practical innovation and system-wide learning.

### Behavioral Psychology in Design

Aziz Bhutwala urged the sector to give greater attention to behavioral psychology in care design. Understanding how people interact with space and how the built environment affects them is critical, he said. He pointed to research showing that design can influence stress and even blood pressure in residents. Small but important elements, such as supporting habitual movement patterns, can help reduce anxiety in daily navigation.

### Start Building, with Flexibility

Jonathan Rockliffe called for urgency, emphasizing the need to build without waiting for perfect standards. He argued for a balance between action and adaptability.

**“ I think we just need to act... we’re not going to figure out perfect design standards... but I think we just need to start moving ahead and just allow for flexibility along the way.”**  
-Jonathan Rockliffe

### Post-Occupancy Evaluation and Shared Learning

Bill Mitchell proposed a system of structured reviews after a facility has been operational for a year, allowing design teams and operators to evaluate what worked and what didn’t:

**“ Perhaps we do reviews of facilities after they’ve been designed, after they’ve been in operations for a year... to share that amongst providers and design professionals so that we can start to incorporate these things and not have to learn them on our own.”**

### Even Submission Windows and Design Support

Genevieve Giguere raised a system-level issue around Alberta’s capital planning cycles, noting that sporadic, high-volume submission windows create design bottlenecks.

**“ One aspect that is perhaps not totally related to design... is how often portals for submission open. If there was a more continuous aspect of portals, I think the design industry would be better leveraged to help support operators.”**



Dennis Haan, Eagle Builders  
 Barry Murphy, EllisDon  
 Chris Holtz, Bird Construction  
 Darren Boyd, Graham Construction  
 Jeff Bell, ACCA Board Member & Chair of the  
 Capital Infrastructure Interest Group

# CONSTRUCTION PANEL

## Systemic Barriers in Construction

To begin the discussion, panelists were asked to reflect on the current landscape, what's influencing the pace and outcomes of continuing care construction across the province. Their responses revealed a consistent set of system-level barriers that continue to slow or stall project delivery. From permitting delays and rigid design standards to capital gaps, workforce shortages, and fragmented funding cycles, panelists painted a clear picture of a sector ready to build but constrained by structural misalignment and uncertainty.

## Permitting Delays and Regulatory Misalignment

The panel began with a shared concern: permitting delays are consistently undermining the province's efforts to build care infrastructure quickly and effectively. Panelists cited examples of municipal building permits taking more than 200 days to secure, even after a project had received funding. This gap between announcement and execution injects significant uncertainty into project timelines, particularly in rural communities where permitting offices are under-resourced.

The group pointed to a deeper issue: municipal permitting systems are often misaligned with provincial infrastructure goals. The result is a disjointed approval process that frequently delays otherwise viable builds.

Panelists called for the creation of a provincial permitting stream specifically for continuing care projects that already meet standardized safety and design thresholds. This would expedite approvals while maintaining quality control.

“ *We lose more time waiting for permits than we do building the project.* ”  
-Chris Holtz

## Overbuilt Design Standards for Residential Care

Panelists also flagged a critical misalignment between Alberta's continuing care design standards and the actual operational needs of

**Moderator:** Jeff Bell, ACCA Board Member and Chair of the ACCA Capital Infrastructure Interest Group and Vice President of Choices in Community Living

### Panelists:

- Dennis Haan (Eagle Builders)
- Barry Murphy (EllisDon)
- Chris Holtz (Bird Construction)
- Darren Boyd (Graham Construction)

Panelists represented some of the largest construction firms operating in Alberta, all with hands-on experience delivering continuing care projects in urban and rural contexts. Jeff Bell opened the Construction Panel with a call to reflect on what's working, what isn't, and what needs to change to accelerate care infrastructure delivery in Alberta.

supportive living and long-term care. Current guidelines, they argued, treat residential care facilities like hospitals requiring infrastructure such as full emergency power redundancy, advanced life safety systems, and B3 occupancy classification.

These standards, originally developed for acute care environments, drive up construction complexity and cost without corresponding benefit to residents or staff.

Panelists urged a rethink of how risk is assessed and regulated in residential settings, recommending a shift toward performance-based standards that better reflect the true nature of care delivery.

**“ We’re overbuilding to meet a hospital code when we’re not building a hospital.” -Dennis Haan**

### Cost Escalation and the Capital Gap

Construction cost escalation is squeezing projects across the board, with some panelists reporting per-bed costs exceeding \$1.5 million. This is particularly challenging for non-profit operators, who often lack the upfront capital to move projects forward.

A key concern was the current expectation that projects reach advanced stages of design or permitting before funding is confirmed. This forces operators or developers to take on significant financial risk long before certainty is in place, a dynamic that panelists described as a major deterrent to project initiation.

### Labour and Trade Constraints in Rural and Remote Areas

Labour shortages remain a key bottleneck, particularly outside major cities. Skilled trades are in high demand across sectors, schools, hospitals,

infrastructure and continuing care projects often struggle to compete. In rural areas, these shortages are amplified by long travel distances, accommodation challenges, and a limited pool of local contractors.

Panelists noted that Alberta’s episodic capital funding cycle makes it difficult to retain construction teams over time. Without continuity, construction firms are forced to redeploy workers elsewhere, eroding sector-specific expertise. A more reliable capital pipeline would allow contractors to plan for longer-term retention and regional specialization.

**“ If we knew what was coming for the next three years, we’d keep the team. Right now, it’s project by project.” -Darren Boyd**

### Stop-Start Timelines Undermine Sector Capacity

The panel was unanimous: Alberta’s stop-start approach to project funding is among the most significant barriers to sector-wide capacity. Contractors cannot mobilize, scale, or specialize in continuing care when capital announcements are unpredictable and short-term. This environment discourages innovation and inflates costs, as each project effectively starts from scratch.

**“ Every project feels like a one-off. That’s not a system, it’s a guessing game.” -Chris Holtz**

### Delayed Activation and Post-Build Handover Gaps

In the final portion of the discussion, panelists turned to a critical but often overlooked challenge: the period between construction completion and operational readiness. Many projects, they noted, falter in the transition to occupancy due to delayed inspections, misaligned staffing timelines, and a lack of clear handover protocols.

Even when the physical build is complete, uncertainty around licensing, operational approvals, and workforce availability can result in months of additional delay. This not only strains operators but undermines public confidence in the system's ability to deliver usable care infrastructure on time.

**“ We finish the build, but the home doesn't open for six months. That's not success.” -Darren Boyd**

## Policy Solutions and Recommendations

### Delivery Innovations and Path Forward

While the barriers were clear, so too were the opportunities. Panelists outlined a series of practical innovations and system-level changes that could improve speed, certainty, and alignment across the project lifecycle.

### A Need for Certainty and Sequencing

Panelists emphasized that capital and construction teams cannot operate in fits and starts. When funding, permitting, and procurement are out of sequence, projects stall and costs escalate. There was strong agreement that Alberta's current model often reliant on broad funding announcements followed by uncertain execution creates stop-start cycles that reduce sector productivity and confidence.

To address this, panelists called for a sequenced capital deployment model, in which early-stage design and costing work is publicly funded and completed before a project moves into procurement. This approach would ensure that when capital is announced, projects are ready to proceed.

**“ If you want shovel-ready, you have to pay for the shovel design up front.” -Chris Holtz**

## Build-Ready Templates and Modular Innovation

To reduce start-up time and increase scalability, panelists recommended the development of modular design templates for core building components. These could include standard room layouts, mechanical systems, and envelope designs that are pre-reviewed by regulators and adaptable to site conditions. While full modular construction may not suit all sites, elements such as standardized mechanical/electrical packages or modular walls could significantly reduce both cost and time.

**“ We're not saying copy-paste, but let's not reinvent the wheel every time we build.” -Dennis Haan**

Panelists noted that other jurisdictions such as Ontario and British Columbia are already leveraging modular methods for rapid deployment. Alberta, they suggested, has an opportunity to lead in developing build-ready options that still meet community and operator needs.

## Partnership Models and Long-Term Pipeline Planning

Another recurring theme was the importance of long-term partnership models between government and experienced contractors. Alberta's current stop-start approach, driven by episodic funding and inconsistent timelines, makes it difficult for construction firms to allocate teams, retain expertise, or specialize in the continuing care sector.

Panelists urged Alberta to establish a multi-year capital roadmap with clear targets, consistent funding streams, and regionally balanced priorities. Such a roadmap would allow contractors to plan ahead, stabilize workforce deployment, and build lasting sectoral capacity.

## Embedding Activation into Early Design

To prevent post-construction delays, panelists recommended that activation planning be integrated from the outset of a project. Rather than treating occupancy and licensing as downstream tasks, these elements should be addressed during the early design and planning stages.

This includes aligning operators, regulators, and project teams around clear timelines, approval processes, and handover responsibilities well in advance. By building operational readiness into the development schedule, projects can move more smoothly from construction completion to full occupancy, minimizing downtime and accelerating care delivery.

“ *It’s not just about more projects, it’s about building the ones we already said yes to faster, smarter, and with fewer delays.*” -Jeff Bell

## Closing Reflections

The Construction Panel provided a frank and highly practical view of what it takes to deliver continuing care infrastructure in Alberta today. Panelists underscored that Alberta does not lack building capacity, it lacks coherence, continuity, and clear planning frameworks that allow projects to move efficiently from funding to delivery to occupancy.

“ *We’re ready to build. But we need a system that’s ready to go with us.*” -Barry Murphy





## OPERATORS PANEL

The Operators Panel brought together senior leaders from across Alberta's continuing care sector representing a spectrum of non-profit, private, urban, rural, and family-operated care homes. The panel offered grounded, practice-based reflections on what it takes to translate infrastructure and policy into safe, sustainable care.

Panelists responded to themes raised throughout the day, reinforcing shared concerns, highlighting overlooked challenges, and contributing perspectives shaped by decades of frontline leadership.

### Root Cause Challenges

Panelists emphasized that infrastructure, funding, staffing, and care quality are fundamentally interdependent. However, two systemic root causes consistently undermine progress across the board: the absence of a coordinated, predictable, and supportive funding environment, and the inflexibility of Alberta's infrastructure standards and capital development frameworks. These two factors jointly constrain the sector's ability to plan, build, innovate, and staff effectively.

### Lack of Coordinated, Predictable, and Supportive Funding

The central message from operators was that Alberta lacks a stable, multi-year capital and operational funding model that would allow them to plan, invest, and deliver care with confidence.

This deficiency creates cascading problems across the system, forcing operators to set wages and budgets with no certainty about incoming resources.

Angela Grottoli added that outdated CMI data compounds the problem: "By the time you get the funding letter, you're probably 18 months out from the data it's based on." This means operators are funded according to past resident profiles and care needs. Resident acuity often increases over time and meeting these needs requires more staff time, additional training, and specialized equipment. Operators must cover the gap by redirecting money from their existing budgets, often delaying building repairs, cutting back on programs, scaling down staff training, or stretching staff workloads to meet current resident needs.

Kathy Fortunat reflected on the operational risk of launching new facilities without knowing what their funding will be:

**Moderator:** Michelle Charlesworth, ACCA Board Member and Vice Chair and Senior Director of Operations Covenant Care and Covenant Living

#### Panelists:

- Joel Bond (Mayfair Care Centre)
- Angela Grottoli (Optima Living)
- Rosanne Yaremko (Father Lacombe Care Society)
- Tim Garforth-Bles (Masterpiece Care)
- Kathy Fortunat (Sherwood Care)

**“ We’re building in this market that is volatile... What will the operational costs be in that new building? What will the staffing needs be? You can anticipate there’ll be more, but you don’t know.” -Kathy Fortunat**

This funding instability has direct and measurable downstream consequences. It impedes timely planning, blocks innovation, weakens workforce recruitment and retention, and disrupts efforts to coordinate effective Alternate Level of Care (ALC) transitions. Without secure and predictable funding, operators are left navigating high-risk environments, unable to make long-term commitments, stabilize teams, or fully participate in system transformation efforts.

### **Inflexible Infrastructure Standards and Capital Design Rules**

Panelists highlighted a critical disconnect between Alberta’s capital development processes and the practical realities of care delivery. Rigid infrastructure guidelines such as minimum room sizes, ventilation specifications, and programmatic layouts are often applied with limited flexibility, preventing viable projects from proceeding even when community demand, staffing, and programming are all in place.

Tim Garforth-Bles described a rural expansion that had to be abandoned because its rooms were 50 square feet short of the required 350: “That facility for those people in that area would have been great, but the project died on the vine.” He challenged the rigidity of this standard by asking,

**“ Who decides that 350 square feet is the only number that works for care?” -Tim Garforth-Bles**

Joel Bond added that current standards do not reflect differences between rural and urban contexts: “There’s not one set of standards that’s going to fix this problem... rural might not look the same as urban, and that’s probably reasonable.”

Panelists emphasized that while standards are needed to ensure safety and quality, the current approach is overly prescriptive and often out of step with project feasibility. The absence of a flexible, principles-based framework undermines investment, delays renewals, and creates unnecessary tension between design expectations and funding realities.

Combined with the funding uncertainty, these inflexible capital rules form a dual constraint making it nearly impossible for many operators to proceed with needed infrastructure projects.

Rosanne Yaremko described the cost barriers to redevelopment:

**“ If I was to demolish my current facility, the abatement cost would be a million dollars and that’s before I even build something new.” -Rosanne Yaremko**

She suggested that the same funds could be used to renovate and retain needed beds.

Panelists stressed that a capital strategy must support not just new builds but also enable practical modernization efforts, especially where communities already have infrastructure, land, and workforce capacity. The inability to access timely or phased capital support also affects broader system issues, including Alternate Level of Care (ALC) delays and workforce strain, by leaving otherwise viable facilities offline or underutilized.

### **System Fragmentation and Misalignment on ALC Solutions**

Panelists stressed that continuing care is central to solving Alberta’s ALC and hospital flow crisis but that current policies do not reflect this role. Operators described being left out of planning decisions or brought in only after key infrastructure or placement policies were already set.

Angela Grottoli stated, “We’re the solution in this room to ALC.” However, rigid placement categories, lack of program flexibility, and insufficient collaboration between acute and continuing care all undermine system-wide flow.

Michelle Charlesworth urged a re-examination of how Alberta defines and funds levels of care, pointing to the need for scalable and blended models. Without this, she argued, facilities are being designed that cannot support the care models Alberta actually needs.

### **Innovation and Technology Constrained by Unfunded Potential**

Operators shared examples of in-house platforms and digital tools that reduce administration burden and improve service delivery. Angela Grottoli described how Optima’s Intelligence platform allowed managers to spend more time with residents. Tim Garforth-Bles explained that Masterpiece developed an in-house platform for education, scheduling, and onboarding. These innovations were presented as successful and scalable but largely unsupported by existing funding structures.

Panelists stressed that the primary barrier to widespread technology adoption is the absence of dedicated operational or capital funding. While some providers can self-fund pilot initiatives, most operators, particularly smaller or rural ones lack the resources to take on this type of innovation without systemic support. As a result, technology remains unevenly adopted across the sector.

Design and regulatory standards were also noted as constraints, as they can inadvertently exclude or fail to accommodate new technology models. However, panelists were clear that funding is the dominant barrier: without predictable, multi-year funding models that include innovation as a core system investment, the sector cannot modernize equitably.

“ *If we knew what our funding looked like, we could innovate. We could support our teams, build better programs, and retain great people.*”  
-Angela Grottoli

Panelists urged that digital innovation be treated not as a luxury or afterthought, but as an integral enabler of quality, efficiency, and workforce sustainability.

## **Policy Recommendations**

### **1. Introduce Multi-Year, Predictable Operating and Capital Funding**

Operators called for a shift to a funding model that provides clarity before the fiscal year begins, enables multi-year planning, and includes indexed adjustments to reflect wage inflation and rising operating costs. This reform was presented as essential to stabilizing operations, planning renovations and builds, and offering competitive wages.

### **2. Shift to a Principles-Based Design Framework**

Panelists stressed the need to move away from “one-size-fits-all” metrics such as fixed square footage or ventilation system specifications toward a principles-based model that accommodates rural realities, supports phased redevelopment, and respects context.



## Implications of Reform

If Alberta reforms its funding model and design standards, operators will be positioned to:

- **Stabilize and Grow the Workforce:** Predictable, indexed funding would allow operators to negotiate contracts on time, offer competitive wages, and plan for recruitment and retention with greater certainty. Stable funding would also enable consistent investments in leadership development, mentorship programs, and staff wellness, reducing turnover and building a sustainable workforce.
- **Advance Rural and Context-Specific Projects:** Flexible design frameworks would enable rural and small-community projects that address local needs and realities. This could include builds with smaller footprints, phased development, or design adaptations that reflect available workforce, land, and resources while meeting safety and quality standards.
- **Modernize Existing Infrastructure:** A more adaptable design and funding framework would allow operators to renovate, repurpose, or reconfigure existing buildings rather than abandoning them. This could keep beds in service, preserve community assets, and make better use of existing capital investments.
- **Unlock ALC Capacity and Improve Transitions from Acute Care:** Greater flexibility in infrastructure and programming would allow for transitional, respite, palliative, and convalescent care models, easing pressure on hospitals and improving patient flow across the system.
- **Implement and Scale Innovations:** Stable funding supports long-term planning for new technologies, care models, and service improvements. Operators would have the financial and operational stability to test, refine, and embed innovations across their organizations and the sector.



- **Support a Coordinated Provincial Capital Strategy:** Aligning operational and capital policies would allow the province to deliver a phased, strategic infrastructure plan that balances modernization with new builds, ensuring resources are targeted to where they will have the greatest impact.

Taken together, these recommendations reinforce a core insight from the Operators Panel: Alberta's continuing care transformation cannot succeed without fixing the foundational enablers of funding predictability and infrastructure flexibility. Every operational and system-level gain depends on addressing these root conditions.

## Conclusion

The Operators Panel shared candid, frontline perspectives on how unstable funding and rigid design standards affect daily operations, workforce stability, and the ability to modernize care. At the same time, they reflected the energy and optimism of the day, pointing to supportive partnerships, creative approaches already underway, and a strong desire to carry new ideas forward. Their message was one of urgency and commitment: operators are ready to co-design solutions, strengthen communities, and help build a sustainable and responsive continuing care system for Alberta.

# MINISTER'S ADDRESS

## THE HONOURABLE JASON NIXON

*Minister of Assisted Living and Social Services*

### Structural Realignment, Not Cosmetic Change

Minister Nixon opened by emphasizing that Alberta's continuing care system is fundamentally misaligned. "People are in the wrong spot," he said plainly, referencing seniors in acute care beds who would be better served in supportive or long-term care settings, or ideally at home. The system is not delivering care in the right place, at the right time, or in the right way. The creation of Assisted Living Alberta (ALA) was described not as a bureaucratic restructuring but as a structural fix to a long-standing problem.

ALA is it is being positioned to integrate care planning, capital infrastructure, operational policy, and system governance under one roof. "It's about aligning everything, from funding to facilities to frontline service so that people don't fall through the cracks," he said. Nixon noted that ALA will be fully operational in September 2025.

### Capital and Infrastructure

One of the most significant developments is the transfer of all capital planning responsibility to Assistant Deputy Minister David Williams. Nixon credited Williams for leading successful housing capital programs, and delivering results through



partnerships, red tape reduction, and community collaboration. Government is applying the same strategies to continuing care including:

- Streamlining permitting processes
- Leveraging municipal partnerships
- Opening the door to both non-profit and for-profit builders
- Unlocking idle land assets for care infrastructure

He stressed the importance of co-location models, Canada Mortgage and Housing Corporation (CMHC) backed financing, and public-private partnerships as tools to accelerate care capacity across the province.

He elaborated that the use of CMHC tools will allow providers and developers to access lower-cost financing, mortgage insurance, and grants designed for affordable housing and infrastructure. Nixon suggested that these tools, while traditionally reserved for residential development, can and should be adapted for care environments that include health supports.

Referencing other jurisdictions, Nixon pointed to successful blended financing models such as British Columbia's Community Housing Fund and Ontario's Long-Term Care Home Capital Development Program, where public funding, CMHC-backed loans, municipal land contributions, and provider equity work in concert. These examples demonstrate how Alberta can better utilize asset leverage and public-private cooperation to expand continuing care infrastructure.

### Operational Viability and Workforce Alignment

Nixon acknowledged that infrastructure without the workforce to run it is a hollow investment. He committed to developing new operational funding models that:

- Reflect the complexity of today's resident needs
- Enable workforce stability and planning
- Move beyond outdated per diem systems
- Support innovation and small-operator sustainability

He emphasized that current models don't reflect the true cost of care, particularly in rural and remote areas. Nixon recognized the sector's concern that capital announcements are not always followed by operational funding, and he committed to fixing that disconnect.

**“ You can't open a new building if there's no one to staff it.”**

### Eliminating Regulatory Silos

He described outdated rules as a key barrier to person-centered care and promised immediate action to break down those silos. He indicated that a regulatory review is underway to:

- Eliminate duplication
- Accelerate licensing timelines
- Remove arbitrary restrictions on care delivery across settings

He encouraged operators to identify specific regulations that no longer make sense and to propose practical alternatives.

### A Call for Full-Sector Partnership

Minister Nixon made clear that for-profit, non-profit, and public providers are all essential to Alberta's success. “Without for-profit, we will not be successful,” he said. “We need non-profit. We need for-profit. We need government. No one gets left behind.”

He reiterated that the transformation cannot and will not be driven solely from government.

**“ We are not going to design the system for you. We are going to build it with you.”**

He encouraged providers to continue offering feedback, innovations, and critiques.

**“ Tell us what's working, tell us what's not, and tell us what you need to do more of what works.”**

### Community-Based Care and Wraparound Supports

One of the most powerful threads in Nixon's remarks was his emphasis on community-based care and wraparound supports. He urged stakeholders to shift away from institutional mindsets and focus on care models that prioritize:

- Housing stability
- Food security
- Mental health and addiction supports
- Transportation access

He described care models that integrate health and social supports as the future and the only sustainable path forward. Nixon encouraged creativity in blending housing, health, and social services through local partnerships and co-location.

He also emphasized that rural and remote communities, faith-based providers, and Indigenous-led models must be central to Alberta's future system.

### Sector Transformation as Health System Reform

Nixon framed continuing care reform as a cornerstone of broader health system transformation. "If we get continuing care right, we take pressure off every other part of the system," he said. Transformation in this sector should lead to:

- Decongesting emergency rooms
- Reducing surgical wait times
- Supporting AHS reform goals
- Improving quality of life and reducing system costs

Minister Nixon concluded by affirming that Alberta is not just reforming continuing care, it is building a new system. A system rooted in partnership, grounded in local realities, and fueled by innovation.



**“ If we get continuing care right, we take pressure off every other part of the system.”**

# CLOSING REMARKS

## FEISAL KESHAVJEE

**ACCA Board Chair and Senior Vice President, Health Partnerships and Business Development, CBI Health**

Feisal closed the Think Tank with heartfelt gratitude and a clear message: the answers to Alberta's continuing care challenges are already in the room. Reflecting on the day's unexpected scale and success, he acknowledged the event had far exceeded expectations.

He extended special thanks to government leaders, Minister Nixon, Commissioner Cynthia Farmer, ADM David Williams, ADM Maggie Carroll and Dr. Sayeh Zielke, noting their attention, listening, and note-taking throughout the day: "That's what this was all about." He cited their contributions, particularly the idea of combining construction, compassion, and capacity, and Farmer's emphasis on flexibility and partnership.

Keshavjee praised the panelists for their preparation and insight, noting that much work had gone into crafting the questions and themes presented on stage. He gave a very gracious thank you to ACCA leadership and staff and acknowledged the generosity of sponsors who made the day possible.

**“ If the people in this room can't solve this, it can't be solved.”**





**“ The knowledge shared here provides the clarity and direction needed to move forward on meeting Alberta's growing continuing care needs. The depth of insight captured throughout this event is not just for reflection, it's a catalyst for coordinated, immediate action.”**

## APPENDIX 1 - Sponsors



## APPENDIX 2 - Event Schedule

|          |  |   |
|----------|--|---|
| 11:00 AM | Registration   |   |
| 11:30 AM | Luncheon<br>Sponsored by Bird Construction   |    |
| 12:10 PM | Welcome<br>Karim Kassam, ACCA Treasurer and Co-Founder and Principal of Optima Living  |   |
| 12:15 PM | Opening Remarks<br>David Williams, ADM, Housing Division, Assisted Living & Social Services  |   |
| 12:35 PM | Address from Cynthia Farmer<br>Cynthia Farmer, Commissioner, Assisted Living and Continuing Care   |   |
| 12:40 PM | Address from Dr. Zielke<br>Dr. Sayeh Zeilke, Interim CEO of Assisted Living Alberta  |   |
| 12:45 PM | Keynote Address<br>Dr. Michael Guerriere, President & CEO, Extendicare   |   |
| 1:05 PM  | Keynote Address<br>Joseph Lougheed, Chair of Calgary Economic Development & Heritage Fund Opportunities Corporation  |   |
| 1:35 PM  | Spotlight: Operating in Rural Communities<br>Michael Bittante, Regional Director, Southern Alberta, Extendicare  |   |
| 1:45 PM  | PANEL: Finance<br>Rishi Gehi, Stonebridge Financial<br>Nicolas Delisle, Sun Life Capital Management<br>Zeon Billy, Graham Capital<br>Stephen Vermette, BMO<br>Zahra Roulhollahi, RBC<br>Moderator: The Honourable Doug Horner, Former Minister of Finance and Deputy Premier |  |

## APPENDIX 2 - Event Schedule

2:25 PM

Networking Break  
Ballroom Foyer

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2:45 PM

PANEL: Design  
Bill Mitchell, Zeidler Architecture  
Aziz Bootwala, Kasian Architecture  
Genevieve Giguere, S2 Architecture  
Jonathan Rockliff, RPK Architects  
Moderator: Taylor Jacobson, Graham Capital



3:25 PM

PANEL: Construction  
Dennis Haan, Eagle Builders  
Barry Murphy, Ellis Don  
Chris Holtz, Bird Construction  
Darren Boyde, Graham Construction  
Moderator: Jeff Bell, ACCA Board Member &  
Chair of the Capital Infrastructure Interest Group

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4:05 PM

PANEL: Operators  
Joel Bond, Mayfair Care Centre  
Tim Garforth-Bles, Masterpiece Retirement  
Living  
Angela Grottoli, Optima Living  
Rosanne Yaremko, Father Lacombe Care  
Centre  
Kathy Fortunat, Sherwood Care  
Moderator: Michelle Charlesworth, ACCA  
Board Member



4:45 PM

Closing Remarks  
The Honourable Jason Nixon, Minister of Assisted  
Living and Social Services

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4:55 PM

Thank You  
Feisal Keshavjee, ACCA Board Chair

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5:00 PM

MLA Networking Reception  
Ballroom Terrace



## APPENDIX 3 - Speakers



### **David Williams**

ADM of Housing Division, Assisted Living & Social Services

David leads a diverse set of branches focused on the building and delivery of affordable housing in Alberta as part of the Ministry of Seniors, Community and Social Services.



### **Cynthia Farmer**

Commissioner, Assisted Living and Continuing Care

Cynthia has worked in the Alberta Public Service for nearly 3 decades, including serving as assistant deputy minister in four ministries including Seniors, Community and Social Services.



### **Dr. Sayeh Zielke**

Interim CEO, Assisted Living Alberta

Dr. Zielke is a published author, entrepreneur, medical director, and cardiologist based in Lethbridge. She is the Physician Lead for Cardiac Sciences with Alberta Health Services.



### **Dr. Michael Guerriere**

President & CEO, Extendicare

Dr. Guerriere has more than 25 years of experience in hospital operations, health management consulting and technology. He has served in leadership roles in both the public and private sectors



### **Joseph Lougheed**

Chair, Calgary Economic Development & Heritage Fund Opportunities Corporation

Joe is a Partner at the international law firm Dentons Canada LLP in Calgary. His practice covers general corporate law, private M&A, and Private Equity.



### **Michael Bittante**

Regional Director, Southern AB, Extendicare

As Regional Director for several Southern Alberta homes operated by Extendicare, Michael leads teams delivering high-quality long-term care and supportive living to Alberta's seniors, across three Alberta Health zones.



### **Honourable Doug Horner**

Former Minister of Finance

As a Partner at ISP, Doug excels at bridging the gap between business and government sectors, effectively translating essential knowledge, processes, and actions to achieve both short and long-term results.



### **Rishi Gehi**

VP Project Finance, Stonebridge Financial

Rishi has been at Stonebridge Financial for 12 years, most recently as Vice President, Project Finance. His primary focus is in the long-term care sector.

## APPENDIX 3 - Speakers



### **Nick Delisle**

Managing Director and Portfolio Manager, Sun Life Capital Management (Canada)

Mr. Delisle has over 25 years of experience in the investment industry, specializing in structuring, underwriting, and managing private fixed income as well as private equity investments.



### **Zeon Billy**

Managing Director, Graham Capital

Zeon has over 10 years of experience in project financing and financial advisory, and has achieved financial close on numerous infrastructure transactions totalling approximately \$7 billion in capital value.



### **Stephen Vermette**

Managing Director, Regional VP, BMO's Business Properties Finance Group

Stephen is responsible for managing teams of experienced bankers located in Calgary and Vancouver who cover the Western Canadian markets.



### **Zahra Roulhollahi**

Director, Corporate Client Group, RBC

Zahra is a Director with RBC's Corporate Client Group, bringing over 12 years of experience in commercial lending.



### **Taylor Jacobson**

Associate Dir., Development, Graham Capital

Taylor is a 14 year veteran of the construction and development team at Graham and has taken her knowledge of finance and project development to support clients in bringing their project visions to life.



### **Bill Mitchell**

Partner, Zeidler Architecture

Bill Mitchell has over 30 years of experience in the architecture industry and has been a Partner at Zeidler Architecture since 2006.



### **Aziz Bootwala**

Vice President, Kasian Architecture Interior Design and Planning Ltd.

With over three decades of national and international architectural experience, Aziz Bootwala has developed an intimate design knowledge and strong business acumen.



### **Genevieve Giguere**

Managing Principal, S2 Architecture

Genevieve has over 25 years of experience, and has created an impactful career within S2. Genevieve's care and commitment shines through in her approach to projects and client service.

## APPENDIX 3 - Speakers



### **Jonathan Rockliff**

Principal, RPK Architects

Jonathan is a second-generation Registered Architect. He believes strongly in an inclusive design process where the best results are gained through a sharing of ideas by all stakeholders.



### **Jeff Bell**

VP, Choices in Community Living Inc.

Jeff is an experienced healthcare manager with over 20 years of expertise in operations, project commissioning, and team leadership. He serves on the Board of Directors for the ACCA.



### **Barry Murphy**

Director of Business Development, EllisDon

With nearly 14 years of experience in Alberta's construction industry, Barry collaborates closely with private clients and municipalities to deliver projects across sectors such as healthcare, continuing care, and hospitality.



### **Chris Holtz**

Manager of Preconstruction, Bird Construction

Chris has been actively involved in numerous Seniors Housing projects and has been integral in working with the consultant and client teams to achieve the targeted budget, working around constraints and market fluctuations.



### **Dennis Haan**

President, Eagle Builders

With a deep-rooted passion for innovation and precision, Dennis has established a distinguished career in design, manufacture, and construction of precast concrete solutions.



### **Darren Boyde**

Development Manager, Graham Capital

Darren brings 20 years of construction and development experience, including significant work in the continuing care sector.



### **Michelle Charlesworth**

Vice-President, ACCA Board

Michelle Charlesworth is the Senior Director of Operations at Covenant Care & Covenant Living in Alberta, overseeing Supportive Living, Long-Term Care, Hospice, and Retirement Housing.



### **Joel Bond**

Vice-President, Mayfair Care Centre

Born and raised in Calgary, Alberta, Joel has been involved in his family business for more than 30 years as owners and operators of Mayfair & Glamorgan Care Centres in Calgary.

## APPENDIX 3 - Speakers



### **Kathy Fortunat**

CEO, Sherwood Care

Kathy has dedicated her nearly four-decade career to transforming long-term care in the Capital Region through holistic, resident-focused care models.



### **Tim Garforth-Bles**

President, Masterpiece Retirement Living

Tim has worked in the care industry since 1990. In 2000, Tim formed Masterpiece. Since then, Tim has built over 2,000 units comprising 2,000,000 square feet in seven properties across Canada,



### **Angela Grottoli**

COO, Optima Living

Angela brings more than two decades experience working in the seniors housing and care sector. For the past 15 years, she has held senior executive positions with Chartwell Retirement Residences.



### **Rosanne Yaremko**

Executive Director, Father Lacombe Care Society

Rosanne brings over two decades of financial and leadership experience across the non-profit and corporate sectors.



### **Honourable Jason Nixon**

Minister, Assisted Living and Social Services

Previously the Minister of Seniors, Community and Social Services, Jason Nixon was sworn in as Minister of Assisted Living and Social Services on May 16, 2025.



# Thank You for Joining Us in this Call to Action.

## Contact Us

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