

Alberta Health Services Continuing Care Resolution Team Final Report

By the
Continuing Care Resolution Team

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Acknowledgements

The Continuing Care Resolution Team would like to express their sincere thanks to all colleagues who provided their assistance and support during the six month secondment. Their expertise, their feedback and insightful comments, as well as their continuous encouragement, were invaluable.

Letter from the President and CEO

Seniors and other Albertans living with disability and chronic conditions deserve the care they need to maximize their function and independence, and live with dignity and respect. The continuing care system has been identified by Albertans as not always providing the supports necessary to achieve these outcomes. As well, continuing care resources can be challenging to navigate, making it difficult to know what services are available or how to access them.

To address these challenges, the Continuing Care Resolution Team (CCRT) – led by Nancy Guebert and Isabel Henderson – was created in July 2014 to provide a high level review of home care, supportive living and long term care, including reviewing and responding to concerns and engaging with clients, families, the public and stakeholders in order to listen to their experiences.

The CCRT heard from clients and families, front line staff, as well as managers responsible for ensuring clients receive the care they need. The team also linked with community stakeholders and organizations; academic, technology, business and industry partners; provincial government ministries and international experts who were interested in providing information and advice regarding how continuing care services could function more effectively.

The extensive review process resulted in the development of 17 recommendations. They build on existing strengths identified within the system and identify additional opportunities for improvement. A comprehensive internal and external consultation was also undertaken to ensure the proposed recommendations address the identified concerns and will advance the changes needed in the system.

It is clear that Albertans who have engaged with the CCRT want Alberta Health Services to be successful in providing services to Albertans. Implementing all the proposed recommendations will not happen overnight, but we are committed to moving forward with this work to effect the changes that will make a real difference in the lives of vulnerable Albertans.

I thank the many individuals who took the time to provide their input into this comprehensive review process as well as the CCRT for the exceedingly difficult job they undertook. The CCRT review process gives us the roadmap we need to ensure that all continuing care clients receive appropriate, effective and timely care. This body of work will have a lasting impact on continuing care services across the province.

Encouraged by the hope, optimism and spirit of the more than 1,100 people who were involved in the consultation process, we will need to remain steadfast in our commitment towards the continuing care agenda for all Albertans.

Vickie Kaminski
President and CEO

Executive Summary

Within Alberta continuing care services are delivered by multiple organizations across a variety of settings, including in homes, community-based locations and long term care facilities. Continuing care is broader than seniors; this portfolio includes clients of all ages, including children.

The Continuing Care Resolution Team (CCRT) was created by Alberta Health Services (AHS) in July 2014 to address issues and concerns that have arisen regarding continuing care services across Alberta. (See Appendix D.) Reporting directly to the President and CEO of AHS, the team's mandate included the following:

- provide a high level review of home care, supportive living and long term care
- review and respond to the continuing care concerns line and emails
- engage with clients, families, the public and stakeholders and listen
- Identify strengths and opportunities in all sectors and propose recommended next steps

Transitions to continuing care are frequently complex, which can be confusing and frustrating for clients and families who often lack a good understanding of available services and how they are accessed. As well, system processes and inefficiencies can undermine the ability of health care providers to connect clients and families with the most appropriate care. It is important to ensure clients and family members are front and centre in any decisions around placement and care and that they have the information they need regarding available options.

A multi-faceted approach was used to gather feedback. This involved a central intake process for concerns; specific input from clients and families; and extensive consultation with key stakeholders. Specifically, a toll-free telephone number and a dedicated email address were made available to answer questions, obtain input regarding issues, and for unresolved continuing care concerns to be shared. The team also gained insights into concerns through working closely with Zone Operations leaders in continuing care to identify issues related to public and private facilities and home care services. As well, the team heard from other community members, groups and organizations (via teleconference, videoconference and face-to-face meetings) comprising over 1,100 individuals, from staff on the front lines who provide care to clients and family members, and from managers who are responsible for ensuring clients receive the care they need. The team ensured unresolved concerns voiced by clients and families were logged, monitored, and followed up as necessary. All feedback received regarding any aspect of continuing care service was consolidated and summarized for review.

The extensive examination and consultation process resulted in the development of 17 recommendations across three key areas:

System

1. Establish an AHS Continuing Care Leadership Council
2. Streamline and standardize audits/quality reviews
3. Implement innovative care models for special populations
4. Require facilities to develop publicly posted quality and safety plans
5. Revisit case manager models and assess workload

6. Evaluate staffing models
7. Continuously engage and collaborate with stakeholders and providers
8. Improve assessment/transfer/admission practices

Staff/Provider

9. Promote accessible leadership at the front line
10. Enhance orientation and ongoing training and education
11. Ensure annual training and evaluation of person-centred care at the staff, organization, and system levels

Client/Family/Public

12. Launch a comprehensive one-stop continuing care navigation hub which includes a public website and a virtual clinical deployment service
13. Co-host Community Living Expo: *Being Prepared. Being Ready*
14. Establish Family Advisory Councils in all continuing care facilities
15. Promote communication/engagement strategies with clients and families that support care and treatment planning
16. Streamline and improve the concerns management process
17. Enhance caregiver education and support

The proposed recommendations were broadly circulated through a variety of media to individuals, health and advocacy organizations, academia, government, service providers, and facility operators across the province for feedback, which was reviewed and incorporated.

Following final approval and endorsement, implementation of the recommendations in this report is expected to result in improved continuing care services for clients and their families across Alberta.

Methodology

The Continuing Care Resolution Team (CCRT) – led by Nancy Guebert and Isabel Henderson – was created in July 2014 to address issues and concerns that have arisen regarding continuing care services across Alberta. (See Appendix D.) The team’s mandate included the following:

- provide a high level review of home care, supportive living and long term care
- review and respond to the continuing care concerns line and emails
- engage with clients, families, the public and stakeholders and listen
- identify strengths and opportunities in all sectors and propose recommended next steps

Alberta Health Services (AHS) told Albertans that feedback from clients and families involved with the continuing care system regarding healthcare or other support services was vitally important to making necessary changes to improve the quality of the system. Albertans were given three options for providing input:

- speak with a local health care provider directly
- contact the AHS Patient Relations Department by phone, fax or mail
- complete an online patient feedback form or call the 24/7 Continuing Care Health Link number

AHS created a toll-free Continuing Care Concerns phone line and dedicated email account that served as a central point of intake for Albertans to get answers to their questions, and to share unresolved continuing care concerns. The phone line and email account enabled Albertans to connect with the necessary experts who could provide guidance and resolution regarding placement or care concerns.

The CCRT team worked closely with Zone Operations leaders in continuing care to identify issues related to public- and privately-operated continuing care facilities, and also identified issues related to home care services. Clients and families with unresolved concerns regarding continuing care placement or care had the opportunity to express their concerns to the team over a six month period of time. During that time, using an appreciative inquiry approach, the team consulted with individuals and groups comprising more than 1,100 people – including representation from AHS, government, multiple health care sectors and disciplines, business owners, academic and industrial/technology partners, advocacy organizations, international experts, service providers and facility operators. In addition to feedback from clients and family members, the CCRT heard from frontline staff that provide care to clients/family members and from managers responsible for ensuring clients receive the care they need.

The concerns were classified into six categories:

Quality of Care – issues related to answering call bells, assisting with getting to the bathroom, help with eating, etc.

Access – waiting to access a supportive living or long term care bed

Communication – not being sure who to speak to or waiting for someone to respond to their query

Transitions – issues related to moving from one level of care to another, movement between zones, or movement from one province to another

Facility – issues related to building temperature, food, odours

Other – general questions (e.g., wayfinding questions, noise in the back alley)

During the course of the review a stand-alone data base was created to log concerns and enable production of CCRT reports.

Following the formulation of 17 draft recommendations, a draft report including the proposed recommendations was broadly circulated to individuals, health and advocacy organizations, academia, government, service providers, and facility operators across the province for feedback, which was reviewed and incorporated.

Key Findings

The continuing care concerns phone line and email were established in June 2014. The formal six-month CCRT secondment period was July 2014 to January 2015; however, the CCRT has continued to respond to client/family concerns pending formal endorsement of the CCRT report and launch of the recommendations.

From July 2014 through March 2015, there were 532 concerns submitted to the CCRT related to continuing care services provided in the AHS Zones. Concerns received from other jurisdictions (e.g., Saskatchewan) as well as concerns unrelated to continuing care are not included here. For a comprehensive overview of the concerns received go to Appendix B.

Table 1 shows the percentage of total concerns by AHS zone.

Table 1

Zone	Percent
North Zone	8.7
Edmonton Zone	41.4
Central Zone	17.5
Calgary Zone	26.7
South Zone	5.7
Total	100.0

* CCRT database as at April 17, 2015

Table 2 shows the percentage of total concerns, by type of concern, for all AHS zones.

Table 2

Concerns	Percent
Care issues	35.0
General inquiries	19.0
"Other"	18.0
Transition	15.0
Access	6.0
Accommodation	5.0
Communication	2.0

* CCRT database as at April 17, 2015

CCRT Proposed Recommendations

The following recommendations are based on the concerns which the Continuing Care Resolution Team (CCRT) received from clients and families who connected with the dedicated concerns line/email and from the multiple conversations held with over 1,100 stakeholders over the duration of the project. As a result of conversations with diverse stakeholders, the CCRT identified 17 opportunities for change and suggested action steps for each opportunity. The recommendations were initially shared internally with AHS stakeholders in December 2014. They were also distributed to key stakeholders during December 2014 - March 2015 and feedback received was incorporated. It is important to identify the work being done relative to the opportunities and ensure that there are no gaps between that work and what is proposed below. Therefore, the following content is a description of the opportunities and follow-up actions the CCRT proposes. The intent is to coordinate the work already being done and to build on it, in order to move toward the continuing care system our stakeholders expect.

SYSTEM

1. Opportunity: Establish an AHS Continuing Care Leadership Council

Issue: Multiple areas within Alberta Health Services (AHS) are involved in continuing care, leading to a lack of co-ordination and confusion among stakeholders. There is no clear ownership or accountability and no identified “home” within AHS. We need to strengthen our partnerships and work more effectively with our community stakeholders. The client/family voice needs to be part of this important work.

What we’re suggesting:

- Create a Continuing Care Leadership Council with designated AHS executive leadership. Examine the potential to amalgamate existing committees to reduce administrative layers.
- Bring continuing care together with a clear strategic plan.
- Develop clear, transparent reporting mechanisms.
 - Existing entities within AHS would be key members including Seniors Strategy, Seniors Strategic Clinical Network, and Zone continuing care operations.
 - This new structure brings other important players including primary care and mental health to the table, establishes clear linkages with Alberta Government ministries and creates stronger ties with providers/operators and community partners, including clients and families.

2. Opportunity: Streamline and standardize audits/quality reviews

Issue: There is a need to publicly demonstrate that we are closely monitoring quality within continuing care, and ensure that the allocated funding supports care. We need to create a rationalized/consolidated auditing function (with clear guidelines re accountability/reporting).

What we’re suggesting:

- Audit with a quality focus.
- Streamline the audit process at each facility.
- Change the focus from policy and procedures to quality of care and client safety.

- Standardize how audits/reviews are conducted across zones and organizations.
- Ensure the auditing function is external/independent.

3. Opportunity: Implement innovative care models for special populations

Issue: There is a critical need to plan for special populations (dementia, frail elderly, mental health, brain injury, spinal cord injury, multiple sclerosis, palliative/end-of-life care, persons with developmental disabilities (PDD), autism, etc.) which require especially skilled staff, technology, equipment, programming and physical environments.

What we're suggesting:

- Build new continuing care capacity in the province.
- Consider technological innovations, as well as new housing and care models, including those already tested and evaluated in other jurisdictions.
- Create flexibility within the overall model to support care in place, including the ability for different levels of care (supportive living and long term care) to be provided within the same facility.

4. Opportunity: Require facilities to develop publicly posted quality and safety plans

Issue: Albertans are concerned that continuing care regulatory standards are not consistently being met. The public is not confident that quality and safety are high on the AHS agenda.

What we're suggesting:

- Demonstrate a greater commitment to transparency, openness and follow-up by having a 'quality at the front door' approach at the facility, organization, and system levels.
 - An excellent start is operationalizing the recommendations of the recent Health Quality Council of Alberta (HQCA) report, which focuses on supportive living facilities across the province.

5. Opportunity: Revisit case manager models and assess workload

Issue: Clients and families have to deal with multiple case managers, and the gaps in communication between case managers and care coordinators causes stress and confusion.

What we're suggesting:

- Review our current case management models, and streamline and improve our processes in order to facilitate understanding of the case management model and processes and improve our ability to assist clients and families to navigate the health care and continuing care systems.

6. Opportunity: Evaluate staffing models

Issue: There is large variability in staffing models across continuing care sectors and there is an opportunity to expand our collaborative teams to meet the varied needs of clients and residents.

What we're suggesting:

- Determine the appropriate staffing models to address various levels of care and populations within continuing care by using evidence-based research and findings from within Alberta and other jurisdictions, both nationally and internationally.
- Strengthen the participation and involvement of primary care, mental health, allied health, nurse practitioners, community paramedics, palliative care and volunteers with a focus on interdisciplinary collaborative practice among the care team members.
- Encourage implementation of a restorative care/activation approach across the system, including in continuing care.

7. Opportunity: Continuously engage and collaborate with stakeholders and providers

Issue: The public, providers, community partners, clients and their families want to be informed and involved in opportunities to strengthen continuing care.

What we're suggesting:

- Keep the conversation alive through ongoing engagement with stakeholders and providers.
- Simplify our engagement processes by creating meaningful opportunities/structures for client and family involvement and for follow-up on concerns and identified issues.
- Build on the strengths and expertise of others to support continuing care.

8. Opportunity: Improve assessment/transfer/admission practices

Issue: Concerns were expressed regarding a lack of understanding behind placement decisions, clients not being placed in the appropriate facility the first time, and operators 'handpicking' clients or declining clients for various reasons. There is an opportunity to streamline our processes around assessment of care needs and admission into the continuing care sector, optimizing the use of emergency department and acute care, and rationalizing transfers between and within sectors. We must renew Albertans' trust that the system works.

What we're suggesting:

- Continue to promote "care in place" where possible, as home is the best option.
- Ensure the current assessment and placement policy and process is effective and transparent and communicated in an appropriate way (in plain language) with clients and family members.
- Ensure appropriate transfer/admission to emergency and acute care, and consider the community support bed model in rural facilities with a focus on restorative care/activation.

STAFF/PROVIDER

9. Opportunity: Promote accessible leadership at the front line

Issue: Families indicated there are times when no one appears to be in charge.

What we're suggesting:

- Ensure visible and accessible leadership at the front line.
- Improve responsiveness to concerns.
- Maintain 24/7 oversight of the coordination of care.
- Empower and equip a designated front line leader to initially respond to the needs and concerns that come forward – but do not add another level of management.

10. Opportunity: Enhance orientation and ongoing training and education

Issue: Health Care Aides (HCAs), who provide 70 per cent of the care, indicated they need more education and support to translate their knowledge into practice. With complex populations, we must ensure staff have the education and knowledge to care for clientele with more challenging physical and cognitive issues. We know from a vast body of research that when health care organizations support their staff, they are enabled and empowered to provide great care. Across the system, we need to significantly strengthen our focus on restorative care/activation – this needs to occur not only in continuing care but also in acute care.

What we're suggesting:

- Place more emphasis on collaborative interdisciplinary practice, philosophies/principles of health promotion, and restorative care/activation in continuing care and acute care to enhance the functional well-being and quality of life for our clients.
- Ensure HCAs have the required education and training to provide optimal care and to engage clients in meaningful activities to enhance their quality of life.

11. Opportunity: Ensure annual training and evaluation of person-centred care at the staff, organization, and system levels

Issue: It was not always apparent to families/clients that there was a commitment to and demonstration of a person-centred care philosophy. Further, it was suggested that AHS can expand the expertise of our staff related to cultural diversity, including an enhanced focus on the needs of our aboriginal population in continuing care. Our AHS People Strategy will guide our actions to better support employees, volunteers and physicians in all they do to ensure the best person-centred care.

What we're suggesting:

- Develop a renewed system-wide focus on dignity by being sensitive to the needs of our clients and their families and treating them as partners.
- Create a consistent and ongoing emphasis on the importance of person-centred care; live and demonstrate this every day.
- Demonstrate appreciation and competency to address cultural diversity and traditions, as well as gender awareness related to the needs of the Lesbian Gay Bisexual Transgender Queer (LGBTQ) population.
- Be sensitive about the language we use (in the spirit of person-centred care) – it's not about "beds" or "facility living" – we are caring for people in their homes; they are not living in our workplaces.

CLIENT/FAMILY/PUBLIC

12. Opportunity: Launch a comprehensive, one-stop, continuing care navigation hub which includes a public website and a virtual clinical deployment service

Issue: The continuing care system is fragmented and challenging to navigate, with many Albertans not knowing what services are available or how to access them.

What we're suggesting:

- Launch a new, user-friendly, continuing care navigation hub/website, with linkages to community groups, providers, and other agencies and partners, that supports the philosophy that “any door is the right door” to access the system.
- Include the opportunity for virtual tours of facilities on the website.
- Establish virtual clinical response teams to address the complex care needs of clients who live in remote regions of Alberta.

13. Opportunity: Co-host Community Living Expo: *Being Prepared. Being Ready.*

Issue: Caregivers said they want to know what resources are available to support family members/clients staying in their homes/promoting care in place. We need to encourage Albertans to be proactive.

What we're suggesting:

- Explore the feasibility of co-hosting a Community Living Expo for all Albertans to learn about new possibilities, solutions, technologies and opportunities to support their independence to stay in their home and community.
- Explore an opportunity for subsequent events, including expansion across zones, depending on feedback and identified need.

14. Opportunity: Establish Family Advisory Councils in all continuing care facilities

Issue: With resident councils not always being the appropriate structure, there still needs to be a way for families to express their concerns at the facility level with operators. Family Advisory Councils are a mechanism for families to share their ideas and for operators to proactively share planning information and address concerns of clients and families. This could be an initial venue for concerns and issues to be addressed, complementing the formal concerns management process in continuing care.

What we're suggesting:

- Establish ways to obtain the voice of clients (residents) and their families through a variety of feedback opportunities. Ensure that these opportunities provide for open and active dialogue to discuss the experience of care and service delivery. This information would in part ensure appropriate consideration and resolution of identified issues and concerns.
- One mechanism will be through continuing or establishing a mandatory Family Advisory Council in all continuing care facilities to help ensure families are active partners in care
- The size and formality of the Council will vary, but a standardized Terms of Reference should be in place as well as an evaluation process.

15. Opportunity: Promote communication/engagement strategies with clients and families that support care and treatment planning

Issue: Many families do not live in the community where their family member is being cared for, yet they still want to be engaged and involved.

What we're suggesting:

- Ensure robust and secure communication strategies are implemented to support regular and ongoing dialogue between care providers and residents and their families regarding care/treatment plan changes. (This could include the use of teleconferences or web-based technologies, such as Skype or FaceTime.)
- Provide clients and families, health care providers and leaders with ongoing training and education focused on client- and family-centred care best practices, highlighting ways to enhance communication between the health care provider and client, between the health care provider and family, and between health care providers.

16. Opportunity: Streamline and improve the concerns management process

Issue: Currently, there are multiple ways for concerns to be expressed related to the continuing care system and this causes confusion and delay in responding, as well as a lack of consistency in how AHS is managing the actions taken and following up with clients and families.

What we're suggesting:

- A Working Group would be established to streamline and improve the concerns management process with resident/client/family members (including representatives from one or more Family Advisory Councils), contracted providers, Continuing Care Zone operational leads, provincial Continuing Care Resolution Team, Health Advocate and Alberta Health.
- Roles and responsibilities will be clearly defined to ensure systematic identification and resolution of any concerns as close to the point of care as possible.
- The updated process would comply with applicable concern resolution legislation/policies (including clear escalation process).
- Transparent reporting of concerns (details to be finalized) would occur at the site, Zone and provincial levels to ensure a linkage to the quality improvement agenda.
- Post the process in all facilities and provided directly to all continuing care clients/residents/family members.

17. Opportunity: Enhance caregiver education and support

Issue: Caregivers are asking for tools so that they can support and care for a family member at home.

- Caregivers need information to help them plan and prepare for dealing with the care needs of their family member.
- They need tools to help them deal with difficult situations, such as aggression, incontinence, wandering, etc.

- They require direction related to respite care.
- They need information on which to base financial decisions and need to know what benefits and resources are available.

What we're suggesting:

- Build on the content of programs and services offered by existing partners and special interest groups, such as the Alberta Caregivers Association, Alzheimer's Society, Alberta Caregiver College®, MS Society, the Brain Care Centre, Spinal Cord Injury Canada, Autism Society Alberta, etc.
- Provide coordination and oversight regarding access to such services.

Conclusion

The Continuing Care Resolution Team (CCRT) was formed to address concerns expressed by clients and families related to continuing care services across Alberta. The CCRT heard from:

- clients and families
- frontline staff and managers
- community stakeholders, local and provincial organizations, government ministries, and business owners
- academic, industrial and technology partners

The CCRT has identified numerous areas where improvements can be made; the 17 recommendations proposed by the team reflect the following overarching themes:

- *Streamline and simplify processes in continuing care.* Currently, much of this system is complex and can be very confusing.
- *Be proactive, rather than reactive, with an approach to planning and support.*
- *Ensure that continuing care is on everyone's agenda.* We need to use a collaborative approach and work more closely with our many partners.
- *Give continuing care the attention it deserves.* AHS provides continuing care services to thousands of Albertans and continuing care is the fastest growing component of our health system. As the population of seniors and individuals of all ages living with chronic conditions and disability continues to grow, the continuing care system will need to be positioned for success by ensuring the availability of effective, efficient, and sustainable services.

The conversation on continuing care must be nurtured. By talking about the issues and potential solutions, we can make great inroads to improving the system and ultimately to the care and services received by our clients and their families.