Legislative Assembly of Alberta

The 28th Legislature
Third Session

Standing Committee
on
Public Accounts

Health
Seniors
Alberta Health Services

Tuesday, December 9, 2014
8:33 a.m.

Transcript No. 28-3-4

Legislative Assembly of Alberta
The 28th Legislature
Third Session

Standing Committee on Public Accounts

Anderson, Rob, Airdrie (W), Chair
Young, Steve, Edmonton-Riverview (PC), Deputy Chair

Allen, Mike, Fort McMurray-Wood Buffalo (PC)
Barnes, Drew, Cypress-Medicine Hat (W)
Bilous, Deron, Edmonton-Beverly-Clareview (ND)
Donovan, Ian, Little Bow (PC)
Eggen, David, Edmonton-Calder (ND)*
Hehr, Kent, Calgary-Buffalo (AL)
Horne, Fred, Edmonton-Rutherford (PC)
Jansen, Sandra, Calgary-North West (PC)
Jeneroux, Matt, Edmonton-South West (PC)
Luan, Jason, Calgary-Hawkwood (PC)
McAllister, Bruce, Chestermere-Rocky View (W)
Pastoor, Bridget Brennan, Lethbridge-East (PC)
Sandhu, Peter, Edmonton-Manning (PC)
Sarich, Janice, Edmonton-Decore (PC)
Swann, Dr. David, Calgary-Mountain View (AL)**

* substitution for Deron Bilous
** substitution for Kent Hehr

Also in Attendance

Anglin, Joe, Rimbey-Rocky Mountain House-Sundre (Ind)
Forsyth, Heather, Calgary-Fish Creek (W)
Pedersen, Blake, Medicine Hat (W)
Towle, Kerry, Innisfail-Sylvan Lake (PC)

Office of the Auditor General Participants

Merwan Saher	Auditor General
Doug Wylie	Assistant Auditor General
Sergei Pekh	Principal

Support Staff

W.J. David McNeil	Clerk
Robert H. Reynolds, QC	Law Clerk/Director of Interparliamentary Relations
Shannon Dean	Senior Parliamentary Counsel/ Director of House Services
Philip Massolin	Manager of Research Services
Stephanie LeBlanc	Legal Research Officer
Sarah Amato	Research Officer
Nancy Robert	Research Officer
Corinne Dacyshyn	Committee Clerk
Jody Rempel	Committee Clerk
Karen Sawchuk	Committee Clerk
Christopher Tyrell	Committee Clerk
Rhonda Sorensen	Manager of Corporate Communications and Broadcast Services
Jeanette Dotimas	Communications Consultant
Tracey Sales	Communications Consultant
Janet Schwegel	Managing Editor of *Alberta Hansard*

Transcript produced by *Alberta Hansard*

Standing Committee on Public Accounts

Participants

Ministry of Health
- Hon. Stephen Mandel, Minister
- Susan Anderson, Assistant Deputy Minister and Chief Information Officer
- David Breakwell, Assistant Deputy Minister, Financial and Corporate Services
- Linda Mattern, Assistant Deputy Minister, Health System Accountability and Performance
- Glenn Monteith, Chief Delivery Officer

Ministry of Seniors
- Hon. Jeff Johnson, Minister
- Mike Leathwood, Assistant Deputy Minister

Alberta Health Services
- James Silvius, Medical Director, Community, Seniors, and Addiction and Mental Health

8:33 a.m. Tuesday, December 9, 2014

[Mr. Anderson in the chair]

The Chair: I'd call this meeting of the Standing Committee on Public Accounts to order. I'm Rob Anderson, the committee chair and the MLA for Airdrie, and I would like to welcome everyone here in attendance today.

We'll go around the table to introduce ourselves, starting on my right with our deputy chair. Please also indicate if you're sitting in for anybody as a substitute.

Go ahead.

Mr. Young: Good morning. Steve Young, MLA for Edmonton-Riverview, and I'm the deputy chair.

Mr. Horne: Good morning. Fred Horne, Edmonton-Rutherford.

Mr. Donovan: Good morning. Ian Donovan, Little Bow riding.

Ms Jansen: Sandra Jansen, Calgary-North West.

Mr. Allen: Good morning. Mike Allen, Fort McMurray-Wood Buffalo.

Mr. Luan: Good morning. Jason Luan, Calgary-Hawkwood.

Mr. Jeneroux: Good morning, everyone. Matt Jeneroux, Edmonton-South West.

Mr. Anglin: Joe Anglin, MLA, Rimbey-Rocky Mountain House-Sundre.

Mr. Sandhu: Good morning, everyone. Peter Sandhu, MLA, Edmonton-Manning.

Mr. Monteith: Good morning. Glenn Monteith, chief delivery officer at Alberta Health.

Mr. J. Johnson: I'm Jeff Johnson, Minister of Seniors.

Mr. Mandel: Steve Mandel, Minister of Health.

Dr. Silvius: I'm Jim Silvius, medical director for seniors' health with AHS.

Mr. Wylie: Good morning. Doug Wylie, Assistant Auditor General.

Mr. Pekh: Good morning. Sergei Pekh, office of the Auditor General.

Mr. Saher: Merwan Saher, Auditor General.

Mrs. Sarich: Good morning and welcome. Janice Sarich, MLA, Edmonton-Decore.

Mr. Pedersen: Good morning. Blake Pedersen, Medicine Hat.

Mrs. Towle: Good morning. Kerry Towle, MLA, Innisfail-Sylvan Lake.

Mr. Barnes: Drew Barnes, MLA, Cypress-Medicine Hat.

Dr. Swann: Good morning and welcome. David Swann, Calgary-Mountain View.

Mrs. Forsyth: Hi. I'm Heather Forsyth, Calgary-Fish Creek.

Dr. Massolin: Good morning. Philip Massolin, manager of research services.

Mr. Tyrell: I'm Chris Tyrell, committee clerk.

The Chair: Thank you.

Before we begin, the microphones are operated by *Hansard* staff. Audio of committee proceedings is streamed live on the Internet and recorded by *Alberta Hansard*. Audio access and meeting transcripts are obtained via the Legislative Assembly website. Please make sure to speak directly into the mikes, lean forward. It makes it easier for everyone to hear in their earpieces if they are using them and also for *Hansard* staff to be able to record properly. Also, please set your cellphones to vibrate or silent.

We first need to approve the agenda, which was circulated last week. Do we have a mover that the agenda for the December 9, 2014, Standing Committee on Public Accounts be approved as distributed? Mr. Sandhu. Those in favour? Any opposed? Carried.

We also have to approve quickly the minutes from last meeting, which have also been circulated. Do we have a mover that the minutes for the December 2, 2014, Standing Committee on Public Accounts be approved as distributed? Mrs. Sarich. Those in favour? Any opposed? Carried.

Members should all have a copy of the briefing documents prepared by committee research services and the office of the Auditor General. Obviously, joining us today to discuss seniors in long-term care and the seniors' lodge program as outlined in the Auditor General's October 2014 report are representatives from the Department of Seniors, Department of Health, and Alberta Health Services, including our Minister of Health and Minster of Seniors. It's an honour to have you both here. It's not common for ministers to come before Public Accounts, but it should be a very worthwhile exercise, I imagine. Thank you for coming.

We'll begin by having each of the ministers make opening statements of no more than five minutes each on behalf of your respective departments. The remaining time will be for the committee to ask you questions.

Who'd like to start? We'll start with Minister Mandel. Go ahead.

Mr. Mandel: Thank you very much, Mr. Chair. Good morning everyone. It's actually quite a thrill for me to be here. I've never done this before, so it's quite exciting.

Before I begin, I'd like to introduce a team. Alberta Health and Alberta Health Services are two different organizations. We have people from each one. Glenn Monteith is from Alberta Health. Behind me is David Breakwell, assistant deputy minister, financial and corporate services; Michele Evans, executive director of professional services and health benefits; Susan Anderson, assistant deputy minister and chief informational officer, health information technology and systems; Dr. James Talbot, chief medical officer; Linda Mattern, assistant deputy minister, health systems accountability and performance. We've got lots of people. Matthew Hebert, director, deputy minister's office; Corinne Schalm, director, access and innovation; and Dr. Alan Casson, senior medical advisor.

From Alberta Health Services: Dr. Carl Amrhein, official administrator; Dr. James Silvius, medical director, community, seniors, addiction, and mental health; Deborah Rhodes, vice-president, corporate services and financial officer; Carmel Turpin, communications director; Ronda White, chief audit executive, internal audit; David O'Brien, senior program officer, community, seniors, addiction, and mental health; and Isabel Henderson, co-lead, continuing care resolution team. I brought a group.

Our goal is to create a patient-focused, efficient, effective, and sustainable health system. Patients are our priority, and programs and services must reflect and accommodate patient needs. Yet we must work within our financial means. In the past year Alberta Health and partners accomplished significant achievements. We know more work remains in our ongoing efforts to improve health care, but accomplishments in this fiscal year provide a good foundation for the months ahead.

Primary care is a cornerstone of our health system. Last year we released a primary care health strategy that guides primary care development in this province. The strategy focused on providing every Albertan with a home for primary health care and ensuring Albertans receive integrated, co-ordinated care. It enhanced primary care networks, introducing extended hours of operation, same-day/next-day appointments, and also established a primary care health care strategic clinical network to expand research, best practices, and innovation. Part of primary care includes working with physicians. We negotiated a comprehensive, new, seven-year agreement with the physicians. A new agreement provided greater long-term stability for the health care system. We expanded scope of service, introduced the role of physician assistants, expanded scope of practice for pharmacists and continuing care.

8:40

Seventy-five million dollars was added for new supportive living spaces last year. This will build on the continuing care investments we're making right now to add more spaces and relieve pressure on acute-care beds.

I've provided just a few highlights of our achievements. We will have an opportunity to discuss many other accomplishments. Work has been done, but we know more needs to happen. That's why my mandate includes a focus on service for individuals with mental health and addiction issues. The Alberta Health Services governance system provides for outcome-based regional decision-making and plans for a fiscally sustainable health system that anticipates changing demographics and innovations and research plans for AHS.

I will now turn it over to my colleague.

Mr. J. Johnson: Thank you, Minister, and thank you, Mr. Chair. It's an honour to be here for the first time in Public Accounts as Minister of Seniors. I'd like to introduce my staff. I have Remo Padovani, our chief of staff; Jennifer Renner, my press secretary; Ernie Hui, the deputy minister; MaryAnne Wilkinson, our ADM of strategic services; Mike Leathwood, ADM of housing; Kindy Joseph, our acting executive director of seniors' services. Cam Steenveld is our senior financial officer, and Darren Baptista is here as well, our director of financial planning and reporting.

I'd like to give the committee a very brief overview of the Seniors ministry before I make a few remarks about the last Auditor General's report. I'm very honoured to serve as the Minister of Seniors and wholeheartedly support the decision to once again have a stand-alone ministry to focus just on seniors' issues and services. The new Seniors ministry is now responsible for some programs formerly under Alberta Health such as the property tax deferral program, the Alberta seniors' benefits program, the special needs assistance program, the Seniors' Advocate.

The Seniors ministry is also responsible for social housing, that was formerly under Municipal Affairs. This role includes managing the portfolio of government-owned housing and seniors' lodges, providing rent supplements and support for social housing owned and operated by others. We also administer an agreement with the federal government to develop housing, which is currently being directed toward expansion, refurbishment, or replacement of seniors' lodges. Recently Seniors became responsible for the affordable supportive living initiative to help develop continuing care spaces as well. That gives you a brief overview of the ministry's main activities.

I'd like to address particularly a few items from the October Auditor General's report as they pertain to Seniors. Seniors was asked to improve measures to determine the effectiveness of the seniors' lodge program. I am pleased to report that we are making progress on this. I'm expecting a stakeholder committee report on a review of the lodge program early in the new year. I anticipate working with the stakeholders and partners during 2015 to develop the comprehensive goals, targets, and measures the Auditor General recommended for the lodge program.

The Auditor General recommended developing a contracting policy for capital additions to the social housing portfolio, and the ministry expects this to be completed by March 31.

The AG also made two recommendations for affordable housing grants to improve the monitoring and evaluation processes. I am pleased to report that the monitoring work is ongoing to ensure that grant recipients are complying with the agreements. The ministry completed a second round of reviews at the end of October. As for evaluations of grant programs Seniors plans to start these in the spring of 2015.

The final recommendation is that a reserve fund policy for housing management bodies be developed. The housing management bodies deliver housing programs on our behalf. These are the foundations across the province. We have consulted with these bodies during the past year and expect to have a draft policy in place by March 31.

Thank you for the opportunity to appear before Public Accounts. I will be very pleased to answer your questions today, and any that we don't have specific answers for we can take away and get you the answers in writing.

Thank you.

The Chair: Thank you, ministers, for those comments.

Mr. Auditor General, would you like to say a few words?

Mr. Saher: Thank you, Mr. Chairman. Very briefly. In 2005 the Alberta government and its health agencies did not have a system of patient-centred care in long-term care facilities, a system in which the needs of residents are regularly assessed, every resident has a care plan, and the right care providers are there at the right time to provide the right care. Since 2005 the Department of Health and AHS have worked together to build a better system. Overall, they are moving in the right direction, and many elements of a patient-centred system are already in place.

The findings of our follow-up audit are summarized on page 73 of our October 2014 report and discussed in detail under the three recommendations we made. In summary, here are the critical remaining weaknesses to be fixed. Facility inspections are not yet focused on verifying that individual residents receive care as outlined in their personal care plans. There is no system to periodically verify that facilities schedule the right type and number of staff across shifts: day shifts, evening shifts, weekends, and holidays.

Multiple program areas do some monitoring of long-term care facilities, but no one organizational function within AHS has the ultimate responsibility to bring all available information together to assess the overall performance of each facility. There is also no clear authority and process to take proactive action with higher risk facilities. The department's current level of involvement goes

beyond an oversight role, overlapping with and eroding the authority of AHS.

Thank you.

The Chair: Thank you very much.

For the remaining time the government caucus will go for 17 and a half minutes, followed by the Wildrose for 17 and a half. Then the Liberals and NDs will both have about nine minutes, and the remaining time will be given to the government caucus.

With that, I'll turn it over to Mr. Young.

Mr. Young: Thank you. The first question. Mike Allen, would you like to begin?

Mr. Allen: Thank you, Mr. Deputy Chair. Well, good morning, ministers and other panel guests and all the visitors here. Thank you for coming. My first comment, I guess, is to say how pleased I am to see that Seniors is its own ministry again. I think it really allows us to put the focus that our residents in their golden years deserve. Minister Mandel and Minister Johnson, I'm sure I don't have to say a whole lot about our situation in Wood Buffalo because you're probably tired of seeing me at your door.

Mr. J. Johnson: I don't know what you're talking about.

Mr. Allen: Well, fortunately, we are the recipient of some good news on many fronts.

The Auditor General's report gives you a pretty clean, you know, really a report card that says you're moving in the right direction, and we're really happy to see that. It talks a lot about, you know, having the right care providers at the right time and delivering the right care through the whole continuum of seniors' care. One thing that's not really focused on in the AG's report is what we're hearing a lot about now as far as aging in place and aging with dignity. I'm just wondering what the focus is in your ministry particularly, Minister Johnson, on aging in place – and I'm talking more from the residential perspective where we have different levels of care between a couple – so that spouses are not separated in their living environments.

Mr. J. Johnson: Thanks for the question. This is a big focus for the Premier and for us, one of the reasons that we've got a stand-alone Seniors ministry again and one of the main reasons that we've got all of the housing components under one ministry. As long as I've been an MLA, we've never had that. They've always been split up; housing has been in Municipal Affairs, seniors has at times had ASLI. But now they're all under one. This allows us to work with the various providers out there that do different pieces of business: from the lodges to the nonprofits to the faith-based groups to groups like Covenant Health and Good Sam.

We're hoping that by doing this, we're going to be able to incent, I guess, or encourage or enable more campuses of care so that spouses can stay together as long as possible. If they need more supports, they can move to a different section of the building, whether it's a dementia unit or a place where they can get more complex care. That's one of the main reasons that we have the ASLI program and the continuum of care. We want to develop and build these campuses of care so that people can remain in the communities that they built and with their spouse that they've been with for so many years, so that we're not splitting people up. That won't be resolved overnight, but it's a big piece of the reason that we're doing what we're doing.

Mr. Mandel: I just want to add one point. I think, really, that one of the most important parts of the Auditor's report is focusing on evaluating what kind of care program we should put in place. I think that makes a big difference. That's more on the Health side because that's how we're going to determine the level at which individuals are taken care of. I think it's really important because oftentimes we push people up in care, which ends up hurting their ability to recuperate and become a more active part of society. I think that was one of the really great recommendations, the idea of ensuring that we have a care program for every individual.

8:50

Mr. Allen: Well, in the report it refers specifically, I think, to a focus on aging in place with respect to those that wish to age at home. Are we encouraging people to age at home, or is it based on their desire as to where they want to age, and do we have the home care supports there to sufficiently meet that demand?

Mr. Mandel: I think the direction that we need to go is ensure that people can stay in their houses and invest – I'm not looking for what the particular number is; maybe Glenn can come up with a number for 2013-14. But it's a priority as we move forward. I think it's a really important function to look at how we get far more family proactive, far more patient proactive, and, from a provincial point of view, do a much better job with individuals. Home care is really, I think, a big answer as to what we'll be looking at in Health.

Mr. Monteith: It's $37 million.

Mr. Mandel: Well, $37 million on enhanced home care, but we spend over $500 million on home care. So we're spending a fair amount of money. We've got to make sure that we're spending it right. Hopefully, we'll make sure we do that.

Mr. Allen: It's still determined that spending that money on home care and enhanced home care is more cost-effective in the long run for the ministry's expenses.

Mr. Mandel: Yes, both for money as well as for people. There are two numbers there: both money and people. People are equally important.

Mr. Allen: Great. Well, thank you, sirs. We're moving in the right direction. Certainly, I know that members of this committee are prepared to work with you to reach that end goal.

Thank you.

Mr. Young: Well, first, I'd like to collectively thank you all for coming here. So we can be a little more concise in our questions – we're measuring our time in minutes, not hours – let's dispense with the platitudes. So, collectively, thank you.

Fred.

Mr. Horne: Thank you and good morning. My question – and it will be brief – will just follow along Mike Allen's question. We're very, I would say, focused in Alberta on beds. A lot of the discussion around the need for more long-term care beds has been in the context of what's going on in the hospitals to free up more acute-care beds. Most of us around the table would acknowledge (a) that we'll never be able to build enough beds to house everyone who requires continuing care, you know, in a facility setting and, secondly, that we're going to have to look at ways to focus more on community-based care.

I'd like to just ask, I guess, both departments: at a policy level what is being done to look at how to reorganize the delivery of care within the system? We touched on home care. Most of the home care focus is still in the hospital. It's not in the community.

The home care activity is largely focused around how to free up beds today because we have patients that are waiting to be admitted. We haven't really talked about respite care or palliative care, which people require in increasing numbers. So what is sort of the status of policy development around rethinking how we organize and deliver continuing care, and how are you involving stakeholders in the system in the design of that?

Mr. Mandel: First of all, it's a great question. I think that, going back, we focused too much on building beds. Moving forward, we need to take a look at what those beds mean and how we can deliver that service in a more creative way.

You know, I can't believe the number of times that I talked to people about the challenge of respite care. The people who are committed to taking care of people in their homes need the support outside of it. We do not have a good enough respite care program for people. We need to develop better policy and more investment because if we're going to continue to try to focus on home care, they go together. So that would be one.

With long-term care, which is more under Health, I really think that we need to look at our evaluation process. Our evaluation process tends to push people too much into long-term care, and we end up not doing enough for people to move them home. I think that's the other part of it.

Palliative care is another area where, I think, historically we're increasing the number of beds available. I think, you know, that with end-of-life situations it's absolutely vital to make sure that we don't forget that this is a very emotional time for families. We need to make sure that we're responsive and we don't allow people to be confused, that we put in place a proper process and not a confusing one. I think that oftentimes, because of the size of our system, we haven't been able to, as best as we could, allow people to be as comfortable in this system under palliative care.

Glenn, did you want to say anything?

Mr. Monteith: On the cost side our long-term care is around $176 a day, the various supportive living range is from $69 to $125 a day, and the home care is at $29.07 a day. Those are this year's rates. I think it speaks to getting the right mix for the best use of the resources.

We had 112,000 Albertans receive home care last year, and that's a number that we're working hard to improve on and also improve the range of services in there as well.

Mr. J. Johnson: Can I piggyback on that, too, or do you want to keep moving, Chair?

Mr. Young: If you can add to the conversation, we've got lots of time.

Mr. J. Johnson: Well, I can try. Yeah. It's a very good question and, I think, a really relevant one. One of the things I'd point out is the work that we're doing, that Health is leading but that others are working on, and that is the new continuing care strategy. The other thing, I guess to piggyback on Glenn's comments, is making sure that the programs that we have are actually addressing the need or incenting what we hope we want to encourage, which is people aging in their community and staying in their homes as long as possible. So that's why you're seeing things like the Seniors' Property Tax Deferral Act being established.

We're seeing a big demand under our special needs assistance program, which provides supports for seniors. We're seeing less of a demand for big-ticket items like replacing a furnace or a roof and an increased demand for the soft services to help people stay in their homes: snow clearing and yard maintenance, those types of things.

The other thing that we're looking at is that there is a need to have different models in metro or urban areas than there is in rural areas. One of the challenges comes along with not having the numbers of beds or the economies of scale to put a project together in rural Alberta because most of the people are in a housing management-run lodge that doesn't want to do supportive living or long-term care or dementia units or that continuum of care. But you don't have enough bodies or beds for another provider, faith-based or nonprofit or private, to come in and establish a facility. So you've got a lack of that service in rural Alberta whereas in metro or urban areas you have choices because there are economies of scale. So how do we build a model that either helps those people come into those communities to establish those or that incents or encourages those housing management bodies, those foundations, to get into that piece of business so we can make sure that people can age in their communities?

So it's a very good question. There is a lot of good work that's just been done. There's more happening.

Mr. Young: Sorry to be short, Minister. We've got a couple of minutes left.

Janice Sarich.

Mrs. Sarich: Thank you very much. I'm going to focus on page 92 of the Auditor General's October 2014 report, where it was mentioned that "the department's current level of involvement in operational activities, particularly in facility inspections, [went well] beyond an oversight role." In fact, there are comments in here by the Auditor General about duplication of services, and I'm interested in determining whether or not you've assessed what the cost of duplication has been, and if not, why not? And are you moving in the direction to make any assessment of what this particular cost is and improvements so that the authority of Alberta Health Services is not eroded by the duplication of service on the operational side?

9:00

Secondly, my question pertaining to a recommendation made way back in 2005. This recommendation by the Auditor General was repeated. In fact, over the past nine years there hasn't really been any movement in terms of the seniors' lodge program review, and, Minister, you had mentioned that you're going to have a report by the advisory committee in early 2015. I believe we appreciate hearing about that, but you didn't really give an explanation as to why it has taken nine years.

The Auditor General's recommendations are usually cared for by ministries, by departments, in a three-year cycle. This has gone beyond that, and I was wondering if you could provide some insight to the standing committee as to why it's taken such a lengthy period of time. If you're moving in directions to improve processes – whether they be operational, reporting, inspecting – this just seems to be something that's really unreasonable.

Mr. Mandel: The first part of the question Jim will answer.

Dr. Silvius: So, very briefly, over the last year Alberta Health Services has developed a quality management framework for continuing care. In and amongst that we are doing a lot of work around audits. The specific question about whether or not we've costed it: the answer to that is no. Part of the reason we haven't is because we need to look at all of the facets to that, what the costs are for the operators as well as what the costs are for the system. We also need to determine what's the most appropriate way to do

the audits and who should be doing what and what the frequency should look like and all the rest of it. That will then determine what the costs actually will be. There's actually a big piece of work going on. It's shared jointly between the department and AHS to do that right now.

Mrs. Sarich: Just in follow-up to the answer that you've provided, I'm wondering if you would consider, in follow-up to the standing committee, what that actual cost is to the system on the duplication. You said that you're looking for efficiencies and effectiveness within the organization, so at some point you'd be ready to report over what period of time and what that cost is.

Thank you.

Mr. Mandel: We will do that.

For the second question, Linda Mattern.

Ms Mattern: Sorry; you were asking about the standing committee? I didn't quite catch the whole question.

Mr. Mandel: The question was about a program from 2005.

Mrs. Sarich: The "effectiveness of the Seniors Lodge Program and determine future needs." That recommendation has been standing since 2005. The minister had indicated that there is a stakeholder advisory committee that will report in 2015. Why has it taken nine years?

The Chair: Can you just introduce yourself at the mike when you speak? Thanks.

Mr. Leathwood: Mike Leathwood. I'm the assistant deputy minister with the seniors division. We have the responsibility for the lodge program. A couple of comments there. The lodge program actually is an example of something the minister referred to as a program that had moved around in government. It actually was moved back to Municipal Affairs in 2012. One of the first things that the then minister did is: we need to look at this program. That's when we engaged as a group on looking at the program, bringing in the stakeholders, and looking at a full evaluation of the effectiveness of the program. As our minister has pointed out, we're prepared now to present that report to him here in early January and go forward and ensure the program is sustainable. It's a great program. As the minister has mentioned, it's vital to caring for seniors, in particular seniors in rural Alberta.

Mrs. Sarich: I'm going to interrupt you. What is the problem with oversight and monitoring on continuity when the shift occurs, between moving subsets of a particular ministry to another ministry? What seems to be the problem?

Mr. Leathwood: You know, I couldn't comment on the problem specifically before, but when it came to us again, it brought it back into one ministry. The management bodies, as the minister has referred to, run the lodge program with other social housing, so it's very important to them. We moved forward. As to the reasons it was not specifically looked at before, I couldn't comment on that.

Mr. Young: Thank you.

That's all our time until we're back.

Mr. Chair.

The Chair: Yeah. Over to the Wildrose. Mrs. Forsyth, you'll have 15 minutes, and I'm going to take three.

Mrs. Forsyth: Thank you. I'm going to read an excerpt from page 72 of the report.

> The acute care system is designed for treating acute or episodic conditions. It is not designed to . . . meet the unique and complex care needs of seniors. The strong push to move seniors quickly out of the hospital beds and into long-term care beds is not . . . about saving money – [quite frankly] it is about saving lives.

We've had some discussion about beds previously. The Minister of Health pledged in October to open a number of continuing care beds to relieve pressure from hospitals; 111 of those beds were to be opened within three months. How many of the 111 beds are open and in use today? Can you please provide a breakdown of where they're located? How many more long-term care nursing beds you will open after that?

Mr. Mandel: Thank you. We have that information.

Do you want to give it to her?

Dr. Silvius: So 77 beds are currently open already and in operation. We have another 140 that will be opening by the end of December. They are across the province. The currently opened beds are primarily in the Edmonton zone, but the beds that will be opening in the next month are scattered.

Mrs. Forsyth: At the time of the announcement the government reported that 700 acute-care beds were being used by patients waiting for continuing care placement. Can you please provide me with an update of the number and also a breakdown of how many acute-care beds are currently used by patients waiting to access long-term care beds versus the number of patients waiting to access supportive living beds? I'd like you to also provide me, through the chair, a breakdown of these numbers by zone and the facility in which these patients are currently waiting. I don't need that if he can provide it through the chair.

Dr. Silvius: Yeah. Thank you. That would be great because I don't have the numbers with me, but we have them. Yes.

Mrs. Forsyth: Okay. We all know that the vast majority of those who provide care to seniors – the nurses, the health care aides, and other front-line workers – do a fantastic job, often under very extreme, difficult circumstances. We also note that the vast majority of long-term care operators work hard to ensure the residents and their facilities are well taken care of. However, as we've seen in the past, tragic stories of seniors' neglect do emerge. On page 90 of the Auditor General's report it states, "it isn't clear what standard consequences are available to AHS staff to deal with facilities with lax practices or how these consequences can be triggered." He's asked AHS to consider the following options:

- Report facility inspection results publicly . . .
- Categorize facilities by risk level and inspect them more frequently . . .
- Place higher risk facilities on a priority list . . .
- For facilities that persistently fail to improve, place an AHS worker on site

Are you working on that now?

Dr. Silvius: The answer to that is yes. Again, through the quality management framework that I talked about, we're in the process of looking at all of this in response to the Auditor General's comments and report. One of the things that we recognize is that there are numerous sources of information that can go to help us identify risks for facilities. We're looking at how to use all of that information in the appropriate fashion but also a transparent

fashion across the province so that facilities and operators are aware of what will be looked at and what won't be looked at. That work is under way as we speak through a working group of the committee.

You asked about public reporting, and that's one of the other things that we're looking at doing. We control some information. AH controls some information. But at the end of the day, when the framework is fully implemented, the intent is that there will be public reporting on much of what you're looking for.

Mrs. Forsyth: I think one of the things which, to me, was very telling is the consequences that facilities have to face, and I need to understand what the triggers will be and what consequences you will place on the facilities if they're not taking care of our seniors.

Dr. Silvius: The answer is that we're actually working collaboratively to do that with operators. The system as it develops can't be done in isolation, in my opinion. So AHS is working with operators and with Alberta Health to put that framework in place. The consequences, actually, we currently do have. Individual facilities that are found to be deficient are worked with in terms of developing a plan to support them to become compliant with standards, which is mostly what we're monitoring to at the present time. As what we audit against changes and what we monitor against changes, that will be expanded.

What was the last part of your question? Sorry.

Mrs. Forsyth: I think it was about what consequences you are going to raise to the facilities.

9:10

Dr. Silvius: Oh, sorry. Yes. Correct. Okay. The consequences are at the moment spelled out in contract, right? So we actually monitor against contract. What will be changing is that we will be monitoring differently so that we'll be looking more specifically at things, as the Auditor General points out, such as the specific staffing and the care plans, which is not something we monitor to at the present time. That's what will change. The consequences will continue to be the same.

We do have mechanisms in place, which we try not to exercise, quite honestly, but have done so on a number of occasions, where we have stepped in and assumed responsibility for facilities because the facilities were unable to meet their requirements. We do have a process in place.

Mrs. Forsyth: If I may point you to page 77 of the Auditor General's report, I think that probably one of the most frightening things to me is when he talks about how the basic needs of every resident have to be met. Even more frightening is that these basic needs are not defined in legislation and are not detailed in any standard of care. He talks about personal grooming, toileting, assisting with medications, timely clothing change when soiled, helping with feeding, timely response to residents' bed calls. What do you consider basic needs?

Dr. Silvius: The answer to that is, in fact, that the basic needs are: what are the needs of a specific individual as detailed in their care plan? That's what we're not monitoring against specifically at this point. The Auditor General has pointed that out. We agree that that's an area that we need to work on, and we are doing that work.

Mrs. Forsyth: Here's what's stunning to me. It's 2014, and we're talking about basic needs for seniors, which make sure that they're clean, they're bathed, they're fed, and you're now telling me we're just looking at that in 2014 because we haven't defined what basic needs are in the past?

Dr. Silvius: No. That's not what I'm saying. What we have done historically is to have care plans for individuals. What we have not done within AHS is ensure that those care plans are being followed, and that's the component that we are looking at working on and improving upon.

Mrs. Forsyth: If you're trying to find out if the care plans are followed, can you please tell me? My former colleague has asked continuously in question period about seniors receiving two baths a week. Are we doing that now? Can you tell me that every senior in this province that is in a facility is now getting their two baths or showers a week?

Dr. Silvius: The answer to that is no, but it's qualified. I know the look. The answer is that the expectation is that that standard will be met by December 31 of this year. The audit that has been done has identified that 89 per cent of long-term care facilities are fully compliant already as of last month with offering two baths a week to residents. In supported living the number is 86 per cent. The intent and the expectation is that we will see that number go up after the December 31 date, which is the implementation date.

The Chair: Just to follow up on that, is there actually going to be a standard of care, a minimum standard of care for our seniors, a document that we can look at that's saying that this is going to be the standard of care? I understand there need to be individualized plans and all that for different people. I get that. But two baths a week; soiled clothing is going to be changed; staffing ratios for people with Alzheimer's, things like that: is there going to be a place where we can say that this is the standard of care for our seniors in long-term care that everyone can see?

Mr. Mandel: For the most part that's in place. I mean, the standard of care programs that we put together for each client really drive what are specific needs of all individuals within the system, and that was one of the Auditor General's concerns, which is a very valid concern. The other part that you're talking about is making sure that they do their job, which is stipulated as far as number of hours that there have to be nurses there, number of hours that people have to be in support, number of times working on the baths, and other issues within the institution to run a well-managed facility.

That doesn't mean that someone is not going to slip through the cracks and have a problem. I mean, you're dealing with a great number of people, unfortunately. It's not acceptable. I'm not saying it's acceptable at all, but sometimes that happens. It's very difficult for any of us to accept that, but we have to make sure we correct it absolutely immediately. There are sometimes glitches, and we make every effort to correct them.

Mrs. Forsyth: Honestly, Minister, I'm just so taken aback by – and I apologize that in today's society we're having to have this discussion about basic needs for seniors. I mean, it's just a head-shaker, to be very honest with you, that we have to monitor when our seniors are not being changed, are not being showered. We've even asked about the food that is being fed to our seniors. Really, if there's any priority whatsoever, I think you've got to – we're still getting calls. I hope that, in all fairness, you make that a priority.

I want to talk about the AG's October 2014 recommendations where AHS stated that they were already working to implement

them. It's committed to reviewing site audits and will conduct more unannounced and random audits. How many random audits have you done without letting the facilities know that you're going to be coming?

Dr. Silvius: I don't know the specific number. I do know that a number of the zones have implemented random audits and have had them in place now over the last year.

Mr. Mandel: We can get the number.

Dr. Silvius: Yeah. We can get you the number and the zones that are doing it. Certainly, Edmonton and the south zone are both doing it, for sure.

Mrs. Forsyth: How is my time?

The Chair: You have five minutes.

Mrs. Forsyth: I want to briefly talk about the Seniors' Advocate, and I want to point you to page 102. I'm going to read this into the record from the Auditor General.

> We met with the Office of the Seniors Advocate, who informed us that his role is primarily to educate residents and their families and help them navigate through the system. The seniors advocate does not have a mandate to compel facilities or AHS to take action or provide detailed information related to concerns raised by residents.

Why not?

Mr. J. Johnson: I can take that. Maybe this is a good segue into the previous conversation about some of the unfortunate situations that happen throughout the system and get identified. I guess I don't want it to be overportrayed that these are broad issues, that our seniors aren't being taken care of. We've got a lot of fantastic facilities and incredible people working in these facilities that are doing very good work. There are standards of care. There is the expectation that they'll be offered two baths a week, but there are also care plans that are developed between the care providers, the doctors, the nurses, the aides, and the family, and those are reviewed regularly. What the government has done is put into place several – there are several avenues that people can go to if they've got concern with respect to the care that their loved ones are getting.

First and foremost, you go to the local management to try to work through this, but we've also established, as you've identified, the Seniors' Advocate. The Seniors' Advocate role is one of navigation, really, and that is what is the greatest need out there. People have a lot of questions when they're trying to navigate the system and understand where they go with various concerns or questions, so the Seniors' Advocate has played that role. If there's advice and direction that my colleagues or Albertans would have on changing the role and responsibilities of the Seniors' Advocate, we're happy – happy – to look at that and talk about that. The Seniors' Advocate has the ability to call investigations and inspections as well, so don't forget that.

The other thing that I would remind you of is that there is good legislation in Alberta with the Protection for Persons in Care Act and there is a 1.800 number, and people are compelled – as a matter of fact, it's mandated. It's legislated that if you're aware of someone who is being abused or not getting the treatment that they want, you're required to call. There are a number of things that we put in place to try to make sure that these checks are there. I'm happy to look at the role of the Seniors' Advocate if there's a will for us to do that, tweaking that to make it better.

I'm sure the Member for Innisfail-Sylvan Lake will help me with that. She's bursting over there.

The Chair: We won't go there.

I'm going to take a couple of minutes here. Obviously, Health Minister, we talked about this, but it directly, I think, involves what the AG's been talking about. There was a couple of years ago a change to the funding formula for long-term care, and I don't claim to understand the formula a hundred per cent, but the end result was that more of the funding pot was allocated to rehabilitative care and seniors' homes where rehabilitative care was more commonly practiced, the Fanning centre and places like that. Less funding went to long-term care facilities like the Bethany in Airdrie and others that deal with Alzheimer's and deal with dementia patients.

9:20

Frankly, there were huge staffing cuts as a result and just deplorable conditions. Bed sores not treated, just disgusting conditions. I went there. I've seen them myself. I've seen pictures. It is really brutal. They're doing the best with what they have, but literally they almost have, you know, a third of the staff, and their patients are as high-needs as it gets. I want to know if that is being reviewed, if that has been reviewed in this report, and if not, what are you doing to address this situation? In Airdrie, in particular, and I know in other areas it is to a crisis point, and those staffing cuts need to be undone.

I don't know who wants to answer that.

Mr. Mandel: I'll answer it. I think it's a very important question. It's almost a conflict between the care funding and accommodation funding. It does create some dilemmas, and we need to find a better balance. People at the time, the people of the day, felt that the care funding was an important part of rehabilitation and allowing people to have a better quality of life. There's a limited pool, so we will evaluate the need for more investment into the accommodation file side of it. I think it's a valid question, and we need to do that. You know, I'm not going to get into the $65, $75 barrel of oil. This is about what's right and what's not right, and we'll evaluate that. I think it's a very valid question.

But I think it's important to note that this is not a catastrophic event where there's all kinds of people having poor care. There are some challenges we need to deal with, and that is as a result of some of the issues the operators have financially. I've met with many of them, and they give me the same story, that they're not getting quite enough money to make ends meet. So we need to find a way to make sure that they can operate because if they don't operate, we have to operate, and that's not necessarily in the best interests.

The Chair: Last question: what's the ETA for this review to be completed?

Mr. Mandel: I'd like to have it done before the next budget because it needs to be included.

The Chair: Thank you very much.

All right. We'll go on to Dr. Swann. You've got nine minutes.

Dr. Swann: Thanks very much. I'll just rifle through five questions, and you can answer them as you're able or send along some notes because, obviously, you can't have everything you need right at hand. I'd love to hear some comments about how we compare to best practices on the planet. I don't hear any discussion about

Scandinavian care vis-à-vis home care, lodge care, and long-term care.

Secondly, the facilities receive funding, as per the report, page 13, to meet the needs of patients based on their individual care plan, and a team of health care workers evaluates the accuracy of the care plan through an assessment. Can the ministry comment on why this team is project funded as opposed to permanently funded?

Thirdly, will there be processes put in place to review staffing schedules and make unannounced visits to ensure that an adequate number of care providers are on-site during different shifts on weekdays and weekends?

Fourthly, are plans in place to categorize facilities by risk level and inspect them on a different basis with more rigorous protocols? If need be, if the facilities do not improve, will an Alberta Health Services worker be placed on-site until improvements are made?

Fifthly, will we see some results made public on many of these issues, including a survey of the patient experience and the family experience in individual settings so that people can actually get a sense of whether we're improving or not improving based on the personal experience of patients and their families?

If we could get some written responses to those.

Mr. Mandel: Do you want written, or do you want us to give some of them here today?

Dr. Swann: Give what you can. We've got three minutes.

Dr. Silvius: I can respond to some of them. The processes to review staffing schedules, the unannounced visits are all part and parcel of the work that's being done by the quality framework group. The plans to categorize and inspect by risk equally is all part of that and will be coming forward.

An AHS worker on-site until things improve. It actually depends on the site and the circumstance. We already do that to some extent, in fact. I can think of one example recently where we've done exactly that, and we've worked hand in glove with the operator.

The results about the survey. I believe the HQCA is doing the satisfaction work. I don't know the extent of that personally, but I suspect it's going to get at least some of what you're asking about.

The best practices. Yeah, there has been a lot of work done around best practices, actually, by both Alberta Health and Alberta Health Services. Obviously, if there are practices elsewhere in the world that we can incorporate into the work that we're doing here because they are best practice, we should actually be doing that. So there has been work done by both organizations on that.

The other one is about the . . .

Dr. Swann: Where is that reported?

Dr. Silvius: You'd have to ask the department for their piece, obviously. Within AHS it is used in the work that we do. I don't know whether we have a specific report, to be honest, that I could lay my hands on and say: it's all here. But, certainly, we have done a lot of that work within the group that I look after as we have worked to develop the system that we have.

Mr. Mandel: Glenn, do you maybe want to answer?

Mr. Monteith: We've done the same thing. We'll check to see if we've done a full report. We typically review these things as part of our work, kind of doing literature reviews and things of that nature. We'll check with the department staff directly to see if we've produced an actual report internally. To my knowledge, we use it as part of our ongoing work on a regular basis through kind of just analyzing best practices world-wide, but I will check on whether we've produced a report itself.

Mr. Mandel: Just to add, I believe that setting standards up is absolutely essential throughout the system, and we have not been as good as we could have been in doing that. That will be a priority as we move forward, setting up measurable results for not just the continuing care side but for almost everything within Alberta Health Services and Alberta Health. If you can't measure it, if you can't evaluate it, then you can't report on it, so we'll find ways to do all that. I think that's an absolute priority, and we're in the process of doing it now, but it will take us a bit of time.

Dr. Swann: Thank you.

I guess I would follow up with some questions about home care. It appears to me that we are woefully inadequate in terms of our commitment to home care and the tremendous cost savings as well as quality of life improvements. What is the commitment of this minister to enhancing, even doubling, home-care services, actually saving money and improving quality of life? How are we measuring quality of home care and, again, reporting on it?

Mr. Mandel: Well, I'll answer the first part of the question. I would agree that home care is an absolute priority, but like every thing else in the system we have to find money to allocate to it. Home care is a way, no question, of saving money because if you don't pay here, you pay there. So which would be more reasonable? Just like moving people out of acute care into continuing care is a big savings; it's $1,500 a day versus $250 or $275.

The challenge is that budgets have allocations at different levels and for different things, so you try to find a balance. As was said a while ago, if you take away from here – the question by the Chair was about you do this or that. Well, we don't always have enough money to do both, so we have to find a balance. We would hope we'd find the balance on home care, and we have spent substantially more money. We're over half a billion dollars now. We'll continue to look at it. It's a very important investment.

Dr. Silvius: Some specific numbers. We've added $123 million to home care in the last five years. We've also increased our home-care caseload by 12 per cent over the last three years, and this year we're actually exceeding what we had anticipated in terms of our home-care growth. So the focus is still there.

Dr. Swann: I don't see any measurement of quality.

Dr. Silvius: Yeah. Quality is a little harder to measure in home care because it's a dispersed system where you're going into people's homes. Part of the work of the quality framework group is going to be to look at home care as well. We do have the raw indicators, and so on, but they don't get at what we really need to get at, in my opinion.

Dr. Swann: Does anyone have numbers on how much we spend on home care per population versus other jurisdictions, even in Canada?

9:30

Dr. Silvius: We do. I do not have it right at my fingertips, I'm afraid, but I can get it.

Dr. Swann: Do you know where we might stand in the country? Are we average, are we below average, are we above average in home-care investments in this province?

Dr. Silvius: Sorry. I am not positive on the latest. I'll have to get that for you.

Dr. Swann: Could you send that?

Dr. Silvius: Certainly.

Dr. Swann: Good. Thanks.

The Chair: We'll move to Mr. Eggen.

Mr. Eggen: Well, thank you very much. I have observed that both the Seniors minister and the Health minister like to play fast and loose with the terms "long-term care," "assisted living," "designated assisted living," and so forth, interchanging them and obfuscating the focus. First of all, there is a clear definition of long-term care in the Nursing Homes Act. I'm just applying that because the minister talked about the importance of having standards of care. I just want to ask: with the application of the Nursing Homes Act, how many people actually need those services, how many long-term care beds are we short here in the province of Alberta, and when are we going to build them?

Mr. Mandel: Just to clarify, we don't confuse it, people asking us questions about long-term care, continuing care. Continuing care is the continuum of long-term care. Assisted living, those various things, are part of it.

We'll see if we have the number of beds.

Mr. Eggen: So you're not willing to either apply the Nursing Homes Act, which actually defines how people are cared for in a very prescribed way, and then make application to how many beds we need. I mean, I find that very disturbing. This is the nut and it's the centre of the problem of having people in acute care when we could be putting them into other places. We already have the means by which we can set those standards, and we're not applying them.

I was very disturbed as well that the same Health minister here right now said that he wanted to revisit the definition of what long-term care is. I would venture to say that that's not your job.

Mr. Mandel: I didn't say that at all.

Mr. Eggen: You sure did.

These elements are enshrined in law, and it's not your job to do that. It's done by science, it's done by medical professionals, and it's done by the Nursing Homes Act. Are you planning to change the definition of what long-term care is in the Nursing Homes Act?

Mr. Mandel: Where did you get that? No.

Mr. Eggen: Well, check the *Hansard*. That's what we have here, too.

Mr. Mandel: Okay. Please do.

Mr. Eggen: Uh-huh. Absolutely.

I was concerned and I wanted to follow up further in regard to inspection of standards of care. It's clear that the Auditor General said that we need to have another inspection process in place. It's one thing to maybe have rules, but it's another thing to enforce them. I'm wondering what the ministry, either Seniors or Health, is doing to change up the inspection process to make it more effective, to see what's going on in our seniors' facilities.

[Mr. Young in the chair]

Dr. Silvius: That's the work that's being done jointly with Alberta Health around defining accountabilities on both sides as well as looking at what the audit system should be for long-term care. That's work that's being done, again, under the quality management framework jointly with Alberta Health.

Mr. Eggen: Is there any plan in place to make it transparent, to make it clear how different seniors' facilities stack up against each other and so forth so that people can, you know, make choices, just like you have those wait time sort of lists we see on the Internet, something similar that would show standards of care and success, or not so much, in different facilities around the province?

Dr. Silvius: Yes. That is part of the plan.

Mr. Eggen: Awesome.

Dr. Silvius: I have some numbers about supported living versus long-term care, by the way. AHS, through the assessment process that we use, does assign levels of care to individuals. Where we do not have ability to house them in a level that's appropriate for their needs, we actually go to the next level up, which typically is long-term care. That's not necessarily appropriate for them, but it's what we do.

When we look at people who are waiting in acute care for a facility of some type, about a third currently are waiting for long-term care. The rest are waiting for supported living. Yet we have far more long-term care in the province than we do supported living. Of the 23,000, 14 and a half thousand are actually long-term care. So we have a mismatch, and we have overcapacity in long-term care, in fact. The problem is that it may not necessarily be where it needs to be, not so much that we don't have it.

Mr. Eggen: So you are suggesting that we have an overcapacity in long-term care? I'm sorry. Could you say that again, please?

Dr. Silvius: Yes. Yes, I am. If you look at the assessments that have been done across the system, people are assessed as requiring supported living far more frequently than they're assessed as needing long-term care, yet what we have in the system is, to a great preponderance, long-term care.

Mr. Eggen: That's interesting. Okay.

Dr. Silvius: And that pattern has been consistent for the last several years.

Mr. Eggen: Okay. Very good. Thank you very much.

It's clear that each of the ministries, both of these ministries, began their presentations talking about the price of oil. Clearly, there seems to be a government-wide directive to make cuts in each ministry. In both Health and Seniors they must be going through that process right now. I'm curious to know: what are you planning to cut, where are you planning to cut, and how much are you going to cut from the Health and Seniors budgets?

Mr. J. Johnson: Mr. Chair, I'm happy to answer the question, but I kind of think that maybe I'm in the wrong meeting. I've got my speaking notes, and I don't recall anyone talking about the price of oil. This sounds like a budget debate and not a Public Accounts debate.

The Deputy Chair: If I may jump in, I think we have to stay to last year's AG report and not the future budget and today's price of oil.

Thank you.

Mr. Eggen: The minister was talking about the Seniors' Advocate and the role of that advocate. I mean, it's fairly clear that the effectiveness is predicated on the independence of that office. You said that you were interested in revisiting the role of that advocate. Have we made some budget plans in this last year through the Auditor General's report that would make this an independent office of the Legislature?

Mr. J. Johnson: It's a good question, and it's one that's come at us periodically. There are two rules of thought with that. One is that you want that office to be as independent and as empowered as possible. The other, balancing piece of that is that when they're within government, they can navigate a lot more and have access to files and access to people to resolve issues if they're going to play a navigation role. So if they're an oversight-accountability-reporting role, independence makes a lot of sense, but if you actually want them to play a navigation role and an advocacy role inside to get things done, then it may make more sense to have them somewhat at arm's length but keep them inside government so that they can do more work that way.

In the past it's been the navigation role. They work with people that call that have questions about their rights and where they go and how they address certain issues. They do have the ability to call inspections and give advice to the minister. We want to make them as effective as possible. I don't know if we've got it quite right yet, but we would be happy to look at that going forward.

Mr. Eggen: Yeah. That's good. Thank you very much.

I've got just a couple of seconds left. The Minister of Health talked about the importance of standards of care. You said that that's the best way to move forward. So can we quantify standards of care in regard to staffing ratios? We know we have laws around the Nursing Homes Act around staffing ratios. Are you willing to move forward on that to other categories of care?

The Deputy Chair: We've run out of time. If you could maybe take those down and provide those in writing back to the committee, I'd appreciate it. Thank you.

Joe, you've got a couple of minutes for a quick question.

Mr. Anglin: I sure do, but Joe never has a quick question, just so you know. Okay. I'll stay within time. Don't worry. We are small in number but large in heart.

It doesn't take an MBA to understand an organizational structure. There's been a theme today in every question that's been asked, and it's consistent in the Auditor General's report going back quite a ways and then even in the questions in summation that were provided to us today. Most every question was about evaluating or monitoring or establishing or understanding what your goals are in your organization.

9:40

Now, clearly, you have a mission statement, you have your goals laid out, and your subsets or departments lay out theirs to meet the overall objective of the organization. The question I have is: how do we and how does the public understand what your goals are in relationship to every segment of your responsibility? For example, we talked about supportive living, palliative care, long-term care. We measure some in physical beds, and then metaphorically we use beds to talk about the complete service that is provided as care. You have goals; your departments have goals. The real question is: how do we see these goals publicly, and how do we see how your departments are measuring those outcomes so that we are getting some kind of performance measurements, so that we can look at what's happening and measure what's happening in Rimbey or Grande Prairie or Fort Mac against these goals and objectives?

It's the clarity of the organization and the performance measurements that seem to be the general theme. When can we expect – the public, the committee, the MLAs – something clear and concise so we can actually see that you're doing what you said you were going to do and so that for those areas that you claim you need to re-evaluate and look at, we can see the outcomes based on either time, what your plans are, and what performance measurements you intend to perceive, and then how you're actually going to achieve that to get credit when you do achieve it?

The Deputy Chair: Okay. Very quickly, if you could just take about 30 seconds, and then if you need to provide a follow-up answer. Joe was over his time just to ask the question.

Mr. Mandel: Joe had a long question.

The Deputy Chair: Yes, he did.

Mr. Mandel: We'll give a short answer. We develop standards. Those standards should be able to be publicly understood in an effective way, and that's why measurement of everything we do within the context of any area needs to be done in a way that people can understand what the standards are measured against, so what best practices are and what we measure against and how we measure up to that, and we're working on a process to do that.

The Deputy Chair: Okay. Thank you.

Now we're going to go to the PC caucus, and I'm going to start off with Jason Luan.

Mr. Luan: Thank you very much. I have three questions. I'm going to try to quickly squeeze them through. In the annual report it talks about how last year's waiting list for continuing care and long-term care has increased 13 per cent. This further supports the overall concern that we're all saying: the needs are greater than what we can supply. What's your strategy of how to cope with that?

Mr. Mandel: Well, on the long-term side we've approved to build 300 new beds, and that will help offset it. I think, as Jim was saying, we have a number of long-term beds, which will then help service the needs of that area of the community. But if we are evaluating people at a higher level than they should be, maybe we should be doing a better job in how we evaluate them so that we're having more people in supportive living or maybe some ways of them going home for home care. I think it's an evaluation process as well. Maybe we don't do that quite as well, and we're concerned. It's better if we have them higher than too low. I think that that's part of it.

Mr. Luan: That makes sense. Thank you.

My next question is to our hon. Minister of Seniors. I know we've been talking, different members, quite a bit this morning about moving into community-based care, aging in place, and all that stuff. Does your ministry have dollars set aside to support community initiatives where other partners can be part of this, similar to the ASLI program but not for the housing part, all the way up the continuum from living at home to assisted living and so on and so forth?

Mr. J. Johnson: It's a good question, and it's an area that we probably should think about getting more into. There are some

things. Obviously, there are the ASLI dollars, and there are dollars for affordable housing through, really, the lodge program. We don't have the affordable housing grants anymore, but we do have one of the largest capital portfolios in government. Our housing management bodies and our assets governmentwise, either that we own or that we support, have a replacement value in the neighbourhood of $7 billion. There are substantial assets there, but we do have the special-needs assistance program that has some dollars for those things. We do have elder abuse awareness strategies that have some grants for communities, and there are a few other little pieces. But it's an area that, to be effective, we should be looking at getting more involved in.

Mr. Luan: Thank you very much, Minister. You know, my constituency has the aging-in-place fair. That was one of the burning issues that they're really interested in working with your ministry to develop.

The last question is regarding – I'm not sure if I've got the terminology right, but you can help me on this. Again, for people qualified for supportive living 4-D, there is a new model that instead of sending you to a lodge, because of waiting lists and everything else, they give you self-management. The government gives you, I think, something around $3,000 per month. You hire somebody and you care for the person in a home setting, and I have heard lots of positive, positive feedback from a group that I am working with. I'm just wondering: where does that fit into the continuum here budget-wise, and is it increased or decreased as it stands now?

Dr. Silvius: The answer is that you're talking about self-managed care, which is a funding mechanism within the home-care program. That's what it is, and the program is under review, not in terms of trying to cut it back but, in fact, to expand it across for more Albertans.

Mr. Luan: Thank you very much. Those are all my questions.

The Deputy Chair: Okay. Thank you.

I have a question. As all of us work through some or part of the whole continuum of care, from home care to supportive living, residential living, seniors' lodges, assisted living, enhanced assisted living, supportive 4-D, nursing homes, and then respite care – I've asked this question before of Ms Anderson – I think we have a good understanding of how that patient information moves through the system. My question is really about the facilities, as we go from one facility all the way through. While I appreciate the minister getting the focus around seniors, just being the stand-alone, I hope that's not creating a silo.

Maybe this is to Mr. Breakwell. I know he's very capable. Are we tracking the finances, the per-patient cost, the ranking of each of the 153 supportive living, the 170 long-term care facilities? Who is doing well amongst that 170? Can we learn from that? Who is doing not so well? What are the factors? Do we have data? Are we a data-driven organization making evidence-based decision-making on facts, or is this anecdotal?

[Mr. Anderson in the chair]

Ms Anderson: Susan Anderson. I'll start, and then I'll pass to David. Since May of 2013 we have summary care plans for seniors in continuing care facilities, both in rural and Edmonton zones, that are fed into Netcare through the Meditech environment. That's visible online for the physicians who support those patients. We're working with AHS in terms of expanding Netcare access in those continuing care facilities for all workers, not just the physicians, which is an important step.

The other thing I would identify is that we've spent the last 11 years in terms of investment in what we call the Alberta continuing care information system, approximately a $50 million investment between Alberta Health and Alberta Health Services to collect data on the senior citizens in continuing care programs. The home-care front is the area where we have the most significant gap, or challenge, now, but we do have comprehensive MRI assessments on patients. This information is collected, reported, and we share that with CIHI in anticipation of being able to have data analysis for comparative studies with other jurisdictions.

I'll stop there.

Mr. Breakwell: Dave Breakwell, ADM, finance and corporate services at Alberta Health. The answer is: yes, we do have that information on the costing at the facilities. In fact, that's the information we're using that the minister referred to earlier about working with our stakeholders to enhance the patient care based funding information as well as the accommodation funding that we're providing out to those facilities. We're certainly getting the costing and understanding which ones are receiving, you know, a significant amount of funding and which ones may be receiving not enough, according to their needs. So we do have that information.

Mr. Young: If we have all that information – just take seniors' lodges. For 153 of them do we rank those and do we evaluate the efficacy of each one of them based on outcomes? What if you're not? What are we doing with the 153rd one?

9:50

Mr. Breakwell: You know, that one I can't speak to. I know we do have the information on the financial side. How that quality side comes in – I think Dr. Silvius was talking about that, with that quality side and how they were working through those things. That's the combination. It's the financial side and then bringing in that quality piece at the end of it and looking at each of those facilities and then part of that follow-up on the compliance side that was asked about as well.

Mr. Young: Okay. Yeah. Very good point. The quality and the cost.

Mr. Mandel: Just a comment that there maybe isn't a 153rd. There could be a bunch of them gapped together that are about the same, so it's not one through 153; there's probably a whole bunch of them that are probably in a collective area. There's not 153, and then you came in last in the race, therefore you're out. It doesn't work that way.

Mr. Young: I'm not suggesting you're out. I'm just suggesting that the guy at the top – we could probably learn from the guy who is doing it really well.

Okay. I'm done with my questions.

Janice, very quickly.

Mrs. Sarich: Thank you very much. On page 99 of the Auditor General's October 2014 report in regard to Accreditation Canada it indicates that "neither AHS nor the department review the detailed facility accreditation reports provided by Accreditation Canada and they do not have a system to use this information in assessing facility performance." Also, it points out that "accreditation reviews are paid for by the facilities with care funding

provided by AHS." It ends that "the accreditation requirements align closely with the expectations set out in the Alberta Continuing Care Standards, which are used as inspection criteria by AHS and the department." I just find it very curious that this information is not being used, as pointed out by the Auditor General. Are you taking any steps and measures to use this information in terms of all the work that you're trying to achieve through the inspection processes?

Dr. Silvius: The answer to that is that accreditation is relatively new in this sector. Relatively. The information that we're getting from accreditation is actually part and parcel of the whole discussion about what the audit will look like, what the monitoring will look like, and so on. The work that Ronda's doing with Alberta Health, which is looking at what that monitoring auditing reporting, that whole system, should look like, will incorporate the accreditation pieces.

Mrs. Sarich: In follow up, is the accreditation information new to you as an organization or new as a standard within the sector of health care?

Dr. Silvius: No, no. It's relatively new within that particular sector of the health care system. It's been long-standing in the hospitals and so on, of course, but it's relatively more recent in terms of long-term care. I can't remember what year the directive was, actually.

Mrs. Sarich: Thank you.

Dr. Silvius: But the information will be used going forward.

Mr. Young: Kerry.

Mrs. Towle: Thank you very much, and thank you for the opportunity. In my humble opinion, I do think the Seniors' Advocate should be independent. I think that there are lots of staff in Alberta Health Services and the Department of Health. If they can't help seniors navigate the system, then there's probably a bigger issue there.

The one I really want to talk about is the first available bed policy, the 80-kilometer rule, or what I affectionately call divorce by nursing home. It separates couples, separates seniors from their communities, their loved ones, their families. We've seen before that the first available bed policy was said to no longer exist and that our seniors would no longer have to take the first available bed. However, it's been my experience over the last at least six to eight months that that's not the case for Alberta Health Services. They need the first available bed policy.

Just as recently as three weeks ago I had a senior in my office who was told that she must take the first available bed, and if she didn't, she would be removed from the continuing care wait-list and she would be charged the acute-care day rate. This is unacceptable, for any health staff to tell any senior in Alberta that they will be removed from a placement list. I don't know how it gets stopped, but it needs to stop immediately. It's cruel and unusual punishment for our seniors, and it's not allowed.

Mr. Young: Well, Minister, it's a little bit out of scope relative to the AG's report, but if you can sort of tie it back to the AG's report.

Mrs. Towle: I'll tie it back to the AG's report in the sense that if you're talking about placement into long-term care and continuing care facilities and the quality of the care that they're provided, that adds stress to the loved one's life, when you're telling them that they are challenged with where they're going to go and if they refuse.

Mr. Mandel: I'll answer that question. There is always an effort made to make sure that we get people to their first choice, but sometimes that first choice isn't available. That first choice always sits on the books. If you have to go to number two, it's because we can't continue to have people in acute-care facilities if and when they really need to be in a different level of care. We don't want to push people out into the care, but the fact of the matter is that we need to make some allocation and some movement of people. I know it is frustrating to people. Now, I would hope that we wouldn't force husbands and wives to be separated and try to find an accommodation for that. But people tend to say, "We don't want that facility; we don't want that facility," and they stay there when, in effect, we've a really short supply of acute-care beds. So I think that we need to be reasonable and fair, but so do people.

Mrs. Towle: I can appreciate that. I guess what I'm asking is that the staff who are dealing with those people sort of need to end the threatening tone.

Mr. Mandel: I've heard too many times about aggressive tones by people. This really is about finding a solution to problems and dealing with people in an effective way. You can get a whole bunch more with honey that you can with salt or poison or something like that, whatever that saying is.

The Chair: *Hansard,* do you have that recorded?

Mr. Mandel: I hope not. Anyway, that's not to the patients.

I hope that we would be responsive to people's needs and always ensure that the client is our number one consideration.

Dr. Silvius: Can I just add? We sent out a directive that that process was to cease. We did that – I've signed it – earlier this year. It sounds to me like we need to reinforce it.

Mrs. Towle: That would be very much appreciated.

Do I have time for one last question?

Mr. Young: We have one more person, so if we have time, can we come back?

Mrs. Towle: Yeah.

Mr. Jeneroux: You go.

Mr. Young: Okay. Thank you, Mr. Jeneroux.

Mrs. Towle: Thanks, Matt.

My last question. You talked about the consequences for low risk, moderate risk, and high risk in the Protection for Persons in Care Act and that sort of thing. The question that I have is with regard to high-risk facilities. What we saw previously is that there were some facilities that had issues with wound care. Protection for persons in care gets involved. The family gets the report seven months later. By the time they got the report, the family member had died. The Protection for Persons in Care Act did not allow them to actually put any consequences onto the facility. They found that the facility was negligent, that the facility's wound care protocol was negligent, but they basically said that all they could offer was: you should update your wound care protocol.

If we're talking about consequences for high risk, (a) we should never get to high risk when we're talking about vulnerable people, but (b) there have to be real and substantial consequences. If the

Protection for Persons in Care Act can't offer that, what is the model the government is going to use to give that some real teeth? If there are no consequences, then enforcement becomes, really, a moot issue.

Mr. Mandel: Well, you're right. I mean, one can't argue with what you're saying. If these situations do come up – and they do – we need to make sure we report to the family quicker. One, a faster response time, and two, ensure that the report gets out to the family so that they know what's happened as soon as possible. I don't know why it would take seven or eight months, but reports often take too long. There could be interim discussions with the family as to what's happening. Oftentimes we kind of make a decision – not we but whoever is investigating that's going to make that decision – about who's going to get informed and who's not. I think we need to be more consultative with the family.

The Chair: Thanks very much.

Dr. Swann, can you read the last question into the record? We're over time. Just read it into the record, and then they can get back to us.

Dr. Swann: I met with Dr. Silvius about antipsychotics in long-term care. I still hear too many complaints from family members about the overuse and abuse of antipsychotics in seniors' care. I'd like to know how you're going to monitor and enforce the kind of changes that you've talked about.

The Chair: Thank you very much.

If you could provide that through the chair.

First of all, thank you very much, ministers and all of our guests today, for a very good discussion. I really appreciate it. I hope you'll come back. I hope we didn't offend you so that you'll be back.

Is there any other business that committee members wish to raise at this time? Mrs. Sarich.

10:00

Mrs. Sarich: Yes. I just had one question, and that is if you had any indication as to a targeted timeline for the training for Public Accounts.

The Chair: We were thinking that we would make that determination over the new year and then start with that right away in the spring. That would be our hope.

Mrs. Sarich: Are you targeting for some point, let's say, at the end of January?

Mr. Donovan: The first week would be good, sir.

The Chair: Yeah. The first week of January.

Hopefully, before session starts – I don't know – about the end of January or the first few days of February, before session at some point. A very good point; it's important.

Our next meeting is scheduled for Tuesday, December 16, with Alberta Environment and Sustainable Resource Development.

Do we have a mover to adjourn the meeting? Mr. Allen. Those in favour? Any opposed? Carried.

Thank you, everyone.

[The committee adjourned at 10:01 a.m.]

Published under the Authority of the Speaker
of the Legislative Assembly of Alberta