

Assessment of Implementation Report

**Alberta Health
Alberta Health Services**

Seniors Care in Long-term Care

**Report of the Auditor General
February 2023**

Mark Smith, MLA
Chair
Standing Committee on Legislative Offices

I am honoured to transmit my report, *Seniors Care in Long-term Care Assessment of Implementation Report*, to the Members of the Legislative Assembly of Alberta, under Section 20 of the *Auditor General Act*.



W. Doug Wylie FCPA, FCMA, ICD.D
Auditor General

Edmonton, Alberta
February 2023

Introduction

About Our Assessment of Implementation Reports

Management is responsible for implementing our recommendations.

We examine management's implementation plans and perform procedures to determine whether management has implemented our recommendation(s) when management has asserted they have been implemented. We repeat our recommendations if we do not find evidence they have been implemented. We may also issue new recommendations for matters that come to our attention in the course of our assessment.

Our Assessment of Implementation Reports are conducted under the authority of the *Auditor General Act*. The Office of the Auditor General applies Canadian Standard on Quality Management 1 and, accordingly, maintains a comprehensive system of quality management, including documented policies and procedures regarding compliance with applicable professional standards and applicable ethical, legal and regulatory requirements.

Our office complies with the independence and other ethical requirements of the Chartered Professional Accountants of Alberta Rules of Professional Conduct, which are founded on fundamental principles of integrity and due care, objectivity, professional competence, confidentiality, and professional behaviour.

Outstanding Recommendations

Assessment of Implementation Report

Alberta Health Services Alberta Health

Seniors Care in Long-term Care

(October 2014)

Summary of Recommendations

In October 2021, we found that Alberta Health and Alberta Health Services implemented most parts of the 2014 recommendations from our audit on seniors care in long-term care facilities.

There were two parts of our 2014 recommendations where more work was needed. We issued two new focused recommendations based on our findings that:

- AHS still needed to put a system in place to mitigate the risk of facilities being unable to provide the staff necessary for safe, quality resident care
- Alberta Health still needed to improve its public reporting on the long-term care system

Alberta Health Services

IMPLEMENTED Recommendation:
Monitoring care at the resident level

NEW Recommendation:
System to mitigate risk to safe, quality resident care from insufficient staffing

IMPLEMENTED Recommendation:
Managing performance of long-term care facilities

Alberta Health

IMPLEMENTED Recommendation:
Oversight at the provincial level

NEW Recommendation:
Improve public reporting on expected results and whether the provincial long-term care system is achieving them

Introduction

Our past work on Alberta's long-term care system

In May 2005, we completed an audit on seniors care and long-term care in Alberta. We made 11 recommendations to improve Alberta's long-term care system—focusing on funding stability, regulation and policy, physical infrastructure, and monitoring and oversight systems.

We performed a followup audit in October 2014 and concluded that Alberta Health and Alberta Health Services (AHS) made many improvements to the system and satisfied our 2005 recommendations, but more work was needed by:

- AHS to ensure quality resident care, every day
- AHS to manage long-term care system performance
- Alberta Health to oversee the system

We issued three new recommendations in 2014. Each recommendation had multiple parts for AHS and Alberta Health to resolve.

Why we did this assessment now

As the impact of COVID-19 on continuing care facilities, including long-term care, became clear in March and April of 2020, we determined we would audit and report to Albertans on COVID-19 in Alberta's continuing care facilities.¹ We decided to complete this assessment of Alberta Health and AHS progress to date on our 2014 recommendations at the same time.

We monitored progress up to early 2020, when COVID-19 began. At that time, both Alberta Health and AHS had finished work on most parts of our recommendations, but they were clear with us that they were still working on implementing a few pieces.

Scope of our assessment of implementation

We focused on Alberta Health and AHS' actions in the period of late 2014 to December 2019. This ensured our assessment looked at actions in a normal state of operations and did not unduly reflect the extraordinary circumstances of the COVID-19 pandemic.

This assessment looks only at the long-term care system because that was the focus of our 2014 recommendations.

¹ Reported in a separate chapter of this report.

Alberta Health Services

Recommendation:

Monitoring care at the resident level

IMPLEMENTED

Context

Our 2014 audit² found that AHS had systems to ensure facilities used their funding to hire the right number and mix of staff,³ and to ensure facilities assessed needs and made care plans for residents. However, we found that AHS needed to:

- develop a way to ensure that the right number and mix of staff were working in facilities and caring for residents on every shift
- ensure that facility staff were delivering care that meets residents' care needs

The requirements for the amount of care hours for residents and the type of health care staff providing that care is a policy decision made by Alberta Health. AHS' responsibility is to ensure the actual staffing meets these requirements. Our assessment did not consider whether the current policy on staffing hours and mixes in place were sufficient because that was not the focus of our 2014 recommendation.⁴

Our current findings

Systems to ensure facilities deliver the right care

AHS implemented this part of our recommendation by strengthening the system it uses to monitor resident care in facilities.

AHS consolidated and organized its facility inspection activities in the Provincial Continuing Care Audit Team in October 2017. The new compliance audit team made improvements over previous inspection structures we saw in 2014:

- the team now has provincial focus and is independent of continuing care management groups—reporting directly to the AHS Chief Audit Executive within AHS' internal audit group⁵
- the team developed new tools and processes as part of its inspection methodology to better evaluate resident care—such as interviews with staff and residents, more detailed chart reviews, and direct observation of resident care

² *Report of the Auditor General of Alberta—October 2014.*

³ Staff-mix refers to the amount of total care hours being provided with different types of care personnel—for example, how many hours were provided by a Registered Nurse (RN), a Licensed Practical Nurse (LPN), Health Care Aides (HCAs), and other professional and non-professional care staff such as different types of therapists.

⁴ Alberta Health's *Facility-based Continuing Care Review*, published in April 2021, made two recommendations focusing on increasing care hours. As of this writing, Alberta Health has not committed to whether it will adopt these recommendations.

⁵ To ensure independence from management functions, the Chief Audit Executive reports to the Chief Executive Officer and the Board of Directors of AHS.

AHS continued to make improvements around resident needs assessments by using data on resident health and wellness to build several customizable reports. These reports help AHS management identify and investigate potential concerns with resident care. For example, if a facility's resident assessments showed increases in resident pain or restraint use, AHS management could easily flag this and direct staff to investigate what was happening.

Other reports developed and used by AHS combine some of the most important and indicative resident assessment data with administrative, operational, and inspection information. These reports allow AHS to have a more complete profile of facilities to identify potential risks to resident care.

These new reports and measures, together with the improved inspection processes, provide a more comprehensive picture of resident care to AHS. We noted that this improved monitoring system helped identify and escalate resident care concerns that otherwise might have been missed. The system also provided AHS and Alberta Health inspectors a starting point to make risk-based determinations of which facilities they needed to get inspectors to first in the initial weeks and months of COVID-19 inspections.

Subsequent events:

On March 28, 2022, the Minister of Health tabled Bill 11, the *Continuing Care Act* in the legislature. The proposed legislation would significantly change the current roles and responsibilities for facility compliance monitoring and inspections—particularly by shifting responsibility in this area from AHS to Alberta Health.

This proposed change has the potential to resolve persistent problems around role clarity and responsibilities, particularly in compliance monitoring and inspections, that we have pointed out in the past.

However, we believe it is critically important that Alberta Health ensure it reflects on past learnings and findings from our office around facility inspection activities in designing new inspection and compliance monitoring programs. Specifically, we point to the difference between ensuring each resident has a documented plan for their care and gathering actual evidence to ensure facilities are providing residents with the care dictated in their individual plans, every day. We also note it will be important to ensure that Alberta Health share its inspection data with AHS, to allow them to factor this essential information on resident care into their quality monitoring and contract management responsibilities.

AHS still needs a system to mitigate risks to residents from insufficient staffing

AHS has not yet been able to design and implement a system to mitigate the risk that facilities are not providing residents with an adequate number and type of care staff, on every shift.

At the beginning of our assessment, AHS told us it had not yet fully implemented this part of our recommendation. Their plan was to work on such a system and implement it in 2020, but the COVID-19 response caused a delay.

While it is not complete, we found that AHS had begun putting in place several processes necessary to support this. It developed reporting that uses administrative and financial data from facilities to compare actual staff-mix and hours in a facility to six benchmark measures. It also began requiring contracted facilities⁶ to self-report on staff-mix and hours. However, we noted that this data was incomplete because, in the first three years of the new process, between eight and 31 per cent of facilities did not submit their data as required. AHS does not currently have a mechanism to compel facilities to report this data, and relies on voluntary compliance.

⁶ AHS already has direct and complete access to staffing data on the facilities it owns and operates.

Recommendation:

System to mitigate risk to safe, quality resident care from insufficient staffing

NEW

We recommend that Alberta Health Services implement a system to mitigate the risk that a facility is not providing residents with the number and type of care staff needed to ensure safe, quality resident care.

Consequences of not taking action

Long-term care facilities must ensure residents receive the care they need. AHS plays a critical role in mitigating the risk that facilities are not able to provide the staff necessary to do this.

Recommendation:

Managing performance of long-term care facilities

IMPLEMENTED

Context

Our 2014 audit found that AHS had not realized the benefits of its improved data because it had not yet:

- clarified who within AHS was responsible for managing facility performance
- developed formal, regular processes to assess facility performance and risk using available data
- standardized its compliance practices to escalate its intervention when facility performance or risk was below expectations

Managing performance involves catching and correcting deficient performance and using an understanding of risk to escalate corrective actions progressively before a major problem occurs.

Our current findings

AHS implemented our recommendation by:

- developing role clarity
- developing and clarifying processes to assess facility performance
- using available information to help it flag and respond to facility risk proactively and progressively

Roles and responsibilities clarified

In 2015, management from both Alberta Health and AHS involved in long-term care worked together to decide who was responsible for what parts of the system and then documented this mutual understanding in a single, comprehensive document. AHS clarified that responsibility for facility performance monitoring rests with each AHS zone's continuing care management group.

We noted that this understanding of roles and responsibilities continued to be relevant for the period of our assessment, but it is becoming out of date as some functional groups and responsibilities have recently changed. AHS and Alberta Health are aware of the need for a formal update and are waiting for the conclusion of the COVID-19 response, the *Facility-based Continuing Care Review*, and anticipated legislative changes.

Structure and reporting to facilitate performance monitoring

AHS developed a framework document and two supporting committees to guide how it manages facility performance, quality, and risk. The framework and its supporting committees were important in setting clear expectations for how performance at facilities should be managed, and outlined the tools and processes to do this.

In total, we identified four new reports available at quarterly and annual intervals to give AHS the information it needs to evaluate facility performance and risk.

We found that AHS zone management used the available information regularly to monitor facility performance and intervene with facilities where needed. We found the information each zone used from these reports, and exactly how they went about working with facilities, varied. AHS should continue to refine its new suite of reporting with zone management to ensure those responsible for performance monitoring have the information they need, in an optimal format.

Processes to escalate involvement based on risk

Each zone's management groups developed processes to escalate situations where performance is unsatisfactory or where they see risks for facility residents. These zone escalation processes link to escalation processes at the provincial level when further action or enforcement is needed.

We selected a sample of red flags and risk indicators from each of the four new performance reports for each zone and were able to observe evidence of how the zone identified the potential problem and escalated the matter. We also reviewed two instances during the COVID-19 response of the unusual situation where escalation led all the way to the Minister of Health removing a facility operator and appointing AHS to run the facility.

The continuing care audit team developed a specific inspection process to rapidly investigate significant red flags and to support zone and provincial escalation processes. The high-priority inspection uses the same clinical inspection team and many of the same tools, but rapidly deploys to facilities as soon as defined red flags are noted. It has an intensive, risk-based focus and a shorter workflow to ensure facilities immediately resolve any resident safety and care concerns, and sustain these corrections over time through dedicated follow-up inspections.

Alberta Health

Recommendation: **Oversight at the provincial level**

IMPLEMENTED

Context

In our 2014 audit, we found:

- significant confusion caused by the extent to which Alberta Health was involved in operational matters, and in facility compliance inspections in particular
- Alberta Health was not using the information available to it to report to the public on what it wanted Alberta's long-term care system to achieve, and whether it was getting results for the money invested
- Alberta Health needed to act more quickly in reviewing and updating standards and evaluating and updating cost guidelines for resident accommodations at facilities

Our current findings

Alberta Health has completed most actions to implement our recommendation

Alberta Health clarified roles and responsibilities among its and AHS' functions in 2015. In this exercise, Alberta Health continued to define a role for itself in compliance monitoring and inspections which overlapped significantly with AHS, but we noted improvement because the activities of each were clarified and documented.⁷

Alberta Health completed its review of the *Continuing Care Health Service Standards* in 2016 and published updated standards in 2018. It plans to update standards again after the new continuing care legislation and regulation is established.

In 2017, Alberta Health began tying annual increases in the accommodation fees facilities charge to their residents to the Alberta consumer price index.⁸ It also started a process to analyze the charges facilities were making to residents and compare these to the regulated annual increases.

Public reporting from Alberta Health has not improved

Alberta Health has not significantly improved its public reporting on what results it expects the provincial long-term care system to achieve. Nor has it improved measuring and reporting to the public about whether it is achieving those results. Alberta Health told us there are other sources of public information and data on long-term care managed by organizations like AHS and the Health Quality Council of Alberta. There is also data from organizations outside of the Government of Alberta, such as the Canadian Institute for Health Information. Some of the reporting and information it directed us to had been available since before 2014.

⁷ See also our discussion of subsequent events related to compliance monitoring and inspections in the section on resident care and staffing above.

⁸ The consumer price index, or CPI, is a standard measure of the cost of living. It is based on the changes in how much a set of common goods and services cost from one year to the next.

While we agree that, broadly speaking, the average Albertan has access to more information about the long-term care system today than was available in 2014, we failed to identify any substantive improvement in how Alberta Health has improved *its* public reporting on long-term care. In fact, we found that Alberta Health’s annual report now contains less information and performance measurement on long-term care than it did in 2014.

We found that Alberta Health did a considerable amount of work in 2018 to study and identify effective measures that it could use to understand and report on long-term care system performance—including working with leading academics and a wide range of stakeholders to figure out what matters most to those involved in the long-term care sector. None of this work translated into better public reporting.

The work on performance measurement from 2018, and the recent efforts involved in the *Facility-based Continuing Care Review* and the related legislative review provide the needed information and opportunity to communicate directly with Albertans about what Alberta Health wants to see the long-term care system achieve in the coming years and decades, and how the system is doing in achieving those results each year.

Subsequent events:

In July 2021, Alberta Health began publicly reporting individual facility compliance inspection findings from Alberta Health and AHS facility inspections of *Continuing Care Health Service Standards* and Chief Medical Officer of Health COVID-19 Orders.

Recommendation: Improve public reporting on expected results and whether the provincial long-term care system is achieving them

NEW

We recommend that the Department of Health improve its public reporting by:

- establishing what the provincial long-term care system is expected to achieve
- identifying measures to evaluate performance
- reporting what results the system is achieving annually, based on those measures
- identifying what processes and activities are or will be done to continuously improve system results and meet expectations

If limitations on the length, content, and format of existing avenues for this information, such as ministry business plans and annual reports, cannot facilitate this, the Department of Health should identify and use alternative means of communicating this information to Albertans.

Consequences of not taking action

Albertans spend more than \$2 billion a year on continuing care services and entrust the system with the care of our society’s most vulnerable people—long-term care serves those with the greatest needs of all. Albertans can and should expect such a system to have clear goals, regular measurement and accountability for results, and continuous improvement at its core.



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