INSTITUTE FOR CONTINUING CARE EDUCATION & RESEARCH

RESEARCH OPPORTUNITIES RELATED TO CONTINUING CARE IN ALBERTA

A DISCUSSION PAPER

Prepared for:

Dr. Lorne Tyrrell
Dr. Roger Palmer

12 January 2009

Executive Summary

Introduction

The Institute for Continuing Care Education and Research (ICCER) is a collaborative endeavour between the University of Alberta, NorQuest College, CapitalCare, and Alberta Health Services. ICCER will provide an ideal environment to create synergies, resulting in leading edge research and evidence, and allowing for innovation and the implementation of best practices. Its mission and vision are as follows:

Mission

ICCER will create a learning community where evidence-based practices, founded on research, are developed and used to enhance the quality of life for those served by the continuing care system—residents, family, community, and staff—and to ensure excellence in education for students, our future health care professionals.

Vision

ICCER will be a partnership of practitioners, researchers, educators and learners collaborating to provide the best care and quality of life for those served by the continuing care system.

Background

"Continuing care health services means publicly-funded health care services and personal care services provided through community and home care programs on in long-term care facilities, where it is anticipated that the client shall require health services for a period *exceeding three months*."[1]

Alberta has approximately 14,500 long term care beds and 17,500 supportive living spaces. An additional 1,225 supportive living spaces are expected by 2011.

Seniors (aged 65+) account for about 92% of the continuing care clients in Alberta. The number of seniors in Alberta is increasing. In addition, the percentage of seniors in the population is increasing. In 2006 there were 350,300 seniors (10% of the population); by 2031 there will 888,100 seniors (21.4% of the population).

A recent inventory of research activities in the Edmonton-area shows that there are currently 52 projects on continuing care completed or underway since 2005.

Although there is research in the continuing care sector, it tends not to be as well funded or as high profile as research in other sectors of the health system, such as in acute care.

Current initiatives in continuing care and the importance of research in these areas

There are a number of initiatives in Alberta and across Canada that will have an impact on Continuing Care. These include: an emphasis on patient safety; Vision 2020: Health Care for Today and the Future; Continuing Care Strategy: Aging in the Right Place; the Alberta Pharmaceutical Strategy, and the Provincial Services Optimization Review: Final Report.

This ICCER document discusses these initiatives and identifies some of the research needed within each initiative. The document categorizes the potential research into the following areas:

---

[1] Continuing Care Health Service Standards, Edmonton, AB. P. 6 in Alberta Health and Wellness (July 2008). Website: www.continuingcare.gov.ab.ca. accessed 24 November 2008.

Appropriateness: including assessment/measurement tools (RAI; others)

Caregivers: including informal caregivers/family (education; family-staff relations; family involvement; knowledge about aging and disease)

Economic impact: including informal caregivers/family (costs/expenses); moves to LTC (wait lists)

Education: including formal caregivers/staff (education)

Knowledge transfer: including knowledge transfer/translation/brokering

Patient outcomes: including client/resident functioning (dementia/cognition; eating/food intake/swallowing; incontinence' mobility pain; co-morbidities); environment (bedrooms; dining area; homelike); moves to long term care (relocation stress; transitions in care); satisfaction with care;

Patient safety: including care practices (feeding; medications; palliative care' restraint use; patient safety; recreation; quality of care); client/resident functioning (falls)

Technology: including use of technology to provide or improve patient care (electronic patient records; telehealth)

Workforce: including formal caregivers/staff (work organizational context).

The full document outlines the key research questions, as identified by ICCER, under these categories for each of the major initiatives.

Conclusions

The continuing care sector in Alberta is being affected by an aging population and changes within the health system. Traditionally research in continuing care has been an underfunded and under-resourced area. However, continuing care research becomes even more important as the sector prepares for, and implements, the health system changes. The continuing care system is currently in a position to adapt and modify to best meet the needs of Albertans by applying research findings to practice. At the same time, research will become necessary to monitor and report on the efficacy of the impending changes to the health system.

Introduction

The Institute for Continuing Care Education and Research (ICCER) is a collaborative endeavour between the University of Alberta, NorQuest College, CapitalCare, and Alberta Health Services. ICCER will provide an ideal environment to create synergies, resulting in leading edge research and evidence, and allowing for innovation and the implementation of best practices. Its mission and vision are as follows:

Mission

ICCER will create a learning community where evidence-based practices, founded on research, are developed and used to enhance the quality of life for those served by the continuing care system—residents, family, community, and staff—and to ensure excellence in education for students, our future health care professionals.

Vision

ICCER will be a partnership of practitioners, researchers, educators and learners collaborating to provide the best care and quality of life for those served by the continuing care system.

Past and Current Research in the Continuing Care Sector

There has been, and continues to be, research undertaken in the continuing care sector, although it is not generally as high profile or as well-funded as research in the acute care sector.

Alberta Health Services (AHS) has taken a lead in highlighting the importance of patient safety and quality in continuing care through its annual safety conference. The conference focuses on initiatives and research on client/resident safety, staff safety, medication management, or other advances in improving the culture of safety in home care, community care, geriatric assessment and rehabilitation units and long term care facilities.

CapitalCare is one of Alberta's leaders in terms of supporting and conducting continuing care research in facility living and new models of residential care. CapitalCare is both a provider of care, and an active research agency. CapitalCare has had its own research group, with affiliations to the University of Alberta, since the development of the McConnell Places dementia care units. As a result of this research unit, CapitalCare is positioned to link research findings with clinical practice, and to implement necessary changes.

The University of Alberta, under the auspices of the Alberta Centre on Aging, has encouraged the development of expertise in continuing care and aging research across Alberta, through the Centre's linkages with other academic institutions.

In 2008, ICCER asked the Alberta Centre on Aging to conduct a review and provide an inventory of all research undertaken in the Edmonton area since 2005. The parameters for the inventory are shown below:

Continuing Care: Ongoing care for individuals as they age that is provided in settings such as home living, supportive living, long-term care facilities, day hospitals, and day care. It excludes acute and sub-acute care provided in such settings as physicians' offices, hospitals, and sub-acute units. It also excludes situations where individuals are residing in a housing complex where services, but not care, are provided; this would include assisted living complexes where residents receive services such as meals, due to a preference rather than a health care need. Research includes, but is not exclusive to, service delivery, clients' profiles and outcomes, caregiving, and education in continuing care.

Age: All adults who need care; excludes pediatrics.

Research: Both funded and non-funded projects that have specific questions to be answered and go beyond standard clinical care and required routine data collection. It includes evidence-based, evaluative, and educational research; and MA theses and PhD dissertations. The research may be conducted by individuals with/without an affiliation with the partner organizations. Only projects where data was collected at/on facilities in the Capital region were included.

Time Period: Research conducted from 2005-present or ongoing analyses of data collected since 2000.

Geographical Location: Research conducted in the former Capital Health Region. For ease of discussion, this area is referred to here as the AHS (Edmonton area). Edmonton-only results had to be provided, or have the potential to be provided.

The inventory currently includes 52 projects on continuing care in the Edmonton area, but the list cannot be considered to be completely exhaustive. Problems were highlighted during the compilation of the inventory in how researchers classify their work. Many individuals conducting research within the continuing care sector do not consider their work to be related to continuing care (e.g. they may consider a study on caregivers to be within the caregiver research field, not continuing care).

The full inventory is available upon request.

Current Initiatives in Health and Continuing Care

In December 2008 four important documents have been released that will affect continuing care in Alberta – Vision 2020: Health Care for Today and the Future; Continuing Care Strategy: Aging in the Right Place; the Alberta Pharmaceutical Strategy; and Provincial Services Optimization Review: Final Report.

Across Canada there is an emphasis on patient safety. Alberta Health Services (Edmonton area) and CapitalCare were active participants in working with the Canadian Patient Safety Institute to develop discussion documents on Safety in Long-term Care Settings[2] and Safety in Home Care[3]. Subsequently, the Canadian Patient Safety Institute put out a third document, The Safety Competencies[4].

The focus of AHS, provider organizations, and care providers for the next decade will be on implementing the recommendations, policies, and goals identified within each report. This provides considerable opportunity for research within the province.

The Importance of Research in Relation to New Initiatives

There are important areas of research needed in all aspects of continuing care as these initiatives are implemented in Alberta. The following matrix highlights some of the areas based on the issues/recommendations from each of the reports mentioned above. There are common themes identified in the reports.

Research in continuing care can be categorized into nine broad areas of inquiry:

Appropriateness: including assessment/measurement tools (RAI; others)

Caregivers: including informal caregivers/family (education; family-staff relations; family involvement; knowledge about aging and disease)

Economic impact: including informal caregivers/family (costs/expenses); moves to LTC (wait lists)

Education: including formal caregivers/staff (education)

---

[2] Wagner L, Rust T. Safety in Long-Term Care Settings: Broadening the Patient Safety Agenda to Include Long-Term Care Services. The Canadian Patient Safety Institute. 2008.
[3] Lang A, Edwards N. Safety in Home Care: Broadening the Patient Safety Agenda to Include Home Care Services. The Canadian Patient Safety Institute. 2006.
[4] Frank J, Brien S (Eds). The Safety Competencies: Enhancing Patient Safety Across the Health Professions. The Canadian Patient Safety Institute. 2008.

Knowledge transfer: including knowledge transfer/translation/brokering

Patient outcomes: including client/resident functioning (dementia/cognition; eating/food intake/swallowing; incontinence' mobility pain; co-morbidities); environment (bedrooms; dining area; homelike); moves to long term care (relocation stress; transitions in care); satisfaction with care;

Patient safety: including care practices (feeding; medications; palliative care' restraint use; patient safety; recreation; quality of care); client/resident functioning (falls)

Technology: including use of technology to provide or improve patient care (electronic patient records; telehealth)

Workforce: including formal caregivers/staff (work organizational context).

The following tables show the major recommendations or goals identified within each report, the strategy proposed by each report to meet the goal, and sample research questions that ICCER has developed. The questions listed are the basic research questions for each issue or recommendation, and listed under the nine areas of inquiry shown above. The list is not exhaustive; additional questions may be posed by researchers, funders, and care providers as the implementation of initiatives proceeds.

Report: Vision 2020		
Issue/recommend-ation/goal	**Strategy to meet the goal**	**Area of research needed**
1. Providing the right service, in the right place and at the right time	Enhanced services in short-stay, non-hospital facilities	**Patient outcomes:** Differences in outcomes between hospital or long-term care stays and short-term care **Patient safety:** What are the impacts on patient safety?
	Develop incentive and training programs to encourage local recruitment of key health professionals and other staff;	**Education:** what is the best way to train and educate the continuing care workforce? **Workforce:** What is the optimal workforce mix to support continuing care, both now and in the future? Where are the shortages in the workforce? What are the barriers to recruitment? How effective are incentive programs in recruiting key health professionals and other staff?
2. Enhancing access to high quality services in rural areas	Review the range of services at hospitals that are existing, approved and underway, and those in the capital planning process to ensure they reflect local requirements and evaluate what services can be delivered more effectively in either short-stay care, outpatient care or other clinic-type arrangements	**Patient outcomes:** What are the continuing services needed in rural areas in order to provide optimal care to those who need it? Differences in outcomes between hospital or long-term care stays and short-term care, outpatient care, or other clinic-type arrangements. **Patient safety:** Is there a change in patient safety in rural areas?
	Promote use of telehealth (e.g. remote monitoring, specialist consultation, etc.) for	**Patient outcome:** Evaluation of the efficacy, efficiency and quality of outcomes from the point of view of patients, and patient

Report: Vision 2020		
Issue/recommend-ation/goal	**Strategy to meet the goal**	**Area of research needed**
	preventative care, treatment purposes, and increased access in local communities	satisfaction with services
		Workforce: What effect could technology have on the number and mix of health professionals and other staff within the continuing care sector?
		Technology: What continuing care services are best provided by telehealth?
		Does the continuing care population accept services provided in this mode?
3. Matching workforce supply to demand for services.	Introduce targeted near-term and long-term recruitment and retention strategies to attract and retain staff, with a special focus on health-care aides and nurses	**Workforce:** What are the barriers to attracting qualified workforce into the Continuing Care sector?
		Are there sufficient workers to provide optimal care?
		Home care vs supportive living vs long-term care centres – what workforce is needed?
	Address barriers that currently limit health-care providers from working to the full extent of their education, skill and experience	**Workforce:** Clinical practice studies to identify work place distribution and relevance to training, experience and skills of practitioners and the impact on resources.
		Roles and responsibilities within the workplace – are providers practicing to the limits of their scope?
	Support health-care providers by implementing revised processes and tools such as automation that will help them do the job they have been trained to do	**Technology:** Are these the right tools? If not what are the right ones?
	Promote team-based care by continuing to focus on the development of models	**Workforce:** Model evaluation based on quality of clinical outcomes and healthcare worker and patient satisfaction studies
4. Improving co-ordination of care and delivery of care	Address unique service gaps for mental health, addictions and seniors' care	**Patient outcomes:** Outcome studies coupled with patient satisfaction studies.
		Identification of best practices.
	Develop and implement a patient navigator model to support Albertans in accessing and navigating a co-ordinated and seamless health system	**Patient outcomes:** Evaluation of models in terms of patient satisfaction and efficiency of patient navigation models as measured by quality of outcomes
5. Building a strong foundation for public health	Focus on initiatives that support government and communities in encouraging healthy behaviours through the	**Patient Safety:** Do the changes in care practices enhance patient safety?

Report: Vision 2020		
Issue/recommend-ation/goal	**Strategy to meet the goal**	**Area of research needed**
	development of supportive and safe physical and social environments	

Continuing Care Strategy		
Issue/recommendati on/goal	**Strategy to meet the goal**	**Area of research needed**
1. Investing in Community Supports	Investment in home care funding - Enhance and expand home support services, increase daily care hours and expand self-managed care program.	**Caregivers:** What is the impact on caregivers as a result of changes in community supports? **Patient outcomes:** Studies of efficacy, efficiency and quality of outcomes for home care **Patient safety:** Do the changes in community supports enhance patient safety? **Workforce:** What is the appropriate mix and number of health professionals to provide these services? Are the current education programs teaching the right skills for working in the community?
	Health system navigation - Assist Albertans with accessing the appropriate health and personal care programs and provide guidance on accommodations	**Patient outcomes:** Evaluation of models in terms of patient satisfaction and efficiency of patient navigation models as measured by quality of outcomes **Patient safety:** What is the impact on patient safety?
	Transitions back to the community - Assess residents of long-term care facilities and acute care hospitals beds for community placement opportunities	**Appropriateness:** Monitoring of the validity of patient assessment tools. **Economic impacts:** The effect on waiting lists for long-term care beds. **Patient outcomes:** What is the impact on patient outcomes? **Patient safety:** What is the impact on patient safety?
	Emergency department support - Provide response team that will support emergency room patients in finding more appropriate community-living options	**Economic impacts:** The effect on waiting lists for long-term care beds. **Patient outcomes:** What is the impact on patient outcomes? **Patient safety:** What is the impact on patient safety?
	Caregiver support and enhanced respite	**Caregiver:** What is the impact on caregivers in the short- and long-term?

Continuing Care Strategy		
Issue/recommendation/goal	**Strategy to meet the goal**	**Area of research needed**
	Community initiatives - Provide support to communities that will assist seniors and persons with disabilities to age in community settings	**Patient outcomes:** What is the impact on patient outcomes? Evaluation of strategies to deal with the needs of the aging population with disabilities. **Patient safety:** What is the impact on patient safety?
	Dedicated health technology funding - Introduce technology for health and safety monitoring	**Patient safety:** Are patients safer than before the introduction of the technology? **Technology:** What is the appropriate technology and levels of technology in the continuing care sector?
2. Sliding infrastructure that meets 'aging in the right place' vision	Replace 7,000 long-term care beds by 2015	**Appropriateness:** Evaluation of the impact of design on resident care. **Economic impacts:** What is the economic impact of replacing the beds? By replacing, not adding, is there an economic effect to clients in supportive living and other alternative type housing? What are the impacts from the shift to supportive living and home care and away from long-term care?
	Improve investment model for the operation and development of new long-term care facilities	**Appropriateness:** Monitoring of the validity of patient assessment tools. Are the new facilities being built with capacity to provide the right level of care? **Economic impact:** What is the impact of new investment models on operators? **Patient safety:** Are patients receiving the appropriate level of care in order to maintain their safety?
	Support the development of 1,225 additional affordable supportive living spaces	**Appropriateness:** Are care needs able to be met through these models?
3. Changing the way long-term care accommodations are paid	Increase incentives to encourage non-profit and private investment	**Appropriateness:** Are there sufficient resources for these incentives? **Economic impact:** What is the economic impact to patients, family, and care provider organizations? **Patient safety:** What are the impacts on patient safety?
	Allow for enhanced service options	**Appropriateness:** Are continuing care patients receiving the appropriate services at

Continuing Care Strategy		
Issue/recommendation/goal	**Strategy to meet the goal**	**Area of research needed**
		the right time?
		Patient safety: What are the impacts on patient safety?
	Continue government support for those in need	**Economic impact:** What is the economic impact to patients, family, and care provider organizations?
		Patient outcomes: What is the impact on patient quality of life?
4. Funding individuals based on needs and/or fund operators	Develop new funding model that will allow Albertans the opportunity to direct health and personal care services where they wish	**Appropriateness:** Do the new funding models meet patient and family needs?
		Economic impact: Evaluation of current funding model for deficiencies and then development of an alternative, if necessary, that is better in some undefined way
5. Providing equitable pharmaceutical coverage	Provide equitable pharmaceutical coverage for seniors and persons with disabilities based on their needs - as outlined in the pharmaceutical strategy for Alberta	**Economic impact:** What are the impacts on the patients, the caregivers, and the health system?
		Patient outcomes: What impact do the changes have on continuing care patients?

Alberta Pharmaceutical Strategy		
Issue/recommend-ation/goal	**Strategy to meet the goal**	**Area of research needed**
1. Improve drug coverage for seniors	Drug coverage for seniors will be redesigned, increasing support to those in need.	**Economic impact:** What are the impacts on the patients, the caregivers, and the health system?
		Patient outcomes: What impact do the changes have on continuing care patients?

Provincial Services Optimization Review: Final Report		
Issue/recommend-ation/goal	**Strategy to meet the goal**	**Area of research needed**
1. Matching intensity of services to patient need	Shift selected services from LTC to supportive living and home care	**Patient safety:** What are the impacts on patient safety?
2. Enhancing access to high-quality services in rural areas	Increase number and provincial management of tele-health programs	**Patient outcomes:** What impact does the use of technology have on continuing care patients?
		Technology: What continuing care services

Provincial Services Optimization Review: Final Report		
Issue/recommend-ation/goal	**Strategy to meet the goal**	**Area of research needed**
		are best provided by telehealth?
		Does the continuing care population accept services provided in this mode?
		Workforce: What effect could technology have on the number and mix of health professionals and other staff within the continuing care sector?
3. Enhancing the capacity and effectiveness of Alberta's workforce	Enrich provincial recruitment and retention strategy	**Education:** what is the best way to train and educate the continuing care workforce?
		Workforce: What is the optimal workforce mix to support continuing care, both now and in the future?
		Where are the shortages in the workforce? What are the barriers to recruitment?
		How effective are incentive programs in recruiting key health professionals and other staff?
	Deepen initiatives and incentives to increase productivity	**Economic impact:** What is the economic impact on the provider organizations?
		Patient outcomes: How are patient outcomes affected by the productivity initiatives?
		Workforce: What impact have the initiatives and incentives had on the workforce in terms of retention and recruitment? In terms of productivity?
	Increase workforce efficiency by better matching work to skills	**Workforce:** Clinical practice studies to identify work place distribution and relevance to training, experience and skills of practitioners and the impact on resources.
		Roles and responsibilities within the workplace – are providers practicing to the limits of their scope?
		Are the right providers providing the right care in the right location?
	Build on incentives for providers to work in rural areas	**Patient outcomes:** What are the continuing services needed in rural areas in order to provide optimal care to those who need it? And what providers are necessary to provide the services?
		Patient safety: Is there a change in patient safety in rural areas?
		Workforce: Have the incentives had an impact on the continuing care workforce in rural areas?

Provincial Services Optimization Review: Final Report		
Issue/recommend-ation/goal	**Strategy to meet the goal**	**Area of research needed**
4. Improving the coordination of care	Create and strengthen linkages between current silos in the system	**Knowledge transfer:** what are valuable knowledge transfer strategies in relation to initiatives such as, multi-discipline teams or co-location of services?
		Patient outcomes: What is the impact on patient satisfaction and quality of care?
		Patient safety: Does enhanced coordination of care improve patient safety?
	Increase operational efficiency of the system	**Patient safety:** What is the impact of a lean operational system on patient safety?
		Technology: What is the impact of enhanced IT systems on care providers? On continuing care patients?
	Integrate IT systems to enable better transparency and sharing of information	**Patient safety:** What is the impact of technology on patient safety?
		Technology: What is the impact of enhanced IT systems on care providers? On continuing care patients?

Safety in Long-term Care Settings		
Issue/recommend-ation/goal	**Strategy to meet the goal**	**Area of research needed**
1. Improve and ensure the safety of residents in LTC	Improve the clarity and accuracy of medical information when patients are transferred from one health care facility to another (e.g., acute care to LTC) so that information is not lost or misinterpreted in the process	**Patient safety:** What is the impact of technology on patient safety?
		Technology: Are new technologies being implemented appropriately in the continuing care sector?
	Identify ways for nursing home staff to improve their communication with residents and families and disclosure of information when an adverse event occurs	**Knowledge transfer:** what are valuable knowledge transfer strategies between families and staff?
		Patient safety: Does enhanced communication between staff and family improve patient safety?
	Enhance the education of nursing home staff at all levels and across disciplines incorporating patient safety concepts into the curriculum so that safety is seen as an integral part of resident care. This includes basic	**Education:** Is patient safety being taught in education programs? In continuing education programs?
		Patient safety: Are patient safety concepts incorporated in care?
		Workforce: Is there an increase in the use of interdisciplinary teams?

Safety in Long-term Care Settings

Issue/recommend-ation/goal	Strategy to meet the goal	Area of research needed
	fundamental information about patient safety concepts (e.g., culture assessment, root cause analysis) and leadership training for those in a management position	What is the impact of interdisciplinary teams?
	Introduce health information technology such as computerized physician order entry and medication administration, incident reporting and quality improvement systems, and electronic medical record implementation in LTC homes	**Knowledge transfer:** what are valuable knowledge transfer strategies for evidence-based used of technology? **Patient safety:** Does the use of technology have an impact on patient safety and quality of care? Does technology improve critical incident reporting? Decrease the numbers of incidents? **Technology:** What are the appropriate technologies to use in continuing care? What is the impact of health information technology in continuing care? Is the technology compatible with building infrastructure? **Workforce:** What is the impact of health information technology on the workforce in continuing care? Do staff have the skills necessary to appropriately use the technology?

Safety in Home Care

Issue/recommend-ation/goal	Strategy to meet the goal	Area of research needed
1. As more emphasis is placed on home-care and the need for home-care increases, a number of areas requiring further research have been identified in relation to safety of patients	As Alberta places more emphasis on home-care as part of the continuing care spectrum, it will be important to address the issues raised by the Canadian Patient Safety Institute. Increased	**Caregiver:** what the impact is of caregiver burden on the physical, emotional, functional, social safety of clients, families, caregivers, and providers; **Economic impact:** what the costs are, in terms of health and money, to patients, families, caregivers, providers, and society to not attend to prevention and mitigating safety risks for these different populations (especially, the "*cost of doing nothing*"); what the influence is of an increased proportion of home care funding and services directed at post-acute care clients, in lieu of prevention and health promotion for the larger

Safety in Home Care		
Issue/recommend-ation/goal	**Strategy to meet the goal**	**Area of research needed**
		proportion of clients with chronic co-morbid health conditions;
		Knowledge transfer: what are valuable knowledge transfer strategies for evidence-based home care practice (i.e. medication reconciliation and wound care)
		Patient safety: what the major safety concerns are (i.e. physical, emotional, functional, and social) in home care for clients, family, caregivers, and providers;
		how to work proactively to prevent and mitigate safety risks;
		what the mental health issues are for clients, families, caregivers, and providers and how they impact the safety of all involved;
		what are effective strategies to increase safety given the uniqueness and diversity of each home care situation;
		Technology: how to develop and evaluate a communication infrastructure, in particular the electronic communication, and to facilitate continuity across the continuum of care;

The Safety Competencies		
Issue/recommendation/goal	**Strategy to meet the goal**	**Area of research needed**
1. Implementation of the Patient Safety Competencies	As the patient safety competencies are rolled out, and as the need for continuing care increases in Alberta, it will be important to review how the competencies are being taught, the impact they have on health professionals practice, and the impact on patient safety	**Education:** Changes in the education of health professionals **Knowledge transfer:** what are valuable knowledge transfer strategies for patient safety competencies **Patient Outcomes:** Baseline data on critical incidents; Changes in critical incidents in continuing care and the reasons for the changes **Workforce:** Changes in practice based on competencies Increase use of interdisciplinary health care teams

Conclusions

The continuing care sector in Alberta is being affected by an aging population and changes within the health system. Traditionally research in continuing care has been an underfunded and under-resourced area. However, continuing care research becomes even more important as the sector prepares for, and implements, the health system changes. The continuing care system is currently in a position to adapt and modify to best meet the needs of Albertans by applying research findings to practice. At the same time, research will become necessary to monitor and report on the efficacy of the impending changes to the health system.

Appendix 1 – Contextual information

What is continuing care in Alberta?

"Continuing care health services means publicly-funded health care services and personal care services provided through community and home care programs or in long-term care facilities, where it is anticipated that the client shall require health services for a period *exceeding three months*."[5]

"Alberta's continuing care system provides Albertans with the health, personal care and accommodation services they need to support their independence and quality of life.

A number of options are available based on a person's needs, as evaluated by a health care professional. The options are available in three streams: home living, supportive living and facility living.

- **Home Living** – for people who live in their own house, apartment, condominium or in another independent living option. [Home care is provided based on assessed needs.]

- **Supportive Living** – combines accommodation services with other supports and care. It meets the needs of a wide range of people, but not those who have highly complex and serious health care needs.

- **Facility Living** – includes long-term care facilities such as nursing homes and auxiliary hospitals. Care is provided for people with complex health needs who are unable to remain at home or in supportive living [and require 24 hour availability of health care professionals].

The continuing care system is a shared responsibility between Alberta Seniors and Community Supports and Alberta Health and Wellness."[6]

---

[5] Continuing Care Health Service Standards, Edmonton, AB. P. 6 in Alberta Health and Wellness (July 2008). Website: www.continuingcare.gov.ab.ca. accessed 24 November 2008.
[6] Continuing Care System http://www.continuingcare.alberta.ca/ accessed 24 November 2008. With edits provided by AHS, Community Care Services

What is the respective size?

There are approximately 14,500 long-term care beds in Alberta[7] and 17,500 supportive living spaces. By 2011 an additional 1,225 supportive livings spaces are expected.[8]

Table 1 and Table 2 show the amount spent on the continuing care sector by the health system. The figures are not somewhat overstated as home- and community-based care includes primary care and community health services in addition to supportive living and home care. Therefore, continuing care as a percentage of the total budget would be less than shown here.

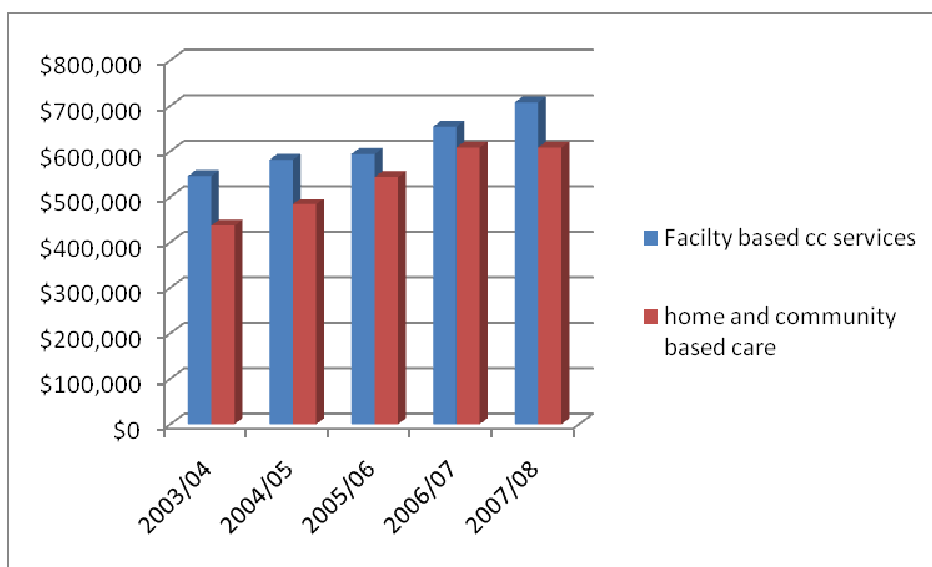Table 1 – Total dollars spent on Continuing Care by Regional Health Authorities 2003/04 to 2007/08[9]

Table 2 – Continuing Care Costs as a percentage of Regional Health Authority Budgets 2003/04 to 2007/08[10]

	2003/04	2004/05	2005/06	2006/07	2007/08
% of total RHA budget	17.16	17.04	16.59	16.63	15.53

Alberta's Aging Population

Continuing care is not just about seniors. It also includes disabled non-seniors who require health care and personal care services on an on-going basis. Approximately 8% of the continuing care clients are less than 65 years of age.
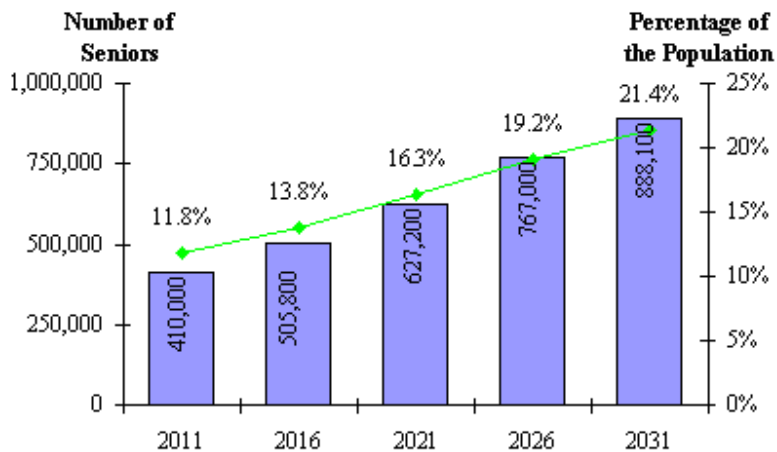
---

[7] Alberta Continuing Care Association website. http://ab-cca.ca/about-our-members/. Accessed 24 November 2008.
[8] Alberta Health and Wellness. Continuing Care Strategy: Aging in the Right Place. December 2008 http://www.health.alberta.ca/documents/Continuing-Care-Strategy-2008.pdf Accessed 18 December 2008
[9] Alberta Ministry of Health and Wellness Annual Report. p159 2004/05; p161 2005/06; p 171 2006/07; p 182 2007/08
[10] The dollar figures for home and community based care includes funding for primary care and community health services in addition to home care and supportive living. Therefore, the true picture of continuing care would not be as high a percentage of the regional budgets as is shown here.

Seniors (aged 65+) do make up the majority of the continuing care system and both the number of seniors and the percentage of seniors in the population is increasing. In 2006 there were 350,300 seniors in Alberta; in 2031 it is expected that there will be 888,100 seniors in Alberta. Seniors as a percentage of the population will increase from 10% to 21.4% during this time period. As the population ages, there will be greater need for continuing care services.

Number and Percentage of Seniors in Alberta Will Continue to Increase[11]

---

[11] Chart from www.seniors.gov.ab.ca/policy_planning/factsheet_seniors/aging_population/how_fast/index.asp.
Original data source: Statistics Canada, *Population Projections for Canada, Provinces and Territories 2005 - 2031* (Scenario 3)