

# Caring

April 2007



News and Views of the Alberta Long Term Care Association

## A Message From the President

In this issue of Caring we wish to tell you about what your accommodation fee pays for and discuss the accommodation rate that you pay. There is a perception that the accommodation fee residents pay in long term care pays for all aspects of their residency, including all care services provided by the Registered Nurses, Licensed Practical Nurses, Therapists, and Health Care Aides. In fact, your monthly accommodation fee pays only the room and board portion of residency while the care portion, the services of nurses, therapists, and care aides, is paid for by the province of Alberta.

As you know, the current accommodation fee for private accommodation is set at a rate of \$42.80 per day. This figure is determined by, and set by, the provincial government. The current rate has been in effect since 2003. Until 1994, the rate had been adjusted regularly then was frozen until 2002, which saw an incremental increase. Then

in 2003 there was a substantial (40 per cent) increase that was a shock to many residents; since then the rate has been frozen.

These periods of freeze followed by sudden, large jumps are why we want the provincial government to change how it sets the accommodation fee for long term care to include annual review, and if necessary, adjustment of the rate.

Like individual Albertans, or organizations, long term care operators in all sectors, private, public, voluntary, are subject to the effects of inflation. During the 10-year period of no adjustments to the accommodation rate, operators had to absorb all inflationary increases. Since the latest freeze in 2003, Alberta's annual inflation rate has been nearly double the national average. Operators have absorbed these inflationary costs while under the pressure to meet legislated standards of care.

Again, like anyone, we know that increases in costs are easier to absorb if they come in smaller increments. Our residents and their families have told us this. Our 2003 and 2006 surveys of residents and

family members show consistent support for accommodation fee review and adjustment on a regular basis.

Like you, we share a great concern for the sustainability of the long term care system. Our 2003 and 2006 surveys show more than 80 per cent of respondents are "concerned" or "very concerned" about sustainability.

In 2007, we will continue to promote the need for accommodation rate indexing to the government. We value the input we receive from residents and family members and use this information in our communications to the Alberta government and Health Regions. We thank you for your continuing support.

**Greer Black**  
President

**Alberta Long Term Care Association**

## Who Pays for What

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Each month residents receive an invoice for their room and board, or accommodation fee. In Alberta, the accommodation fee is determined by and set by the provincial government. When care is included, a residents' monthly accommodation fee covers less than 25 per-cent of the total cost of a long term care placement.

Your accommodation fee includes a long list of items and services. Each month you pay for the following items related to room and board, or accommodations.

### Room

A room in a long term care facility

### Building Maintenance

Upkeep and repairs

Landscaping/snow removal

Maintenance staff

Security services/equipment and staff

### Food

Food services/three full meals per day, plus snacks and other nourishment

Kitchen equipment, plates, cutlery, furniture, etc.

Kitchen and serving staff

### Housekeeping services

Housekeeping staff

External cleaning services

Facility laundry (towels, bedding, etc.)

### Building operations

Utilities, gas, and electricity

Water and sewer

General Facility

Furniture

Common area lounges

Television

Chapel, meeting rooms

Dining room

### Administration

Facility management

Office equipment (computers, desks, etc.)

General office services

Accounting/billing/purchasing

Benefits/labour/administration/payroll

Trust account maintenance

Insurance

Workers Compensation Board

### Capital costs

Capital costs include land, construction and equipment

(Shared between accommodation fees and care funding)

### You do not pay for care

The Alberta government pays the care portion of long term care, through the Regional Health Authorities (RHAs). The RHAs receive "global" funding from the provincial government, which they

allocate to long term care facilities. For comparison, it costs on average, \$160 per day to maintain and long term care bed while it costs approximately \$2000 per day to maintain a bed in an acute care hospital.

### Care funding in long term care provides

Professional staff

Registered Nurses

Licensed Practical Nurses

Nutritionists/Dieticians

Therapists

Social Workers

Medical Advisors

### Non-professional staff

Nursing Aides

Nurse Attendants

Personal Care Aides

Ward Clerks

Therapy Aides

Medical supplies

Medications/prescribed drugs

Medical supplies/dressings

Incontinence products

Oxygen and equipment

Diabetic supplies and testing equipment

Catheters

Tube feeding equipment

Health equipment

Medical beds

Exercise equipment

Specialized health equipment

Specialized bathing tubs and lifts

### Personal care services

Bathing

Dressing

Grooming

Toileting

Meal assistance

### Transportation

Ambulance service

### Special needs

Special programs may provide for:

Wheelchairs

Special beds

Other medically needed equipment

### Optional services you may pay for

Some residents may make the choice to pay for extra services not included in the funding provided by the Regional Health Authority. These services may include, but are not limited to:

Optional care services

Private duty nursing

Companion care

Personal medical supplies

Wandergaurd bracelets

Hearing aids/ eyeglasses/ dentures

## What is MDS/RAI?

MDS/RAI is a term you may have heard upon admission to the long term care facility, or you may soon hear. MDS/RAI stands for Minimum Data Set / Resident Assessment Instrument. It is an electronic record and information tool that is being introduced to long term care in Alberta.

MDS/RAI is an organized, systematized, compilation of medical information regarding the assessed health status of a resident. The MDS/RAI system is being mandated for use by the provincial government. The ALTCA supports the introduction of MDS/RAI and anticipates it will be a valuable tool for operators' efforts to enhance quality of care.

### How MDS/RAI works

At admission to a long term care facility the resident will be assessed by a health professional, usually a Registered Nurse and possibly and Psychiatric Nurse, Social Worker, and Physician. During this assessment the Minimum Data Set form will be completed based upon an examination of the resident by health professionals. The information includes physical, mental, and social health factors.

Three important bodies of information are created during the assessment: First a baseline of the resident's health is established at admission that can be compared to at later dates; Secondly, specific health problems that may put the resident at risk of complication are identified; Finally, a Care Plan for

the resident is developed by a Registered Nurse or Licensed Practical Nurse.

As the long term care facility's health professionals work with the resident, more information, or outcomes, are added to the patient's MDS/RAI file. From this, the resident's physical and mental status can be accurately monitored and reassessed on a timely basis. You may even see nursing staff at the computer updating MDS/RAI information as part of maintaining residents' care plans.

### Why the ALTCA supports MDS/RAI

MDS/RAI is much more than an information repository, it is a valuable tool that will help care professionals to keep abreast of a resident's health status, monitor healthcare outcomes, and even help them diagnose possible health issues. For long term care administrators it is a powerful information tool to help them use resources efficiently and enhance the delivery and quality of care.

### Current Status

MDS/RAI has been piloted in Alberta and is being implemented throughout the province. Operators will be funded for implementation, but not until implementation is completed. Also, the ALTCA are concerned that there is no sustainability funding for the system. The ALTCA is preparing a report to demonstrate the need for sustainability funding. It is our desire that the benefits of MDS/RAI be maintained to help operators provide effective health outcomes for their residents.

## Family Councils

Many long term care facilities have a family council. This is a volunteer organization made up of family members of residents. Generally, the role of family councils is to represent and advocate on behalf of residents to the facility's management for the goal of improving quality of life and/or care for residents. The functions of a family council are numerous and can include: meeting with and communicating concerns to facility managers of care or administration; orienting/educating new resident family members; developing activities for residents and family members; fundraising projects for equipment and more.

The ALTCA recognizes the value of family councils and the benefits they provide such as, a support system for family members; communications channel between management and families, and as a possible avenue of conflict resolution. The ALTCA wishes to expand on the concept of family councils in individual long term care facilities to create a Provincial Family Council for Long Term Care.

Our goal in advocating for the establishment of a Provincial Family Council for Long Term Care is to create a formal channel by which family members can have their concerns for long term care issues represented to the government of Alberta, the Health Regions and ALTCA member facility operators.

The ALTCA recognizes the powerful voice that families of residents have. We can think of no better

group to advocate for quality of care than our residents' own family members. As such, we feel the Provincial Family Council for Long Term Care is an appropriate organization to join the other major stakeholders, such as the ALTCA, the Regional Health Authorities, and the provincial government itself.

### ALTCA's Role in Establishing the Provincial Family Council for Long Term Care

The ALTCA offers the expertise available in its own office and that of its members to facilitate establishment of the Council. We will also partner with the Council on projects that support our mission, and are appropriate for us to do so.

The Council will become an active participant in the change process for long term care. Its unique perspective on how long term care is delivered is an important part of the dialogue between stakeholders. Through the Council's efforts, we anticipate a higher profile for long term care and greater urgency applied to issues it brings forward.

At a date to be announced, the ALTCA will host a forum, or forums, for family council presidents, or their designates, to gauge interest in forming the Council. We will outline the steps to establishing the Council and possible joint projects. The ALTCA is pleased to offer its assistance and looks forward to working with the Council in the future.



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