

BACKGROUND

February 23, 2023

Report of the Auditor General—COVID-19 in Continuing Care Facilities

Our work is grouped into four crucial activities for success: planning, communicating, executing, and monitoring and enforcing compliance.

Plan (page 15)

Key findings:

- Continuing care facilities were not well-prepared for communicable disease outbreaks the magnitude of COVID-19—facility pandemic plans were not sufficient and many facilities did not meet all requirements around infection prevention and control and staff training prior to COVID-19—see page 17.
- Provincial pandemic emergency plans were in place, but role clarity between major participants was an issue in the first wave of the COVID-19 response—see page 19.
- Pre-COVID pandemic and emergency preparedness exercises did not practise coordination across the continuing care sector and lacked operational staff involvement—see page 20.

Recommendations:

- **Recommendation 1:** Update and expand a pandemic plan common to entire continuing care sector—see page 20.

We recommend that the Department of Health ensure the development of an up-to-date, comprehensive, continuing care-focused pandemic plan relevant to all key stakeholders—Department of Health, Alberta Health Services and facility operators.

The Department of Health should ensure such a plan for facility-based continuing care:

- *sets measurable goals and targets, is aligned with other related plans, and is regularly communicated to operational management and front-line staff across the continuing care sector, including at the Department of Health and AHS*
 - *reflects learnings from the COVID-19 response*
 - *is disease-agnostic and is scalable*
 - *integrates compliance monitoring and other inspection activities*
 - *includes clearly defined escalation pathways, based on established measures or triggers, for outbreak management and resolution*
 - *clearly defines roles, responsibilities, accountabilities, and decision-making structures for all stakeholders*
- **Recommendation 2:** Exercise and simulate updated plan regularly, with all parties—see page 21.
We recommend that the Department of Health lead periodic pandemic response exercises for Alberta’s facility-based continuing care sector across all levels of the system, and involve operational and front-line staff.

Communicate (page 21)

Key findings:

- Because of the novelty of the process and the urgency of the task, Alberta Health did not fully work through the implications of the first few iterations of Orders on facilities—as a result, the Orders caused confusion and frustration at the front lines—see page 22.
- AHS guidance for continuing care facilities was robust, consistent, and made widely available—see page 25.
- Alberta Health and AHS quickly established two-way communication channels with facility operators—see page 26.

Recommendations:

Alberta Health resolved noted issues during the course of our audit. We made no recommendations related to communication—see page 26.

Execute (page 27)**Key findings:**

- Having enough staff to provide safe care during an outbreak was a persistent, systemic problem. The importance of having enough staff, particularly during an outbreak, is hard to overstate. Facilities must have enough staff to provide, at a minimum, essential safe care for residents during an outbreak. Prior to COVID-19, 91 per cent of Health Care Aides worked part-time or fewer hours—see page 29.
- Facilities experienced major delays in getting the results of COVID-19 tests for residents and staff—see page 34.
- Shared rooms and aspects of facility infrastructure featured prominently in the most severe COVID-19 outbreaks—see page 37.
- Alberta Health and AHS provided over \$250 million in incremental funding to facilities in 2020—see page 40.
- PPE and supplies were a critical constraint for the first month, but rectified after mid-April 2020—see page 41.

Recommendations:

- **Recommendation 3:** Develop a continuing care staffing strategy to increase staffing system resilience—see page 42.

We recommend that the Department of Health work with Alberta Health Services and facility operators to develop and implement a staffing strategy for facility-based continuing care.

This strategy should build on efforts already underway focused on staffing hours and staff mix from the response to the Facility-based Continuing Care review recommendations, and consider other factors that contributed to staff vulnerability during COVID-19 such as:

- *the costs and benefits of maintaining a largely single-site staffing model*
- *appropriateness of primarily part-time and casual staffing model use in the care of vulnerable elderly residents*
- *mandatory benefits—particularly paid sick leave*
- *minimum staff training*
- *staff quality of work and life*
- *staff mental health, wellness, and post-traumatic support*

A staffing strategy should determine what the Department of Health wants to achieve in these areas, and determine what it can accomplish with existing and potential future resources.

- **Recommendation 4:** Formalize centre of expertise for outbreak management—see page 42.
We recommend that Alberta Health Services formalize multi-disciplinary outbreak response and support systems tasked with providing centre of expertise services, monitoring and tracking, and post-outbreak debriefing and reporting for communicable disease outbreaks at continuing care facilities.

- **Recommendation 5:** Formalize operational improvements in outbreak testing—see page 43.
We recommend that Alberta Health Services work with Alberta Precision Labs to review, identify, and formalize process improvements and streamlining during COVID-19.

Considerations should include other process improvements that could prevent human errors, facilitate linking samples to outbreaks, build redundancy and resiliency into the critical outbreak testing processes, and ensure timely delivery of results to continuing care facilities.

- **Recommendation 6:** Evaluate all existing infrastructure and set a strategy for improving facility infrastructure—see page 43.
We recommend that the Department of Health develop a priority list and strategy for improving existing buildings, where necessary.

This priority list and strategy should be based on a comprehensive assessment of all continuing care facilities in the province to be completed by Alberta Health Services for:

- *whether the building meets the mandatory requirements of current facility design guidelines, and its capacity for upgrading to current minimums if necessary*
- *the adequacy of their HVAC and filtration systems*
- *the size of resident rooms and extent of shared accommodations*
- *the capacity of the building to permit adequate isolation practices*
- *the extent of building entrances and exits and their ability to be secured*

An infrastructure strategy should determine what the Department of Health wants to achieve and determine what it can accomplish with existing and potential future resources.

Monitor and Enforce (page 44)

Key findings:

- A complete suite of in-person facility inspections began within weeks of the first outbreak and continuously improved—see page 45.
- Operational outbreak monitoring from AHS zone leadership was effective—see page 48.
- Detailed epidemiological investigations of outbreaks were critical tools to learn from COVID-19 outbreaks in facilities and make operational improvements, but ceased after wave one—see page 48.
- System-level monitoring of the response of Alberta Health and AHS to COVID-19 in continuing care facilities was robust, but ceased after wave one—see page 49.

Recommendations:

- **Recommendation 7:** Track resident illness and staff absences during communicable disease outbreaks in facilities—see page 51.
We recommend that Alberta Health Services develop or adapt a surveillance system to track all resident cases and deaths, as well as information on staff absences, during any communicable disease or outbreak in facilities.
- **Recommendation 8:** Implement recommendations from Alberta Health Services internal reports—see page 51.
We recommend that Alberta Health Services accumulate, evaluate and action recommendations, lessons learned, and other required actions identified in its own internal summary reports on continuing care outbreaks. Any recommendations not adopted should be rationalized.

We have organized and summarized these recommendations in Appendix E—see page 69.