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HEALTH - HOMES FOR SPECIAL CARE - PHASE II

BACKGROUND

11.1 The Homes for Special Care Act governs many long-term care facilities throughout the Province including nursing homes, homes for the aged, homes for the disabled and residential care facilities. Individuals in these homes may have assistance from the Departments of Health and Community Services for the payment of per diems as provided for under the Social Assistance Act. The Department of Health provides financial assistance to residents in nursing homes and homes for the aged and is responsible for licensing these facilities under the Homes for Special Care Act. The Department of Community Services, as noted in Chapter 5, is responsible for all other homes for special care governed by the Homes for Special Care Act, including regional rehabilitation centres, residential care facilities, group homes, adult residential centres and developmental residences.

11.2 The 1997 Report of the Auditor General (Chapter 6) included the results of Phase I of our audit of homes for special care. Phase I focussed on the classification and assessment process for admitting individuals to these homes which is a joint effort between the Departments of Health and Community Services.

11.3 The results of Phase II of the audit are reported separately for each of the Departments of Health and Community Services as the functions and related audit procedures performed were specific to the type of home for special care funded by each department. See Chapter 5 for results of the Department of Community Services audit.

11.4 Residents requiring financial assistance in nursing homes and homes for the aged are funded through the Long-Term Care budget at the Department of Health. The total amount approved by the Department of Health to operate these facilities for 1997-98 was \$198.5 million. Of this amount, approximately \$88.7 million was contributed by residents of these homes towards the cost of their care. The net amount of \$109.8 million is included in the 1997-98 Estimates for the Department. The 1998-99 Estimates for the Department indicate an expenditure of \$133.2 million is budgeted which represents an increase of 21.3% over the 1997-98 fiscal year budget.

11.5 As of April 1997, there were 70 of these facilities throughout the Province. These facilities may be municipally-owned, private non-profit or private for-profit entities and include the six long-term care facilities associated with hospitals in the Province. The 1998-99 Budget Address indicates an additional 170 beds are expected to be in place during fiscal 1999-2000. This represents an increase of 3% over the current 5,856 beds.

11.6 Approximately 24 of the 70 facilities have received accreditation through the Canadian Council on Health Services Accreditation (CCHSA). This is a non-profit, non-government organization that helps health service organizations examine and improve the quality of the care and services they provide to their clients. Performance is assessed against national standards set by CCHSA in collaboration with the health care community and related stakeholders.

RESULTS IN BRIEF

11.7 The following are the principal observations from this audit.

- Nursing homes and homes for the aged are inspected by the Department of Health at least annually, but legislation requires semi-annual inspections for nursing homes. We attended an inspection of a nursing home in late 1997 and found the inspection to be thorough, including a detailed discussion with administrative staff on the findings resulting from the inspection.
- During our review of the licensing and inspection processes and related documentation, we noted several instances where current practices did not reflect legislation. Management of the Long-Term Care Division has indicated that legislation surrounding nursing homes and homes for the aged should be reviewed, but a timetable for this review has yet to be established. Certain medical aspects of the regulations are being reviewed. We urge the Department to continue with the review and make changes to ensure legislation better reflects current practices.
- The Department should establish an accountability framework for its relationship with the homes. Documented goals for performance and the monitoring and reporting on those goals should be an integral part of the framework. Appropriate monitoring and reporting are essential components of any accountability relationship and are currently lacking in the relationship between the Department of Health and the homes. The Department recognizes the importance of appropriate monitoring which is dependent upon good information systems. Because the Department is focussing its efforts in information technology at the current time on year 2000 compliance, required changes to the information systems will not be immediate.
- Budget requests are to be submitted each year, but there are no guidelines for funding and funding for the homes has been based on the historical amounts. We also noted that the financial statements are not used extensively to verify the reasonableness of the requested budget. As a result, it is possible that any inefficiencies built into past budgets continue to be included in current funding.
- Effective per diem rates are not established prior to the start of the fiscal year. Consequently, administrators of homes are required to plan for current year's activities without knowing the anticipated revenue. Per diem rates should be set prior to the beginning of the year and communicated to homes.
- The Department is beginning to monitor occupancy rates and waiting lists on a regular basis. Waiting lists are maintained by regional Community Services offices responsible for assessing individuals for placement in a home for publicly funded residents. However, private paying patients may not appear on those lists. This system does not enable the Department to ensure that individuals with the greatest need are placed in a home first.
- There is a need for the Department to perform a comprehensive review and analysis of all available data to forecast future long-term care bed needs. Proper planning is necessary to ensure that resources are used economically and efficiently, and that appropriate services are available for residents when they are required.

AUDIT SCOPE

11.8 The objectives for Phase II of the audit were to:

- assess the licensing function for nursing homes and homes for the aged and the extent to which compliance with standards is monitored during this process;
- review and assess the process for setting per diem rates for these long-term care facilities, and determine the extent to which their financial performance is monitored; and
- review the Department’s planning processes with respect to long-term care, and the extent to which outcome measures have been identified and reported.

11.9 The following general criteria were used in our audit.

- Licences should only be issued to those nursing homes and homes for the aged which have met the requirements detailed in the Act and regulations.
- Licences should be renewed in accordance with the Act and regulations and the renewal should result from an inspection process.
- The inspection process should consider the scope of the Act and regulations and should result in a report noting the outcome of the inspection. The report should be distributed appropriately. The inspection process should include follow-up to ensure deficiencies have been addressed.
- There should be an annual review, following established guidelines, of the budgets and audited financial statements of nursing homes and homes for the aged as part of the process for setting the per diem.
- There should be controls to ensure that funds are expended by homes in accordance with related guidelines and with due regard for economy and efficiency.
- There should be controls to ensure that the per diems charged by homes for publicly funded residents do not exceed the per diems determined by the Minister of Health and that claims from homes should be based on approved per diem rates and only be paid if they relate to residents who have been approved for funding by the Department of Health.

11.10 Our audit approach consisted of interviews with staff and management of the Long-Term Care Division of the Department of Health. We also reviewed documentation related to the inspection and licensing process, and financial statements and budget data used to establish per diem rates for the homes.

PRINCIPAL FINDINGS

Licensing and Inspection

11.11 *Roles and responsibilities* - The job description for the Long-Term Care Advisors at the Department of Health notes that they are to inspect the homes to ensure compliance with the Act and regulations, and to prepare and submit reports and recommendations for licensing of homes. The

process also includes follow-up on problems identified in the home. The inspections do not include review of financial management, internal controls, or due regard for economy and efficiency at homes.

11.12 Reports, including recommendations for licensing, are reviewed within the Long-Term Care Division at the Department of Health, and then provided to the respective regional director. This individual then makes the appropriate licensing recommendation to the Minister. Signed licences are sent from the regional director's office to the home, along with a letter detailing the recommended actions to be taken on problems identified during the inspection.

11.13 *Inspection process* - The regulations to the Homes for Special Care Act require that homes for the aged be inspected at least once a year, and that nursing homes be inspected at least twice a year. Our review of the current inspection practices indicates that inspections are conducted in each facility at least annually, and therefore there are nursing homes which are inspected only once a year.

11.14 Inspections are conducted based on a schedule maintained by each Long-Term Care Advisor for their respective region (the regions correspond to the four health regions in the Province.) Visits to the homes are unannounced. The results of the inspection are recorded on a completed licensing tool (see paragraph 11.16).

11.15 We attended the inspection of a nursing home in the Northern Region in late fall 1997. We noted that the inspection was detailed and that an exit interview was used to communicate the findings of the inspection to the administration of the home. The Division should consider providing a completed copy of the licensing tool to the home to reflect the comments made during the inspection and the exit interview.

11.16 *Monitoring of compliance with standards* - A licensing tool has been developed for use during the inspection. The tool is provided to and completed by administration of the home in advance of the inspection visit.

11.17 We reviewed the licensing tool to determine if it appropriately considered the Act and regulations and noted that there are many aspects of the regulations which are not detailed on the licensing tool. Examples of these omissions and some related explanations include the following.

- The regulations require specific information be maintained for each resident including a treatment plan and a record of changes in condition. While the licensing tool provides an area for general comments concerning the process used by the home to maintain resident records, it does not address the details required to be maintained in each resident's file. We observed that resident records were examined on a sample basis during the inspection we attended. However, there is no documentation of this sample review and we recommended that this be performed for all inspections. As noted in paragraphs 6.26 through 6.28 of our 1997 Report, caseworkers are supposed to review residents' care needs semi-annually but this is not being done.
- The regulations require that each home for special care shall carry adequate liability insurance and that proof of this insurance is required for license renewal. The inspection tool addresses the existence but not the adequacy of liability insurance.
- Quarterly reports detailing resident statistics such as deaths and admissions are to be prepared by the homes and submitted to the inspectors. These reports are not being prepared. We noted that the licensing tool requires that these statistics be reported, but the frequency of this reporting is not as required by the regulations.

11.18 Those involved with the medical care of residents feel there is a need to review the legislation associated with this area. The Long-Term Care Division is in agreement, but a time frame for this review has yet to be established.

11.19 The Long-Term Care Advisors have developed an extensive draft document outlining standards of care in nursing homes and homes for the aged. This document covers more than just the care of the resident. Areas such as governance and administration and physical environment are addressed. We urge the Department of Health to finalize this draft as it is necessary to set standards to measure outcomes of homes.

11.20 *Review of documentation* - We reviewed documentation for a sample of homes to assess its completeness and to determine the extent of follow-up performed on recommendations made during previous inspections. We felt that for most items, documentation was complete and appropriate. There was adequate follow-up on the recommendations made during prior inspections. Two areas where we felt documentation could be improved are as follows.

- Each facility is to submit an emergency plan to the Minister and these plans are to be exercised and revised at least once every three years. We noted that the Long-Term Care Advisors have a record noting the status of these plans and the exercise for each of their regions, and that any deficiencies in these plans were noted on the respective licensing tool as areas for improvement. A review of the Long-Term Care Advisors' status reports indicates that most of the homes in our sample had current plans.

However, we were unable to locate a plan in the file for the majority of homes we selected. We were informed that the plan for each home is kept at the home after it has been reviewed for completeness by the home using a checklist developed by the Provincial Emergency Measures Organization.

- The regulations also require that there be an annual health inspection. This inspection is being performed by the Department of Agriculture and Marketing. The inspection has concentrated on food preparation and eating areas of each home, although we understand that the inspection will eventually cover the entire facility.

Only 45% of the files we reviewed contained evidence that the health inspection had been performed. We have been informed that a process is being developed to ensure the Long-Term Care Division receives copies of all reports related to health inspection.

11.21 In addition, we also reviewed documentation to determine if there was consistency in the licensing recommendations made for each home based on the deficiencies found during the inspection. We were informed that there have been no license suspensions. Interim licences are issued for a period of less than a year if the Long-Term Care Advisor feels the deficiencies noted during the inspection require follow-up sooner than that which would be indicated by issuing an annual license. These interim licences can be for any number of months.

11.22 Our conclusion is that the absence of guidelines may lead to a lack of consistency in the recommendations made. We discussed the inconsistency with one of the Long-Term Care Advisors who provided explanations for the license terms recommended. While the explanations were reasonable, we feel that guidelines should be developed which recommend licensing terms relating to certain deficiencies. While the need for professional judgement is acknowledged, guidelines would promote consistency and objectivity in licensing recommendations and provide support in the case of a dispute.

11.23 *Unlicensed facilities* - Facilities which meet the definition of nursing homes and homes for the aged in the Act require a license to operate regardless of whether or not residents in the home are in receipt of public funds. For smaller facilities in violation of the Act, the Department of Health liaised with the Department of Community Services during its review of facilities under its Small Options Program. This review was completed and a report released on August 5, 1998. The review process identified facilities which should have been licensed and were not. The Department of Community Services is currently taking action to remedy the identified situations with support from DOH as appropriate. The report recommended that the Departments of Community Services and Health determine which department should assume responsibility for the Community Based Options Program which serves the elderly population. In addition, the report recommended that the government seek input on the question of government's role in small options settings in which individuals receive no financial assistance. The Department of Health is developing a formal protocol for identifying and dealing with homes in violation of the Act.

Facility Finances

11.24 *Funding for facilities* - Nursing homes and homes for the aged are not directly funded by the Department of Health. Rather, Health makes payments to the homes on behalf of the homes' approved residents based on a daily per diem rate, that is, Health will assist residents with the cost up to the maximum per diem based on financial need. Approval of residents for funding from the Department of Health was discussed in our 1997 Annual Report. The homes obtain the remaining necessary funding from the private-paying residents and other sources.

11.25 Nursing homes and homes for the aged participate in this funding process by submitting a summary level budget proposal to the Department of Health each year. Information received is not detailed (eg. total salaries, employee benefits, and operation and maintenance.) The Department will also ask for information on the critical areas - areas where the homes feel extra funding is needed. For many of the budget submissions we reviewed, the focus of the extra funding requests dealt with salaries and benefit costs which comprise the bulk of the budget. Administrators alluded to the fact that salaries have not increased for a number of years in accordance with wage restraint legislation and also commented on the increase in related costs such as Workers Compensation. It should be noted that for the 1998-99 fiscal year, the Department has increased funding to cover the actual costs of Workers Compensation premiums and assist with Harmonized Services Tax.

11.26 Budget requests are reviewed and discussed by a number of people in the Department. We noted that there are no established documented guidelines for the performance of these reviews, but we believe that there is a need for such guidelines to ensure consistency. As well, audited financial statements are not used extensively during the process. We were provided with a listing of all the homes and the date of the financial statements provided. In some cases, the most recent set of financial statements was March 1993 and in three instances, no statements were received as the home operated as part of a hospital. We reviewed some of the financial statements and noted that there was a lack of consistency among homes in the information presented. Legislation does not require audited financial statements to be submitted although the Department has been attempting to introduce this requirement. We urge the Department to continue with this initiative and to use the financial statements as a starting point for establishing a reporting framework for financial results. This framework would enable the Department to make meaningful comparisons between budget and actual results and comparisons among homes.

11.27 Based on the discussions and analysis, an annual budget is approved for each home. The approved budget is converted into a daily per diem rate by dividing the expected number of resident days for the year into the approved budget for each home. These budgets are usually based on the historical funding of the home. Since the determination of the per diem rate is based on the historical budgets and not on established guidelines, it is possible that there are inefficiencies built

into the budget. The Department of Health indicated it will provide more staff resources to the Long-Term Care Division to strengthen the budget process for the next fiscal year.

11.28 In some cases, additional funding is provided to meet priorities of the Department such as increasing direct care staffing which was part of the focus for the 1997-98 year. Direct care staffing exceeds the standards noted in the Regulations. Other staffing guidelines are outdated (dated December 1980) and need to be updated. We recommended the Department continue to review the existing staffing guidelines as a starting point for more detailed guidelines which would outline what will be funded and how it will be calculated.

11.29 Once the budget (per diem rate) has been approved, a letter is forwarded to the home outlining the amount. Although funding is portable, that is, non-restricted, the homes are informed of the approved staffing complement as Health wishes to advise the homes of where it would like to see the funds directed particularly in the case of funding increases for additional staff. The April 1, 1997 approved per diem rates for long-term care beds ranged from \$68.77 to \$135.42. Per diem rates may and do change during the year as additional funding for staffing may not be effective until later in the year.

11.30 *Claims* - Each month, homes are required to prepare a claim(s) to obtain funding for approved residents from the Department of Health. If a home has residents associated with different municipalities, then a claim for each Department of Community Services region must be prepared. These claims show the residents for which a claim is being made, the per diem rate, the number of days for each resident, any other funding the resident may have (e.g., pensions a resident may receive, as this is deducted from the claim amount) and special expenditures for the resident (special expenditures are discussed further in paragraph 11.37). Any residents being funded solely by private funds are not shown on any claim.

11.31 At the time of our audit, claims followed one of two processing routes - either through the Department of Community Services or the municipalities. Claims for residents associated with Queens, Cape Breton and Halifax municipalities were reviewed and processed by the Community Services caseworkers. A cheque was issued to the home by the Department of Community Services which in turn recovered the expenditure from the Department of Health.

11.32 For claims for residents associated with the other municipalities, the municipality was responsible for all the verification work associated with the claim. After the municipality had reviewed the claim, it was forwarded to the Department of Health for payment. The Department reviewed the claim for mathematical accuracy and proper per diem.

11.33 In conjunction with the April 1, 1998 transfer of all social assistance programs to the Province, and subsequent to our audit, a change was made to the above process. All claims are now reviewed by Community Services caseworkers. Approved claims are forwarded to the Department of Health and a cheque is issued to the home.

11.34 We noted that the homes were not informed of the per diem rate in effect for April 1, 1997 until several months later. This has many consequences as it makes it difficult for staff at the homes to manage resources efficiently. In a few cases, the per diem rate was reduced. In one case, this resulted in a reduction of over \$100,000 in anticipated revenue. Since the homes were not informed of the decrease until several months into the current year, any decisions to deal with the reduction in revenue were compounded by the fact that some of the expenditure had already occurred.

11.35 We reviewed a number of claims and noted that in some cases, the incorrect per diem rate was used as the current rate was not available on a timely basis. As a result, an adjusting claim for the difference had to be prepared by the home. We noted there was no follow-up process to ensure

that an adjusting claim was filed. Expediting the per diem setting process would assist in ensuring claims are paid using the correct rate as well as providing homes with better financial data to plan for current year's activities. We also noted that in some cases, claims were not signed by the appropriate official. Claims should not be processed for payment unless they are signed by the appropriate authorized official.

11.36 As indicated in paragraph 6.22 of our 1997 Report, there are currently no requirements for periodic reassessment of a resident's financial situation so income figures on the claims cannot be properly verified. We recommended that policies be changed to require regular review of residents' financial data.

11.37 *Special needs* - Special needs include items such as eyeglasses, hearing aids, dentures and other items necessary to the well-being of the resident. Each municipality has its own rules for the approval of special needs. As a general rule, if the item is greater than \$1,500 or is very unique, it would come to the department for approval before purchase. Thus at the time of our review of the claims, the approval of special needs was based on the guidelines of the entity reviewing and approving the claim. We did not note any special needs claims that seemed excessive or unusual.

11.38 Subsequent to our audit, the Department established a Policy Manual - Community Supports for Adults - which was effective April 1, 1998 and is to be used for all residents. This should assist in ensuring that approvals of special expenditures are consistent from resident to resident. In addition to special needs, this manual also provides guidance on a number of other areas including determination of program eligibility and determination of financial eligibility. The Department has initiated a review of this manual to determine the relevance and usefulness of the manual from both the homes' and caseworkers' perspectives.

11.39 *Monitoring of performance* - Audits of the homes' financial management functions were originally conducted by the Department of Community Services until April 1993 when the program was transferred to the Department of Health. At that time, the Department of Health became responsible for the audit activity in Nursing Homes and Homes for the Aged. As well, in the past, funding of long-term care facilities was cost-shared with the municipalities. Various municipal units may have also conducted some reviews of the expenditures being incurred by the homes.

11.40 Audit activity in homes has been limited to the residents' trust funds and personal use allowance since the program was transferred to the Department of Health. There was one audit conducted in 1994 but no other detailed audits have been conducted since that time to review the financial management functions of the homes, compliance with guidelines, or due regard for economy and efficiency with the exception of some audits on resident trust funds. Appropriate monitoring and reporting are essential components of any accountability relationship and are currently lacking in the relationship between the Department of Health and the homes. The Department of Health's Audit and Consulting Section has indicated that it would like to expand the scope of its audits of homes within the next fiscal year and has just recently initiated one audit. In addition, the Department of Health indicated it will increase the audit staff resources devoted to audits of homes in the next year.

11.41 The Long-Term Care Advisors make note of the staffing complement when conducting a licensing visit, however, this comprises only a small component of the inspection and would not necessarily identify irregularities or areas for improvement. We believe it is important for the Department to review staffing issues in more detail to ensure homes are using the funds in accordance with the approved staffing complement outlined in the budget letter.

Outcome Measures

11.42 Outcome measures are an important feature of any program. Well defined outcome measures assist in determining if a program is achieving its intended goals.

11.43 Currently the Department of Health has responsibility for establishing outcome measures for the Long-Term Care program. The Department should implement a process to develop outcome measures and appropriate targets. A Long-Term Care Working Group sub-committee on Outcome Measures was created to deal with this issue. However, the working group disbanded after only a few meetings.

11.44 The Division has begun to track and gather certain types of information from the Licensing Report which may assist in the creation of standards and outcome measures. In addition, the Division plans to introduce a system which will monitor and measure the length of time it takes to obtain access to a long-term care bed. These initiatives may lead to improvements in this area. However, further refinement of this system will be delayed as the Department's priority in the information technology area is year 2000 compliance.

Waiting Lists and Planning for Beds

11.45 *Occupancy and waiting lists* - The Department is beginning to monitor occupancy rates or waiting lists. Forecasts of demand and wait times are not done. Occupancy rates are estimated based on the budgets provided to the Department by the homes but these rates are not monitored throughout the year.

11.46 Waiting lists are maintained on a regional basis by Community Services offices. These lists may not include private-paying patients. As well, many individual homes maintain their own wait lists which are not coordinated with the wait lists of the Community Services offices. Therefore it is possible that some individuals that have been on a wait list may get into a facility before another individual who has been waiting longer.

11.47 The Department is reviewing the concept of a single entry access system. Access to a wide variety of services available from a number of departments would be through one application. Each person would be assessed by a caseworker to determine which program would best suit his/her needs. The Department of Health has made a commitment to address the issue of single entry access during the next year.

11.48 A single entry access system would facilitate better monitoring of occupancy rates and the waiting times on a province-wide basis. This would assist in determining if individuals needed to be placed in a Nursing Home/Home for the Aged or whether other programs would better meet the needs of that person. As well, those with the greatest needs would be admitted first.

11.49 Monitoring of wait lists will also assist in future capital budgeting. The lists could be analyzed for trends and used to determine if future additional beds will be required and the type of facility needed. At the current time, the Department is just starting to look at bed planning issues, however, management noted that this is very difficult as there is inadequate information on waiting lists and other aspects of long-term care on which to base plans.

11.50 *Bed planning* - At the current time, the future demand for long-term care beds is not being analyzed and forecasted by the Department of Health. The Nova Scotia Continuing Care Bed Planning Guidelines January 1997 were developed in draft format by the Long-Term Care Working Group but never finalized. These draft guidelines outline a number of factors that should be considered when trying to project future demand for long-term care beds.

11.51 Without adequate forecasting for future demand, including projection of the type of care that may be required, it is possible that appropriate facilities may not be constructed on a timely basis, forcing long-term care residents into other more costly facilities. Alternatively, facilities may be constructed unnecessarily or in an inappropriate location.

11.52 *Construction, renovation and sale of facilities* - Construction, acquisition and sale of facilities, and replacement and renovation of facilities must have the approval of the Department of Health as these items could have significant impacts on the number of beds and the funding requirements. Licenses do not automatically transfer to a new owner if a facility is sold.

11.53 We reviewed some of the major renovations that have been approved for homes in the past year. Most of the renovations were a result of deficiencies identified by the Fire Marshall. We did not encounter any irregularities in the application process and these renovations were properly considered.

Other Issues

11.54 *Follow-up from 1992 Report of the Auditor General* - In our 1992 Annual Report, we made several recommendations concerning the sharing of services between hospitals and nursing homes. At the time of that report, Nursing Homes and Homes for the Aged were the responsibility of Community Services so there were difficulties in implementing sharing arrangements because two departments were involved. However the findings are still relevant in that sharing arrangements between hospitals and nursing homes could be more easily accomplished now that both types of facilities receive funding from the Department of Health.

11.55 To date, little progress has been made in addressing the recommendations. While the Department is flexible in the funding arrangements to encourage sharing, this is at the initiative of the homes. Some of the homes linked to hospitals make arrangements for purchasing services from the hospital instead of trying to provide the service themselves. The Department and Regional Health Boards should consider encouraging more shared arrangements as this may result in cost savings and increased efficiencies.

11.56 *Complaint investigation* - The job description for the Long-Term Care Advisors includes the responsibility to investigate complaints received regarding homes and submit detailed reports of the investigation. Discussions with the Advisors indicate that complaints are infrequent. The extent of their investigation and the distribution of any resulting reports depends on the nature of the complaint. It was also indicated that many homes have internal policies regarding complaint investigation and resolution.

11.57 Staff have indicated that the process they encourage is for persons with concerns to first discuss the issue with appropriate personnel at the home. The Department of Health, or other external parties such as professional licensing groups, can be contacted if the complaint has not been addressed by the home to the individual's satisfaction. However, there is a need for a formal, written policy outlining the procedures to follow when investigating complaints. There is also a need for guidelines detailing the appropriate action to take given the nature of the complaint and the frequency of complaints at a particular home. We have been informed that these issues are being considered in a review of policies for these facilities.

CONCLUDING REMARKS

11.58 The Long-Term Care program is evolving as the responsibility for this program is transferred from a shared arrangement between the Province and municipalities to one that is the total

responsibility of the Province. Coordination between the Departments of Health and Community Services is essential to ensure individuals are placed in the most appropriate cost-effective care facility. Single entry access is viewed by Departments as a way to accomplish better co-ordination. The Department of Health has made a commitment to address the issue of single entry access during the next year.

11.59 There are a number of issues that must be resolved to ensure the Long-Term Care program operates in an efficient and effective manner and complies with legislation. Funding of facilities continues to be a critical area. We believe that scarce funds should be allocated to the homes in a systematic and rational manner based on established guidelines and standards, and that an appropriate accountability framework should set out key terms of the relationship between Departments and homes.

11.60 The Department of Health should make it a priority to establish outcome measures for the program and individual homes, and to monitor performance. Outcome measures provide key information to assess a program's performance. Without such measures, it is not possible to determine if a program is meeting its intended goals and objectives.
