

KEY TALKING POINT: Outcome-Driven Models vs. Compliance-Driven Models

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Issue

Alberta's seniors' housing providers are continually working to adopt socially driven residential housing models that respect the dignity of those being served despite the pressures and legislative requirements of system-driven models that are focused on only measuring task completion, inputs and risk aversion, rather than outcomes for the individual.

Key Considerations

- Alberta's seniors' housing providers are committed to empowering seniors to have choice and a life of purpose wherein they are honoured, valued and respected.
- Choice means every senior makes their own decisions, including that of living in a setting that feels like home where their needs can be met. A residential senior's community is a domestic space that needs to be understood as a person's "home," not a "facility" or place where people work.
- Residents need to be empowered to manage their own homes and make decisions about their daily living. There needs to be a focus on what can be done to support independence and enjoyment of one's own personal living space. They should be empowered to answer their door, entertain people in their home, and have the privacy to take care of themselves (or have personal and health services administered) within the privacy of their own home.
- Enough time must be given to each resident, in every employee interaction. Health and service providers must value the social benefits their presence can provide as they engage in the privilege of working in someone's home. Health care providers and seniors' housing providers need to work together to optimize the quality of life for all residents.
- Legislation and standards need to focus on resident/tenant outcomes, rather than system-specific measures. The accountability should be to the resident/tenant, rather than solely to compliance standards and audits. Key performance indicators need to also focus on resident experiences and wellness measures, not just operational measures and scheduled tasks.
- Policies need to align with human rights legislation, and move from a culture of being 'risk adverse' to 'mitigating risk' while promoting individual decision making and autonomy.
- Terminology and language around seniors housing and support options should reflect the philosophy that a person is living in their own home, rather than a 'patient' living in a 'bed.'
- New compliance measures should not be put into place due to a specific incident, but rather, should be determined according to the needs of a resident/tenant and the community as a whole. The desired outcome for the person should be the measure.
- As long as the success of health care supports are measured according to whether or not employee tasks are met, a resident's ability to maximize their quality of life and achieve optimum wellness will not be realized.

Our Asks

- **Any changes in legislation, regulations or standards should focus on improved people-centred, overall wellness outcomes for all residents/tenants, rather than improved outcomes for the system according to compliance standards and risk-adverse philosophies.**
- **Seniors communities should be thought of as the individual's home, rather than an institution, workplace or facility. Language/terminology changes need to occur to reflect this. Also, because it is their home, couples should be supported to remain together, if they so wish.**
- **That seniors housing be fully utilized as a solution to alleviating pressures on seniors health care. Seniors housing offers more desirable and affordable options for individuals requiring housing with services and/or healthcare supports.**



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