

Chapter 4

**Department of Social
Development –
Update on Nursing Home
Planning and Aging Strategy**

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Update on Nursing Home Planning and Aging Strategy – Department of Social Development

Report of the Auditor General – Volume II, Chapter 4 - 2020

Why This Update?

- Our 2016 report noted the proportion of New Brunswick seniors aged 75 and older will double by 2036.
- Failing to implement nursing home plans and obtain needed services for seniors will result in a crisis, specifically:
 - severe shortage of available placements;
 - growing pressure on hospitals and related costs; and
 - inadequate care for growing number of vulnerable seniors.
- This update is to inform New Brunswickers on progress on our 2016 recommendations and is unrelated to COVID-19.

Overall Conclusions

- We were disappointed to find significant delays in the implementation of two 5-year Nursing Home Plans with limited progress on the 2018-2023 plan.
- Nursing home beds are only one important component to address the influx in demand, however, significant ongoing delays mean the Province is failing to address nursing home capacity demand.
- The Province is not ready for the increase in seniors requiring placement in a residential facility.
- Although a 10-year Aging Strategy containing valuable ideas has been developed in collaboration with Department of Health, it lacks an implementation plan.
- A comparison of actual costs and quality of service of for-profit and not-for-profit operated nursing homes needs to be done.
- The Department of Social Development did not publicly report pertinent information on its progress against the Aging Strategy and the Nursing Home Plans.

What We Found

Significant delays in implementing nursing home plans

- Target dates for new nursing home beds either not set or not being met in two 5-year nursing home plans
- System is failing to address nursing home capacity demand
- 2018-2023 Nursing Home Plan behind schedule by at least two years
- After 10 years and over \$11 million spent on repairs and financial assistance, two homes replaced in Miramichi, with 28 additional beds

Government needs to evaluate actual costs and quality of service of different nursing home models

- Government completed analysis projecting nursing home model selected for 240 new beds scenario in Miramichi would be less costly
- However, 2016 AG recommendation to evaluate the economic benefit from for-profit operated nursing homes has not been done

Lack of implementation plan for Aging Strategy

- Aging Strategy contains valuable ideas
- Inadequate monitoring and evaluation of Aging Strategy's implementation
- Department began setting targets in August 2020 for certain initiatives aligned with Strategy

Limited and inaccurate public reporting on progress

- Department reported 35% of Aging Strategy action items implemented at June 2019, however:
 - many action items are not measurable
 - completion status of some action items inaccurate
- Lack of reporting on progress of 2018-2023 Nursing Home Plan
- Reporting on alternate level of care (ALC) patients initiatives inadequate

Key Findings and Observations Table

Nursing Homes Update – Department of Social Development

Paragraph	Key Findings and Observations
4.13	<i>Growing number of seniors</i>
4.14	<i>Nursing home waitlist continues to grow, and about half of seniors on waitlist waiting in hospital</i>
4.15	<i>Millions of dollars in additional costs every year due to individuals waiting in hospital for a nursing home bed</i>
4.18	<i>Percentage of acute care hospital days used by ALC patients higher than national average</i>
4.19	<i>Most nursing home facility condition ratings have improved since last assessment</i>
	Significant delays in implementing nursing home plans
4.23	<i>Nursing Home Plans revised multiple times over the years</i>
4.24	<i>New nursing home beds under 2011-2016 plan completed in 2020</i>
4.25	<i>Only 428 of 704 new memory care beds under 2011-2016 plan completed</i>
4.26	<i>Lack of completion targets for 2011-2016 plan</i>
4.28	<i>Significant delays and potential additional costs in relation to Miramichi nursing homes</i>
4.29	<i>After 10 years and \$11 million spent on repairs and financial assistance, two homes replaced in Miramichi, with 28 additional beds</i>
4.30	<i>2018-2023 Nursing Home Plan announced in February 2018</i>
4.31	<i>2018-2023 Nursing Home Plan behind in adding new beds by at least two years</i>
4.32	<i>60-bed Upper River Valley nursing home on hold</i>
4.33	<i>According to Department, tendering delays due to staff turnover and competing priorities</i>
4.34	<i>Significant ongoing delays – system is failing to address nursing home capacity demand</i>
	Government needs to compare actual costs and quality of service of different nursing home models
4.36	<i>We recommended the Department evaluate economic benefit of public-private nursing home model</i>
4.39	<i>Comparison of actual costs and quality of service needed of different nursing home models needed</i>
4.40	<i>Finance and Treasury Board (FTB) analysis projected nursing home model selected for Miramichi would be less costly</i>

Key Findings and Observations Table (Continued)

Paragraph	Key Findings and Observations
4.41	<i>FTB's methodology and key assumptions and inputs appeared reasonable</i>
4.42	<i>FTB hired industry experts and involved key stakeholders</i>
4.43	<i>Inadequate documentation of process followed</i>
	Lack of implementation plan for Aging Strategy
4.47	<i>In 2016, we recommended the Department develop a long-term plan for sustainable services to seniors</i>
4.50	<i>Aging Secretariat established to track actions under Aging Strategy</i>
4.51	<i>Council on Aging created to guide development of Aging Strategy</i>
4.52	<i>Department of Social Development collaborated with Department of Health in development of Aging Strategy, fulfilling components of our recommendation</i>
4.56	<i>Aging Strategy is multi-faceted</i>
4.58	<i>No targets to address services to growing numbers of seniors</i>
4.59	<i>No implementation plan for Aging Strategy</i>
4.60	<i>High-level goals lack specific objectives</i>
4.61	<i>Aging Strategy governance structure on hold, Secretariat staff reassigned to COVID-19 programs</i>
4.62	<i>Inadequate monitoring and evaluation of the Aging Strategy's implementation</i>
4.63	<i>Department's reporting on strategy implementation is inaccurate</i>
4.64	<i>Partially implemented action items reported as "complete"</i>
4.69	<i>Lack of measures to assess progress</i>
4.70	<i>No supporting documentation for reported completion of action item</i>
	Limited public reporting on progress
4.75	<i>We recommended improved public reporting in our 2016 Report</i>
4.79	<i>Department's annual report contains only a percentage of Aging Strategy action items completed and fails to list the specific items completed</i>
4.80	<i>Performance information related to Aging Strategy was presented in broad, unmeasurable terms</i>
4.81	<i>Information reported was insufficient for reader to assess performance</i>
4.82	<i>Lack of reporting on progress of 2018-2023 Nursing Home Plan</i>

Key Findings and Observations Table (Continued)

Paragraph	Key Findings and Observations
4.83	<i>Reporting on ALC initiatives inadequate</i>
4.85	<i>Annual reporting fails to state why performance improved from prior year</i>
4.86	<i>Future initiatives are vaguely reported</i>

Recommendations and Responses

Recommendation	Department's response	Target date for implementation
<p>4.35 We recommend the Department of Social Development review the 2018-2023 Nursing Home Plan to ensure targets are clear, realistic, achievable and properly resourced to meet the planned outcomes in a timely manner.</p>	<p><i>The department agrees with the recommendation to review the existing plan. As reported, challenges such as staff turnover, competing priorities, and responding to the COVID-19 pandemic have resulted in delays.</i></p> <p><i>The department will review the 2018-2023 NH Plan, and with approval, will provide an updated plan to work towards. The plan will include each project as announced with status of projects underway and estimated timelines for the remaining projects.</i></p>	<p><i>September 30, 2021</i></p>

Recommendations and Responses (continued)

Recommendation	Department’s response	Target date for implementation
<p>4.45 We recommend the Department of Finance and Treasury Board revise the ASD Advisory Services unit’s Standard Operating Procedures to include formal documentation standards for financial models and other analyses completed by the unit. The standards should, at a minimum, require retaining documentation of:</p> <ul style="list-style-type: none"> • roles and responsibilities of individuals involved; • all sources of inputs and assumptions used; • the review of financial models; and • adherence to the Standard Operating Procedures. 	<p><i>The ASD Advisory Services Standard Operating Procedures have been revised to include documentation for the following:</i></p> <ul style="list-style-type: none"> • <i>additional details on the roles and responsibilities of individuals involved;</i> • <i>additional details for sources of inputs and assumptions used;</i> • <i>the review process for verifying financial models; and</i> • <i>a post-project checklist and process to verify that the Standard Operating Procedures were adhered to.</i> 	<p><i>Complete</i></p>

Recommendations and Responses (continued)

Recommendation	Department's response	Target date for implementation
<p>4.46 We continue to recommend the Department of Social Development evaluate whether there is an economic benefit to providing nursing home beds under the for-profit operated model versus the traditional model. This should include a comparison of actual costs and quality of service.</p>	<p><i>The department analyzed and developed an RFQ/RFP model approach for nursing home services. This RFQ/RFP model was rolled out in 2014/15 for the procurement of 60 nursing home beds, and the contract was awarded during 2015/16. This approach was found to be more cost effective for a 60-bed nursing home than the traditional model. The approach (model) used to evaluate the options was supported by the AG auditors.</i></p> <p><i>The department monitors the cost of services of each nursing home annually and a model will be developed to measure the financial performance of the homes as part of this analysis. With respect to the quality of care, indicators will be developed based on inspections and data from the LTCF tool that is being reported to CIHI. Although homes have begun to report data to CIHI to be leveraged for this exercise, work is necessary to interpret and validate the quality of that data for this purpose.</i></p> <p><i>The department recognizes there is a need to provide a long-term comparison of the costs and quality of service of all Nursing Homes and will look to formalize the reporting and communication plan.</i></p>	<p><i>December 31, 2021</i></p>

Recommendations and Responses (continued)

Recommendation	Department’s response	Target date for implementation
<p>4.73 We recommend the Department of Social Development develop performance indicators with specific targets for each action item under the Aging Strategy, in collaboration with relevant stakeholders.</p>	<p><i>The department agrees with the recommendation to develop and report on specific targets under the Aging Strategy. In order to facilitate this, the department in collaboration with the Department of Health, implemented an Aging in Place Committee in 2020. The Committee has identified key priorities and desired outcomes for seniors and developed an Aging in Place Framework identifying 13 initiatives to be implemented between Fall 2020 and March 2022, to help achieve these outcomes. It includes actionable milestones and indicators and targets for tracking progress. This Framework has taken high level strategic recommendations and created measurable initiatives that will facilitate reporting and clear communication of progress. The Aging in Place Framework also includes a plan for stakeholder consultation to ensure efforts are aligned towards common outcomes for seniors. Examples of indicators that will be tracked include: Increase % of 65+ clients receiving home/community-based care; and reduce median time from contact to placement.</i></p>	<p><i>December 31, 2021</i></p>

Recommendations and Responses (continued)

Recommendation	Department's response	Target date for implementation
<p>4.74 We recommend the Department of Social Development develop a formal process for monitoring action items under the Aging Strategy and verifying implementation.</p>	<p><i>The department agrees with the recommendations to develop a formal process for monitoring and verifying implementation. Although the department continues to monitor the implementation of all actions, the department, through the Aging in Place Framework, and in collaboration with the Department of Health, will implement a formal process for communicating and reporting against actions in the Framework. This process will verify implementation and evaluate the outcomes. Decisions to continue or not to continue actions, based on outcomes, will be tracked and included in the communications and reporting.</i></p>	<p><i>December 31, 2021</i></p>
<p>4.88 We recommend the Department of Social Development publicly report actual outcomes compared to planned or expected outcomes under the Aging Strategy and the Nursing Home Plan. Reporting should provide explanations for gaps between plans and results.</p>	<p><i>The department agrees with the recommendation to report publicly on the measures and outcomes of current and future activities. The Department of Social Development has reported publicly on its progress via the Main Estimates process and presentations to numerous community organizations. As part of the NH and Aging in Place Framework, a communication and reporting plan for sharing outcomes with the public will be developed.</i></p> <p><i>As part of this plan, a meeting will be scheduled with the Roundtable in March 2021 and virtual sessions will be scheduled to validate the Aging in Place Framework and collect feedback.</i></p>	<p><i>December 31, 2021</i></p>

Introduction

4.1 In the 2016 Auditor General’s Report, we raised concerns about the lack of nursing home capacity and the growing unsustainable costs of providing care to New Brunswick seniors. The report identified several factors in connection with nursing home capacity that are causes for concern including:

- growing costs of nursing home services are not sustainable;
- aging nursing home infrastructure requiring significant investment in maintenance, repair and renewal;
- long waiting list and increasing pressure on hospital beds; and
- limited public reporting by the Department of Social Development on the status of nursing home capacity.

4.2 This chapter is intended to provide an update on the current state of nursing homes capacity in the Province and assess progress made in implementing our 2016 Report recommendations. We intend to conduct a future audit that will focus on quality of care in nursing homes.

Why we did this work

4.3 The senior population of New Brunswick aged 75 and older is expected to double over the next 20 years¹. Failing to implement nursing home plans and obtain needed services for seniors will result in a crisis, specifically:

- severe shortage of available placements;
- growing pressure on hospitals and related additional costs; and
- inadequate care for a growing number of vulnerable seniors.

4.4 We also considered the timing appropriate to update the Legislature and the public on the status of nursing home capacity. This Report comes four years after the end of the Department of Social Development’s (the Department) 2011-2016 Nursing Home Renovation and Replacement

¹ Statistics Canada. Table 17-10-0057-01 Projected population, by projection scenario, age and sex, as of July 1 (x 1,000)

Plan, and halfway through the 2018-2023 Nursing Home Plan. Rather than doing our normal follow-up on the status of our past recommendations, we decided to expand on our analysis due to the importance of this issue.

Scope and Approach

4.5 Our work focused on the assessment of:

- the Department of Social Development’s plans and actions under the 2011-2016 Nursing Home Renovation and Replacement Plan and the 2018-2023 Nursing Home Plan;
- the Department of Social Development’s development and implementation of the aging strategy in collaboration with other stakeholders; and
- the Department of Finance and Treasury Board’s financial analysis of nursing home delivery models.

4.6 Our scope included an assessment of the implementation status of three recommendations we made in 2016 to the Department of Social Development. Exhibit 4.1 presents these recommendations, along with the implementation status reported by the Department and our assessment.

Exhibit 4.1 - Status of 2016 Auditor General Recommendations on Nursing Homes

Status of 2016 Auditor General Recommendations on Nursing Homes		
2016 Recommendations (referenced to report paragraph)	Department's 2020 Status	AGNB 2020 Status
2.33 We recommended the Department of Social Development evaluate whether there is an economic benefit to providing nursing home beds under the public-private model versus the traditional model.	Implemented	Not Implemented
2.70 We recommended the Department of Social Development, in consultation with the Department of Health, develop a comprehensive long term plan to ensure the Province can continue to provide sustainable services to New Brunswick seniors.	Implemented	Partially Implemented
2.71 We also recommended the Department report publicly on the measures and outcomes of current and future initiatives as part of the comprehensive long term plan.	Implemented	Not Implemented

Source: Chart prepared by AGNB with information from 2016 Auditor General Report, Volume I and the Department of Social Development.

4.7 Our work procedures included:

- interviewing staff at the Departments of Social Development, Health, and Finance & Treasury Board;
- examining legislation, strategies, plans, reports and other relevant documentation produced by the departments; and
- hiring consultants to assist in our review of the Department of Finance and Treasury Board's financial analysis of nursing home models. The consultants' findings and conclusions have been incorporated into this report.

Conclusions

4.8 We concluded:

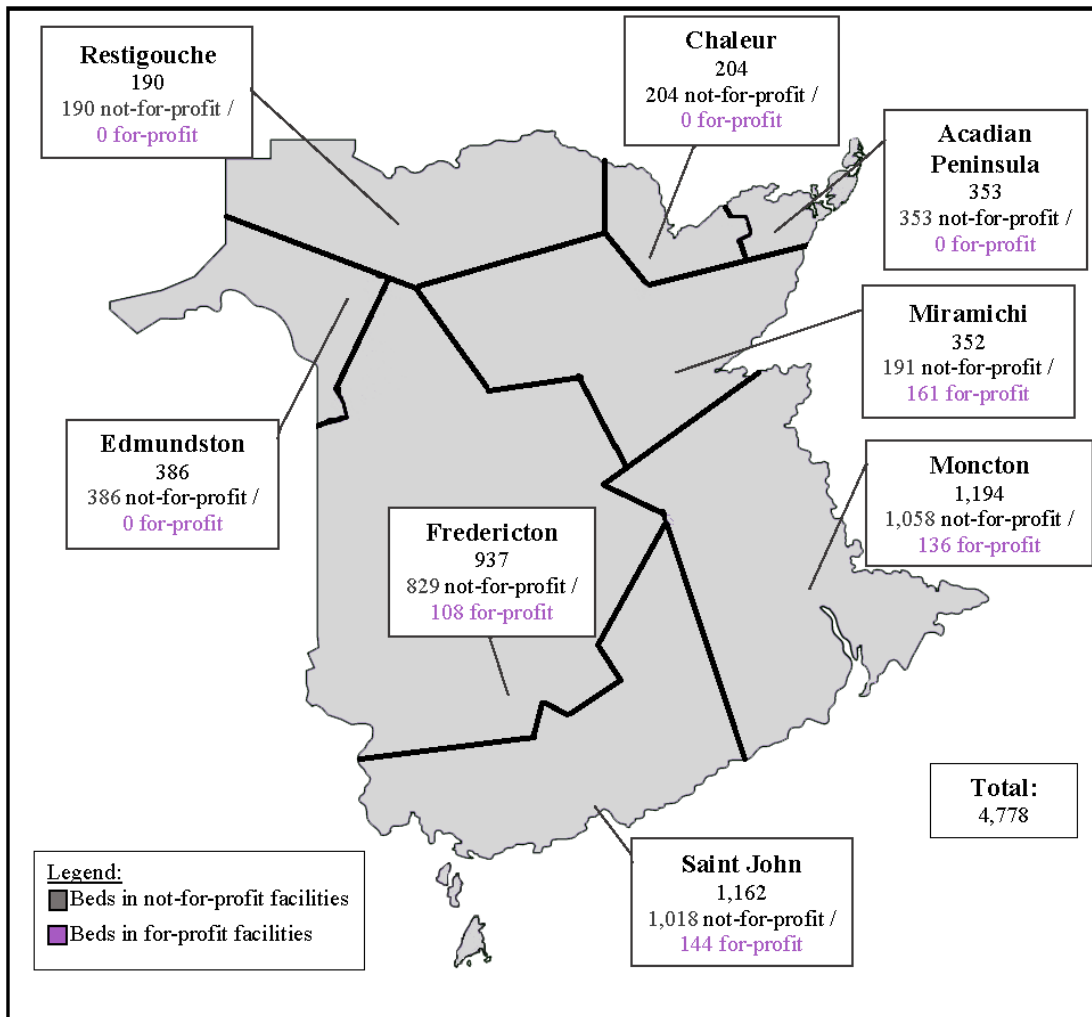
- there have been significant delays in the Department of Social Development's implementation of the Nursing Home Plans with limited progress on the 2018-2023 Nursing Home Plan. This means the Province is failing to address nursing home capacity demand;
- the Department of Social Development developed a 10-year Aging Strategy in consultation with the Department of Health, however it failed to develop an implementation plan;
- although projected future costs of different nursing home models were compared for the Miramichi new nursing home decision, this did not address our recommendation to assess the actual economic benefit of the for-profit operated and traditional not-for-profit model; and
- the Department of Social Development did not publicly report pertinent information on its progress against the Aging Strategy and the Nursing Home Plans, and reported inaccurate information regarding the implementation of the Aging Strategy.

Background Information

4.9 Nursing homes in New Brunswick are the responsibility of the Department of Social Development under the *Nursing Homes Act*. The Department’s Adult Community Resources Unit licenses and inspects nursing homes. All nursing homes must follow standards established by the Department.

4.10 At March 31, 2020, there were 4,778 licensed nursing home beds in 68 facilities throughout the Province. Non-profit organizations governed by a board owned and operated 61 of these facilities, while the other seven were owned and operated by a private company. Exhibit 4.2 shows the distribution of nursing home beds by region.

Exhibit 4.2 - Distribution of nursing home beds by region at March 31, 2020



Source: Exhibit prepared by AGNB with information from the Department of Social Development (unaudited).

4.11 Exhibit 4.3 shows the distribution of nursing home beds by region over the last five years. As shown in the Exhibit, the total of licensed nursing home beds increased by 6.7% (299 beds) over the 5-year period between March 2015 and March 2020. Most of the additional beds are in the three largest regions of Moncton, Saint John and Fredericton. As stated later in this chapter, we found there were delays in implementing nursing home plans. The 2011-2016 plan lacked completion targets and its last 120 nursing home beds were completed in 2020. New beds under Phase 1 of the 2018-2023 plan may only be completed starting in 2023-2024.

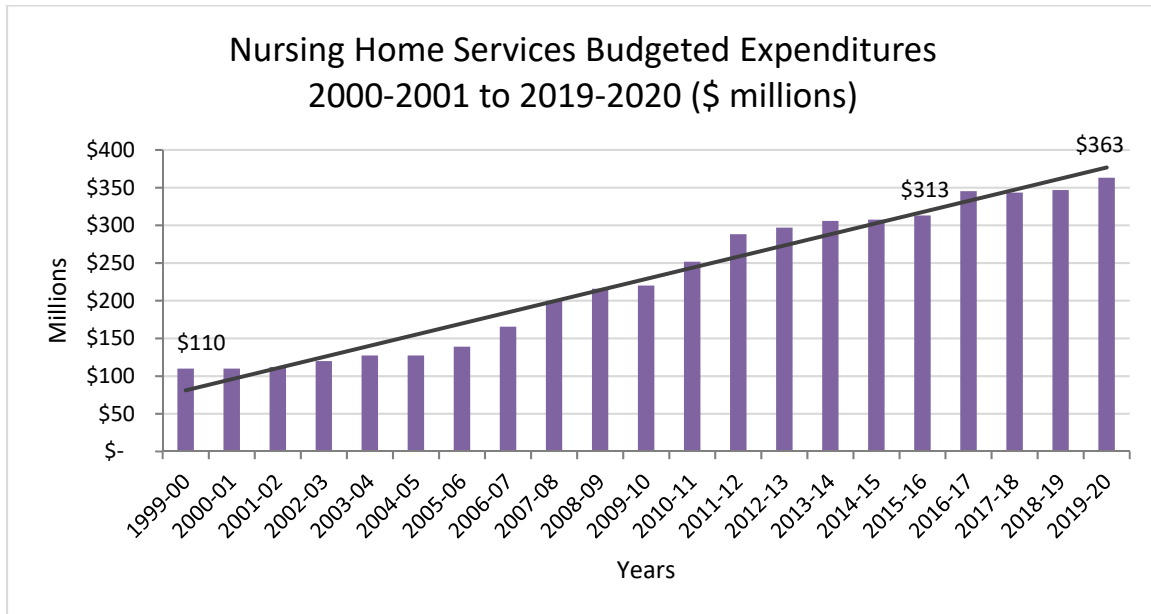
Exhibit 4.3 - Number of nursing home beds by region from March 2015 to March 2020

Region	March 31, 2015	March 31, 2016	March 31, 2017	March 31, 2018	March 31, 2019	March 31, 2020
Moncton	1099	1086	1086	1180	1210	1194
Saint John	1084	1084	1156	1156	1162	1162
Fredericton	878	903	933	933	937	937
Edmundston	362	386	386	386	386	386
Restigouche	205	205	205	190	190	190
Chaleur	204	204	204	204	204	204
Miramichi	294	294	324	324	324	352
Acadian Peninsula	353	353	353	353	353	353
Total	4479	4515	4647	4726	4766	4778

Source: Exhibit prepared by AGNB with information from the Department of Social Development (unaudited).

4.12 We reported in 2016 the Department's budget for nursing homes services had reached over \$313 million for 2015-2016. This budget has increased by \$50 million since then, as shown in Exhibit 4.4. We also reported the portion of the Department's budget dedicated to nursing home services had grown from 17% in 2000-2001 to 28% in 2015-2016. Since then, this proportion has remained stable and was 29% for 2019-2020.

Exhibit 4.4 - Nursing Home Services Budgeted Expenditures, 2000-2001 to 2019-2020 (\$ millions)



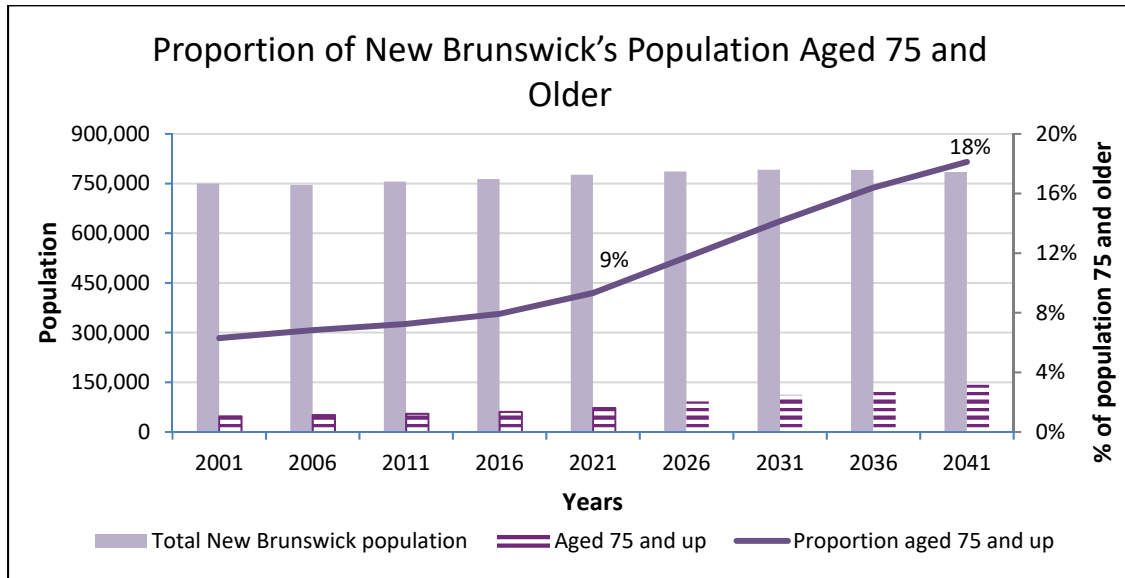
Source: Exhibit prepared by AGNB from figures extracted from Main Estimates for the years 2000-2001 to 2019-2020 (unaudited)

Growing number of seniors

4.13 The number of seniors aged 75 and older is expected to double in the next 20 years, as shown in Exhibit 4.5. These seniors will form close to 18% of the Province's population in 2041, compared to 9% in 2021.²

² Statistics Canada. Table 17-10-0057-01 Projected population, by projection scenario, age and sex, as of July 1 (x 1,000)

Exhibit 4.5 - Proportion of New Brunswick's Population Aged 75 and Older

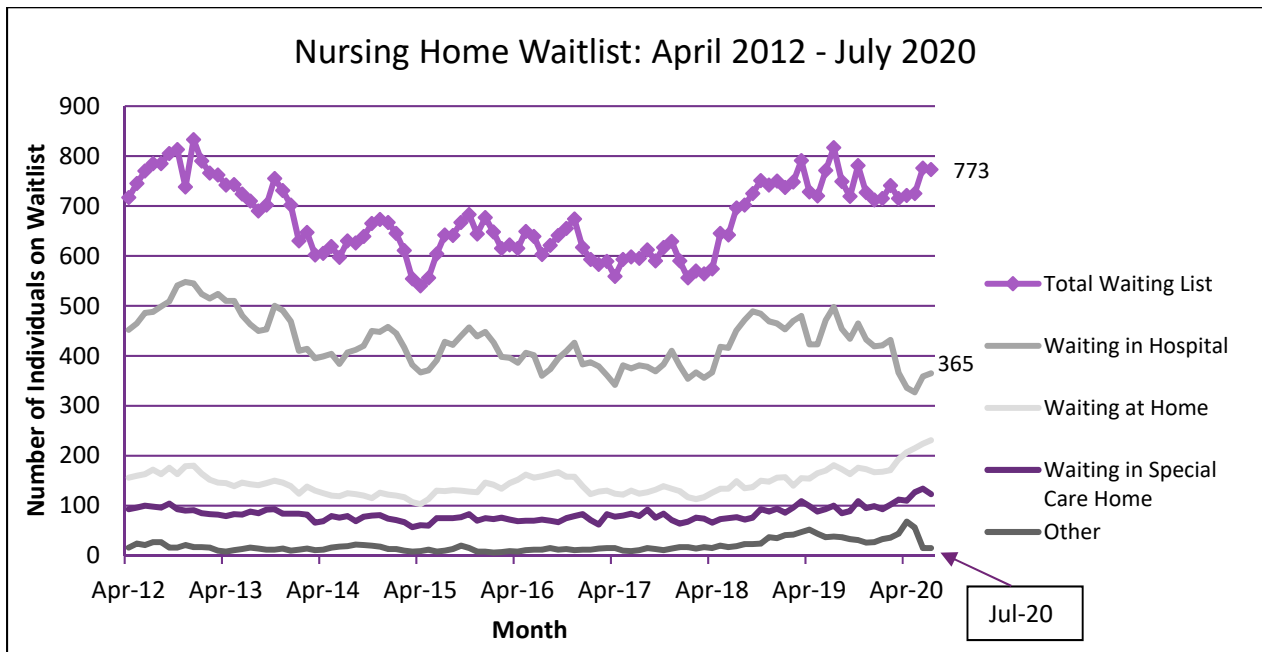


Source: Chart prepared by AGNB with information from Statistics Canada Table 17-10-0057-01 Projected population, by projection scenario, age and sex, as of July 1 (x 1,000)

Nursing home waitlist continues to grow, and about half of seniors on waitlist waiting in hospital

4.14 We highlighted in our 2016 Report the long waitlist for nursing home beds, with 60% of individuals waiting for a bed in hospital. Since then, the waitlist has increased to over 700 individuals at March 31, 2020, with just over 50% waiting in hospital, as shown in Exhibit 4.6. The number of individuals waiting in hospital decreased by 96 between the end of February and the end of April 2020. According to the Department, this was due in part to efforts by the Department to facilitate the discharge of 241 patients from hospitals to nursing homes, to support hospitals in preparation for the COVID-19 pandemic. As the Exhibit shows, the waitlist increased again in the following months.

Exhibit 4.6 - Nursing Home Waitlist: April 2012 - July 2020



Note: Data presented is for the end of each month.

“Other” category includes interim placements (non-preferred placement within 100km of an individual’s permanent address that provides services in their official language of choice).

Source: Chart prepared by AGNB with information from the Department of Social Development (unaudited).

Millions of dollars in additional costs every year due to individuals waiting in hospital for a nursing home bed

4.15 About half of the individuals waiting for a nursing home bed are waiting in hospital. Based on average lengths of stay in hospital and the cost of a nursing home bed compared to a hospital bed, we estimated in our 2016 Report this results in millions of dollars in increased costs every year for the Province. This situation persists.

4.16 Alternate Level of Care (ALC) patients in hospital are individuals who no longer require acute care, but who are waiting for a placement more appropriate for their needs. While approximately 200 acute care beds were reclassified to chronic care beds on April 1, 2015, we estimated there was still around \$5 million spent in additional costs in 2019-2020 due to ALC patients waiting for a nursing home bed while occupying an acute care hospital bed.

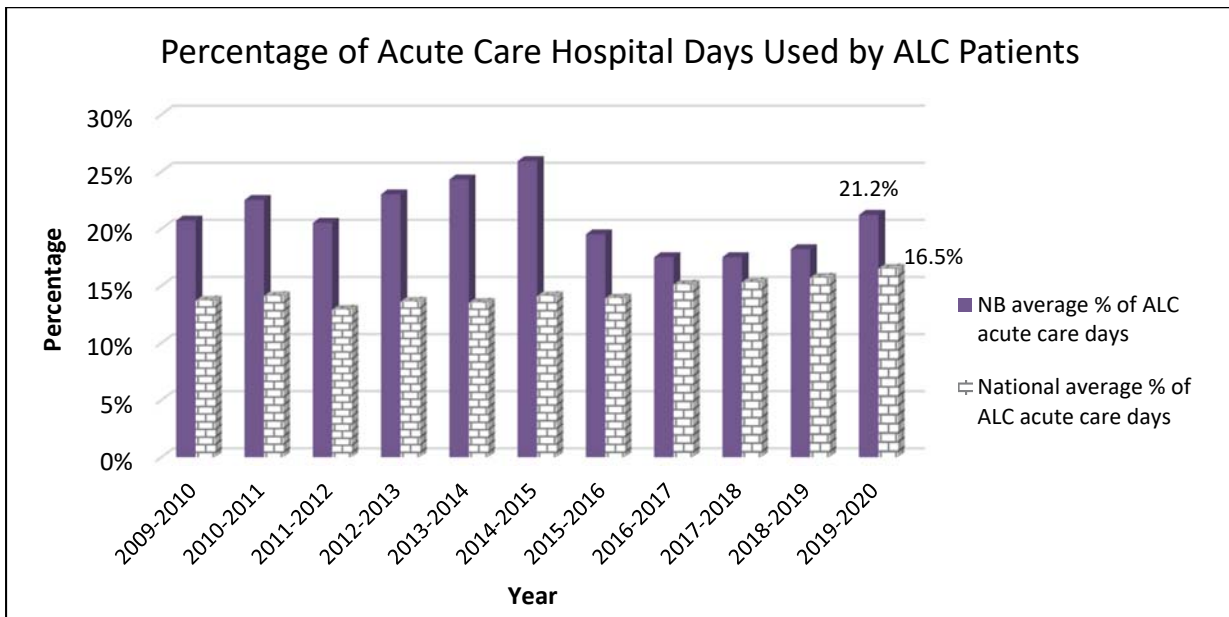
4.17 We also found from 22 to 28% of the individuals on the nursing home waitlist in the last two years were assessed at

a level of care consistent with the care provided by memory care homes. These facilities are for individuals with Alzheimer’s and other dementias. According to the Department, “these individuals require supervision and assistance with their personal care needs but do not necessarily require ongoing nursing care. The needs of seniors with dementia can be met more appropriately in the quieter, individualized setting of a specialized facility...”

Percentage of acute care hospital days used by ALC patients higher than national average

4.18 The percentage of acute care hospital days used by ALC patients remains higher than the national average, as shown in Exhibit 4.7. Alternate levels of care placements can include nursing homes, special care homes and rehabilitation. According to the Department of Health, the aging demographic is one of the possible reasons for the increase in the percentage to 21.2% in 2019-2020.

Exhibit 4.7 - Percentage of acute care hospital days used by ALC patients



Notes: This data is for acute care only. As of April 1, 2015, approximately 200 new acute care beds were re-classified to chronic care, causing a decrease in the New Brunswick percentage.

Source: Chart prepared by AGNB with information from the Department of Health and the Canadian Institute for Health Information (unaudited).

Most nursing home facility condition ratings have improved since last assessment

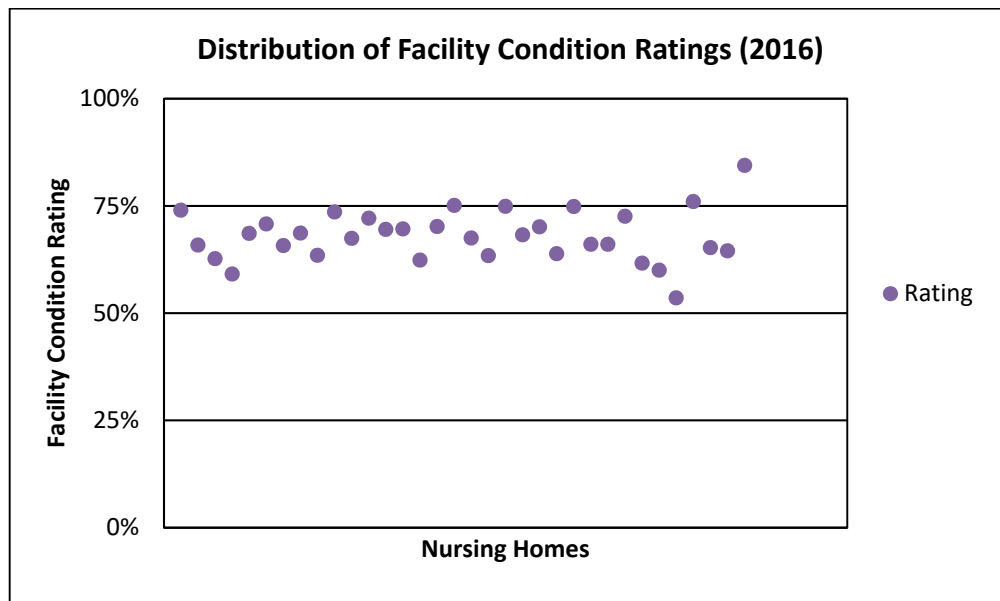
4.19 We presented the results of the 2009 facility condition assessments in our 2016 Report. At the time, nine of 53 homes were flagged with a risk warning and recommended for replacement. We found all nine facilities were replaced

by new facilities as part of the 2011-2016 Nursing Home Renovation and Replacement Plan. The following is a list of these facilities:

- Foyer St. Joseph de St. Basile, Saint-Basile;
- Grand Manan Nursing Home, Grand Manan;
- Loch Lomond Villa, Saint John;
- Mill Cove Nursing Home, Mill Cove;
- Mount St. Joseph, Miramichi;
- Nashwaak Villa, Stanley;
- Victoria Glen Manor, Perth Andover;
- Villa Des Jardins, Edmundston; and
- Villa Maria, Saint-Louis-de-Kent.

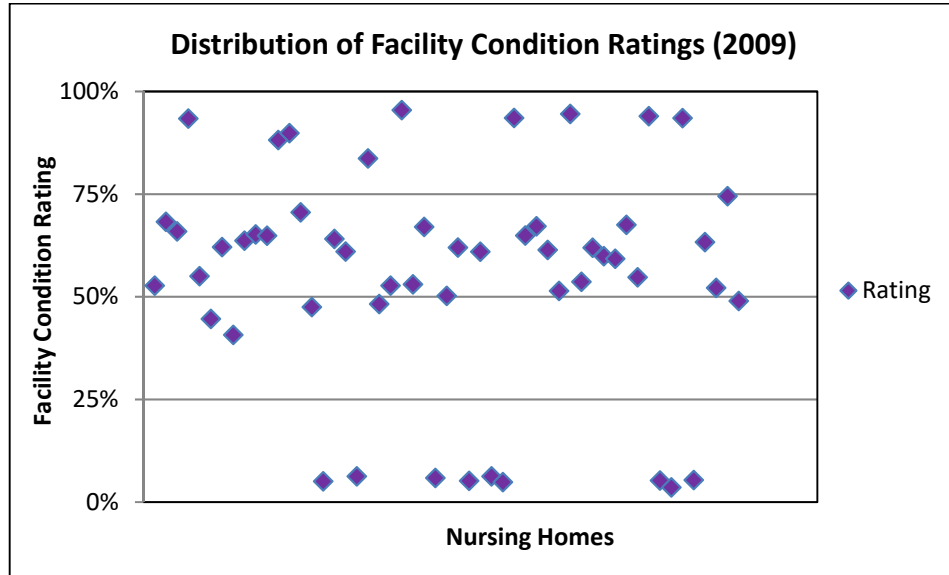
4.20 The Department had 43 facilities' condition assessed in 2016, 34 in detail, to support decisions under the 2018-2023 Nursing Home Plan. Scores in 2016 ranged from 54% to 84% as shown in Exhibits 4.8 and 4.9, a notable improvement compared to 4% to 95% in 2009. The lower the score, the poorer the condition of the facility.

Exhibit 4.8 - Distribution of Facility Condition Ratings (2016)



Source: Chart prepared by AGNB with information from the Department of Social Development (unaudited).

Exhibit 4.9 - Distribution of Facility Condition Ratings (2009)



Source: Chart prepared by AGNB with information from the Department of Social Development (unaudited).

4.21 In addition to facilities in poor condition having been replaced, the facility condition report notes back-up generators were added as part of a Province-wide initiative to address the lack of reliable emergency power.

Significant delays in implementing nursing home plans

4.22 We highlighted in our 2016 Report the lack of capacity in the nursing home system and the growing demand for nursing home beds. In this section of this chapter we provide an update on the implementation of the 2011-2016 and 2018-2023 nursing home plans, meant to address nursing home capacity issues in the Province.

Nursing Home Plans revised multiple times over the years

4.23 The Department developed the 2011-2016 Nursing Home Renovation and Replacement Plan, based on a review of the 2009 Nursing Home Plan. The original 2009 plan announced was for 297 new nursing home beds, along with replacements and renovations to a number of homes. Following revisions, the final 2011-2016 plan included:

- 410 new nursing home beds;
- 925 replacement nursing home beds (new facilities to replace existing facilities);
- major repairs to 133 nursing home beds; and
- 704 new specialized care beds (also called memory care beds; not to be confused with special care homes³).

New nursing home beds under 2011-2016 plan completed in 2020

4.24 We found all 410 new nursing home beds were added under the 2011-2016 plan. However, the final 120 new beds in two new facilities only opened in 2020. According to the Department, resolving issues around the language of services provided to residents for the new Fredericton nursing home, including obtaining a legal opinion, delayed the tendering process. The changing decisions around the Miramichi nursing homes, explained later in this Report, also likely contributed to delays. As discussed earlier in this chapter, all nursing home facilities flagged with a risk warning in condition assessment reports were replaced.

³ Generally, special care homes provide residential services to adults and seniors who do not require a high level of care and professional nursing services on a regular basis.

Only 428 of 704 new memory care beds under 2011-2016 plan completed

4.25 However, only 428 of the planned new 704 memory care beds were added. These beds are for individuals with Alzheimer's and other dementias. As stated in the background section, over 20% of individuals waiting for a placement are assessed at the level of care consistent with memory care homes. The Province will not be able to adequately meet the needs of seniors with dementia if it fails to provide the required number of memory care beds. The Department indicated 276 memory care beds were not completed due to lack of interest from potential home operators and feedback that the per diem was too low to create an acceptable business case. Government approved an increase to the per diem in November 2017.

Lack of completion targets for 2011-2016 plan

4.26 Exhibit 4.10 shows the progress made by the Department in adding or replacing beds, in comparison to the 2011-2016 Nursing Home Renovation and Replacement Plan. The plan was separated in phases, with the last phase beginning in 2015-2016. We found there was a lack of performance measures as the plan did not include projected completion dates.

Exhibit 4.10 - Actual Progress Compared to 2011-2016 Nursing Home Renovation and Replacement Plan

Actual Progress Compared to 2011-2016 Nursing Home Renovation and Replacement Plan		
Type of Bed	Planned	Actual
New nursing home beds	410 beds to be added	410 beds completed by 2020*
Replacement nursing home beds	925 beds to be replaced	925 beds completed
New specialized** / memory care beds	704 beds to be added	428 beds completed 276 beds not completed

* The final 120 new beds opened in 2020.

** Not to be confused with special care homes. Generally, special care homes provide residential services to adults and seniors who do not require a high level of care and professional nursing services on a regular basis.

Source: Chart prepared by AGNB with information from the Department of Social Development

4.27 The largest project under the 2011-2016 plan was the replacement of two older nursing home facilities in Miramichi. Two new facilities totaling 240 beds replaced

the two older homes which had a combined total of 214 beds, adding 26 beds in the region. A February 2020 amending agreement added another two relief care beds to one of the new facilities. The decision on which service delivery model to use for these beds was supported by an analysis completed by the Department of Finance and Treasury Board, which we discuss later in this chapter.

Significant delays and potential additional costs in relation to Miramichi nursing homes

4.28 In Exhibit 4.11, we list a series of significant events relating to the Miramichi nursing homes, which highlight delays and potential additional costs caused by decisions being revised multiple times. One of the older facilities, Mount St. Joseph, was planned for replacement under the 2009 plan. The plan for the facility then changed under a subsequent government to capital renewal and repairs, followed by another change back to a replacement plan by the next government.

After 10 years and \$11 million spent on repairs and financial assistance, two homes replaced in Miramichi, with 28 additional beds

4.29 As shown in Exhibit 4.11, Mount St. Joseph was planned for replacement in 2009, however, it took 10 years for the facility to be replaced in 2019. More than \$11 million in repairs and financial assistance were spent during this period. We believe a portion of these funds and a considerable amount of time and effort could have been saved had a replacement decision been made in a timely manner. At the time of writing this Report, neither of the replaced nursing homes had residents and the future of Mount St. Joseph was under consideration by the owner. In all, 28 nursing home beds were added to the region.

Mount St. Joseph



Image source: Catholic Health Association of New Brunswick website

Losier Hall

Image source: Shannex website

Exhibit 4.11 - Timeline of Significant Events – Miramichi Nursing Homes

Date	Event
December 2009	Announcement of 2009 Nursing Home Renovation and Replacement Plan (includes replacement of Mount St. Joseph estimated at \$39.9 million)
April 2011	Revision of the 2009 Nursing Home Renovation and Replacement Plan, following consultation and changes to standards (plan for Mount St. Joseph changed from replacement to capital renewal and repairs estimated at \$6.5 million)
February 2012	Approval of projects under 2011-2016 Nursing Home Renovation and Replacement Plan (estimated \$8.24 million cost for repairs to Mount St. Joseph)
October 2014-February 2017	Total repairs of \$9.56 million to Mount St. Joseph
May 2015	Government announces new nursing home will be built in Miramichi (revision to 2011-2016 Nursing Home Renovation and Replacement Plan)
October 2016	Approval of \$1.91 million additional financial assistance for Mount St. Joseph Nursing Home renovations
August 2017	Financial analysis of nursing home models for Miramichi completed
August 2017	Government approves negotiation and signing of agreement with Shannex to build 240 nursing home beds in Miramichi
September 2017	Agreement signed with Shannex to build 240 nursing home beds in Miramichi
October 2019	Residents move from Mount St. Joseph to new facility, Losier Hall
November 2019-October 2020	Province continues to pay for Mount St. Joseph's operating expenses (\$1.2 million as of October 2020)
January 2020	Province pays off Mount St. Joseph's \$6.4 million loans
June 2020	Residents move from Miramichi Senior Citizens Home to new facility, Bridgeview Hall

Source: Chart prepared by AGNB with information from the Department of Social Development.

2018-2023 Nursing Home Plan announced in February 2018

4.30 In February 2018, government announced a new plan, the 2018-2023 Nursing Home Plan, under which 619 nursing home beds and 407 memory care beds would be added. According to the Department, the number of new beds was expected to address approximately 75% of projected bed need given ongoing work on Home First⁴ initiatives, which would reduce the need.

2018-2023 Nursing Home Plan behind in adding new beds by at least 2 years

4.31 According to the plan, contracts for all planned new and replacement beds would be tendered by the end of March 2020, with facilities beginning to open in the 2021-2022 fiscal year. We found only four beds had been added to an existing facility and 120 new and 190 replacement beds had been tendered for Saint John and Moncton regions as of November 2020. This means new beds under this plan may only be completed starting in 2023-2024 instead of 2021-2022 as planned for Phase 1.

60-bed Upper River Valley nursing home on hold

4.32 Regarding the 60 planned new beds for the Fredericton Upper River Valley Region in Phase 1 of the plan, in June 2019, the Department was directed to return to government with demographic information related to the need for a new 60-bed nursing home in the region. The Department stated discussions had occurred informally, following which the beds had been put on hold for this plan, however may be considered for the next plan.

According to Department, tendering delays due to staff turnover and competing priorities

4.33 Exhibit 4.12 shows the progress made by the Province in adding or replacing beds, in comparison to the 2018-2023 Nursing Home Plan. As shown in the Exhibit, the plan is behind schedule by at least two years, as the Phase 1 beds were planned to be tendered by the end of December 2018, however have only been partially tendered at November 2020. According to the Department, delays in tendering were due to staff turnover and competing priorities at the Department. For example, a key senior role in the Department has been held by three different persons in the last five years.

⁴ The Home First strategy is a three-year plan to enhance healthy aging and care for all seniors in New Brunswick. It represents a shift away from nursing home care toward a greater focus on healthy, active aging, and on home and community-based care integrated across sectors and services. (Home First, Province of New Brunswick)

Exhibit 4.12 - Actual Progress Compared to 2018-2023 Nursing Home Plan

Actual Progress Compared to 2018-2023 Nursing Home Plan		
Type of Bed	Planned	Actual
Phase 1 (planned for calendar 2018 tender)		
New nursing home beds*	199 beds to be added	4 beds completed 120 beds tendered** 60 beds on hold 15 beds canceled
Replacement nursing home beds***	180 beds to be replaced	190 beds tendered****
New memory care beds	231 beds to be added	150 beds awarded as of August 2020
Phase 2 (planned for fiscal 2018-2019 tender)		
New nursing home beds*	240 beds to be added	0 tendered
Replacement nursing home beds***	272 beds to be replaced	0 tendered
New memory care beds	90 beds to be added	0 tendered
Replacement memory care beds	18 beds to be replaced	0 tendered
Phase 3 (planned for fiscal 2019-2020 tender)		
New nursing home beds*	180 beds to be added	0 tendered
New memory care beds	86 beds to be added	0 tendered

* Include new facilities and new beds added to existing facilities.

**120 new beds have been tendered as of November 2020.

*** Not included in public version of plan document.

**** Actual RFP released for 190 beds in November 2020.

Source: Chart prepared by AGNB with information from the Department of Social Development

Significant ongoing delays – system is failing to address nursing home capacity demand

4.34 It remains unclear how the Province plans to address nursing home capacity demand given the delays in implementing the current plan as well as the previous plan. Failing to provide needed services for seniors will result in a crisis, specifically:

- severe shortage of available placements;
- growing pressure on hospitals and related costs; and

- inadequate care for a growing number of vulnerable seniors.

Recommendation

4.35 We recommend the Department of Social Development review the 2018-2023 Nursing Home Plan to ensure targets are clear, realistic, achievable and properly resourced to meet the planned outcomes in a timely manner.

Government needs to evaluate actual costs and quality of service of different nursing home models

We recommended the Department evaluate economic benefit of public-private nursing home model

4.36 We recommended in our 2016 Report:

the Department of Social Development evaluate whether there is an economic benefit to providing nursing home beds under the public-private model versus the traditional model.

4.37 In its response to our recommendation, the Department stated: *“Under the Fee-For Service Model (FFSM), a private sector proponent is responsible to design, build, finance, own, and operate the nursing home. There is no commitment under this model to purchase the building at the end of the Service Agreement period. The FFSM has proven to be efficient, transferring risk from Government to the private sector, and translating into cost savings and shorter timelines. This method underwent a detailed review with the Alternative Service Delivery (ASD) unit at Finance and Treasury Board. The goal of the review process was to ensure that Government is provided with solid information on which to make evidence-based decisions.”*

4.38 To follow up on the implementation status of our recommendation, we reviewed the financial analysis completed by the Department of Finance and Treasury Board’s Alternative Service Delivery (ASD) unit. The unit’s name has since changed to ASD Advisory Services. The analysis was performed in support of government’s decision to replace two Miramichi nursing homes.

Comparison of actual costs and quality of service of different nursing home models needed

4.39 We found projected future costs of different nursing home models were compared for the Miramichi decision. This financial analysis was an improvement in the decision-making process when selecting a nursing home service delivery model for this scenario. However, the Department of Social Development needs to compare actual costs and quality of service delivered in order to determine if tendering to for-profit proponents achieves more economic benefit than using the traditional (not-for-profit operated) model. Therefore, until this comparison is completed, we consider our 2016 recommendation not implemented.

Finance and Treasury Board (FTB) analysis projected nursing home model selected for Miramichi would be less costly

4.40 In November 2015, the Department of Finance and Treasury Board (FTB) began an analysis of different nursing home delivery models to build 240 new nursing home beds to replace two older facilities in Miramichi. The analysis compared six different models, which were further reduced to two models:

- RFP (Request for proposal) + Labour model (also referred to as Fee-For Service Model - FFSM), where a for-profit proponent would design, build, own, maintain and operate the facilities as well as hire staff from the previous facilities; and
- Traditional model operated by a not-for-profit board.

The final report, dated August 2017, supported the model selected. The report projected the RFP + Labour model would be less costly. Shannex Inc. was the proponent selected for the contract, following a tendering process.

FTB's methodology and key assumptions and inputs appeared reasonable

4.41 While other analyses of nursing home models had previously been completed by government, the FTB analysis was the most in-depth. Our work involved assessing the reasonableness of the approach and major assumptions and inputs used in FTB's analysis. Overall, we found documentation of the process followed by FTB was inadequate, however the methodology and key assumptions and inputs used appeared reasonable. It is important to note the quality of care of different delivery models was not assessed. We plan to conduct a future audit at the Department of Social Development focusing on this aspect.

FTB hired industry experts and involved key stakeholders

4.42 FTB hired industry experts to guide the risk workshops and develop the financial model used in the analysis. The team also used inputs from various sources and consulted with the Departments of Social Development as well as other key stakeholders.

Inadequate documentation of process followed

4.43 However, we found inadequate documentation of the source of inputs used in the analysis as well as the overall process followed. For example, FTB could not find the source of the cost per square foot used to estimate the building life cycle cost. While this would not have a material impact on the final result of the analysis, proper documentation of all input sources would enhance the reliability of the analysis. We also expected to see

documentation of the testing that was completed on the model, who completed the testing, and the results of the model testing. According to FTB, the financial model documents were reviewed, however the review was not documented. Although the team appeared to adhere to the Standard Operating Procedures in conducting the analysis, we found insufficient documentation demonstrating this.

4.44 In addition, we found there were many spreadsheets used that were not linked, making the financial modeling process inefficient and increasing the risk of hard-coding errors. Consolidating spreadsheets into fewer models would improve the process and the flow of information. While it is appropriate to use these models as a reference on future projects, a new model should be created from a template for each new project to ensure it is being analyzed independent of inputs from prior analyses.

Recommendation

4.45 We recommend the Department of Finance and Treasury Board revise the ASD Advisory Services unit's Standard Operating Procedures to include formal documentation standards for financial models and other analyses completed by the unit. The standards should, at a minimum, require retaining documentation of:

- roles and responsibilities of individuals involved;
- all sources of inputs and assumptions used;
- the review of financial models; and
- adherence to the Standard Operating Procedures.

4.46 We continue to recommend the Department of Social Development evaluate whether there is an economic benefit to providing nursing home beds under the for-profit operated model versus the traditional model. This should include a comparison of actual costs and quality of service.

Lack of implementation plan for Aging Strategy

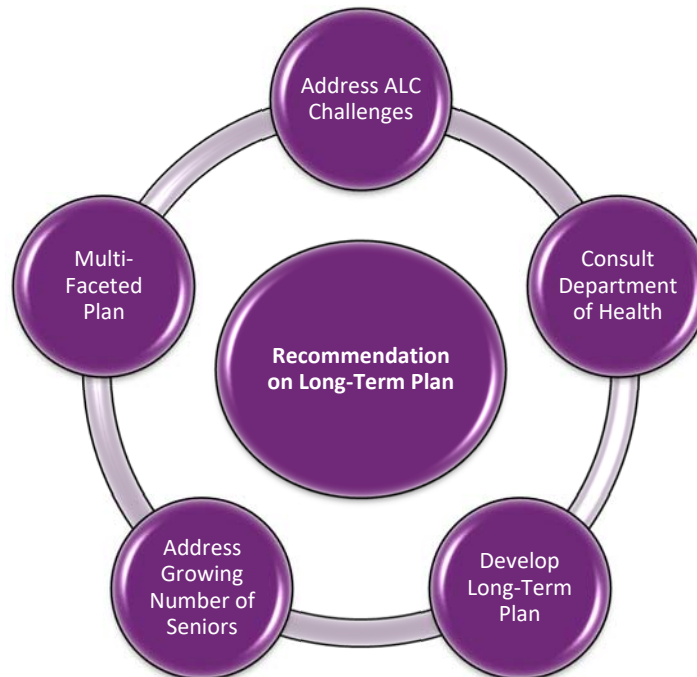
In 2016, we recommended the Department develop a long-term plan for sustainable services to seniors

4.47 We recommended in our 2016 Report:

the Department of Social Development, in consultation with the Department of Health, develop a comprehensive long-term plan to ensure the Province can continue to provide sustainable services to New Brunswick seniors.

4.48 The recommendation contains several elements, as per Exhibit 4.13.

Exhibit 4.13 - Elements of AGNB Recommendation on Long-term Plan



Source: Exhibit prepared by AGNB with information from the 2016 Report of the Auditor General, Volume I, Chapter 2

4.49 In its response to our recommendation, the Department referred to the 10-year Aging Strategy, released January 2017, entitled *We are all in this together: An Aging Strategy for New Brunswick*. As we view the Nursing Home Plans as being part of the Province's long-term plan to

provide sustainable services to seniors, we also discuss these in this chapter.

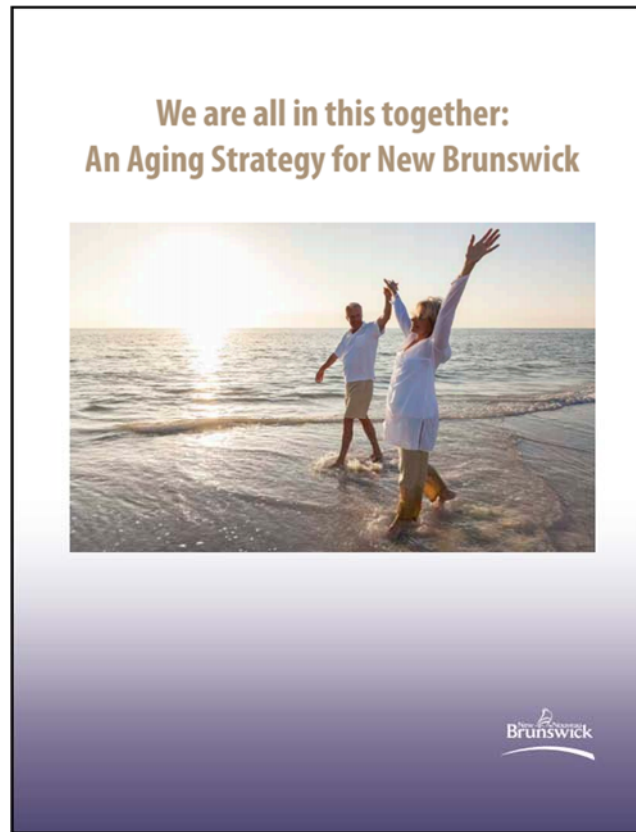


Image source: Government of New Brunswick website

Aging Secretariat established to track actions under Aging Strategy

4.50 The Aging Strategy was created under the *Healthy Aging and Long-Term Care Act*. The Act also requires the establishment of a Roundtable co-chaired by the Deputy Ministers of Health and Social Development, as well as an Aging Secretariat, whose mandate includes tracking actions under the Strategy, providing information to the Roundtable, making recommendations to the Minister and undertaking research.

Council on Aging created to guide development of Aging Strategy

4.51 The Council on Aging, appointed by the Premier, consisted of 17 New Brunswickers who worked with various stakeholders. The Council’s Mandate was to “guide the development of an aging strategy to address both short-term (one to three years) sustainability and long-term (ten or more years) transformational change.”

Department of Social Development collaborated with Department of Health in development of Aging Strategy, fulfilling components of our recommendation

4.52 The Department of Social Development collaborated with the Department of Health during the development of the Aging Strategy for New Brunswick. The strategy contains valuable ideas to respond to current and future challenges related to supporting and caring for New Brunswick's seniors. The Department of Health was consulted, among other stakeholders, with respect to the development of the strategy. Consequently, we found the components of our 2016 recommendation relating to developing a long-term plan and consulting the Department of Health were fulfilled. Other aspects of the recommendation remain at issue, which we discuss below.

4.53 The Aging Strategy is enshrined in law, as per section 2 of the *Healthy Aging and Long-Term Care Act*:

“Provincial Strategy – vision

2 The vision of the Provincial Strategy is that healthy aging is a positive lifelong experience and that

(a) New Brunswickers respect, recognize and value the role of seniors in families, communities and society,

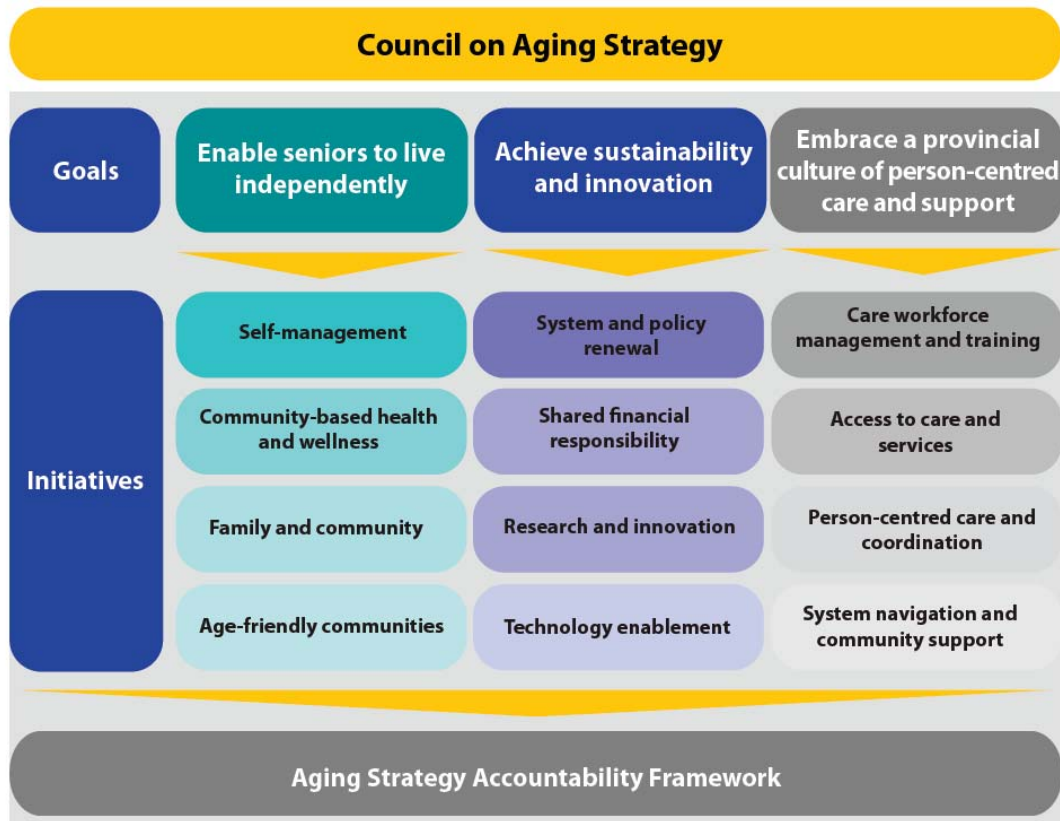
(b) New Brunswickers encourage age-friendly communities that embrace the contributions of seniors, celebrate cultural diversity, overcome ageism and reduce inequities;

(c) New Brunswickers understand that many determinants impact mental, social, spiritual and physical health and take responsibility to support themselves and their fellow citizens as they age; and

(d) New Brunswickers deserve high quality, affordable, efficient and person-centered care and support services that promote a culture of wellness, responsibility, independence and a high quality of life for all seniors.”

4.54 The Strategy identifies three high level goals, each supported by four broad initiatives and a number of action items, as shown in Exhibit 4.14.

Exhibit 4.14 - Aging Strategy Framework



Source: *We are all in this together: An Aging Strategy for New Brunswick, January 2017, Department of Social Development*

4.55 Our work included reviewing the Aging Strategy, interviewing those responsible for its implementation, obtaining information on progress monitoring and reviewing a sample of action items' completion status.

Aging Strategy is multi-faceted

4.56 We found the Aging Strategy is multi-faceted and addresses broader aging challenges. Exploring Home First initiatives and including innovative ideas, such as the Caregiver Toolkit, in the Aging Strategy show attention was drawn to examining options beyond simply increasing the number of beds in nursing homes.

4.57 The Aging Strategy includes many novel ideas aimed at improving aging in New Brunswick. For example, with respect to Home First initiatives, creating affordable community programs that offer assistance to seniors in areas of home repairs, lawn care, and snow removal helps to ensure seniors can continue to live in their own home longer. The Department also partnered with the Public

Health Agency of Canada (PHAC) to support research initiatives under the Healthy Seniors Pilot Project. However, we identified major issues with the strategy's implementation, which are discussed below.

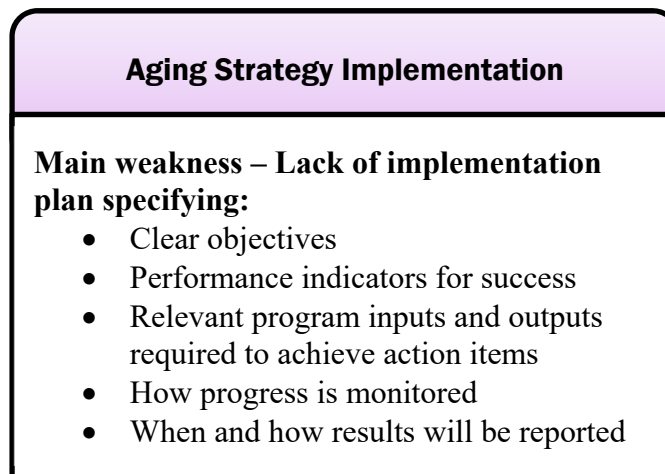
No targets to address services to growing numbers of seniors

4.58 The Aging Strategy did not directly address access to adequate care for a growing number of seniors. Initiative 2 under Goal 3 of the Strategy, “*Access to care and services*”, broadly discusses increasing access, but the Department has not set targets in relation to this initiative. Therefore, it is unclear whether the Province will be able to provide sustainable services to the increasing senior population.

No implementation plan for Aging Strategy

4.59 The Aging Strategy states it “*will be supported by an implementation plan that will prioritize the actions, identify indicators and measures and assign responsibility for execution.*” We found the Department had not developed an implementation plan. This is the main weakness of the Strategy's implementation, as shown in Exhibit 4.15.

Exhibit 4.15 - Aging Strategy Implementation: Main Weakness



Source: Chart prepared by AGNB

High-level goals lack specific objectives

4.60 The Aging Strategy is very high-level; its purpose is to provide broad recommendations. However, the Department has failed to develop specific objectives linked to carrying out each recommendation. For example: “*Encourage seniors to get involved with non-profit organizations...*” is one of the action items of the Aging Strategy, but the Department has not developed a specific plan to implement this broad action item. This makes it difficult for the

Department to evaluate the completion of particular action items.

Aging Strategy governance structure on hold, Secretariat staff reassigned to COVID-19 programs

4.61 The Department produces interim progress reports twice a year regarding the progress on particular action items of the Aging Strategy. These reports are based on updates received by the Aging Secretariat from various department or organization leads. The reports were provided to the Roundtable, which met twice a year. Its last meeting was in November 2019. According to the Department, the Roundtable was found to be inefficient and an analysis of the strategy’s reporting and governance structure began in early 2020 however was paused due to COVID-19. Staff from the Secretariat was also reassigned to assist with programs related to COVID-19 relief.

Inadequate monitoring and evaluation of the Aging Strategy’s implementation

4.62 We expected performance indicators to be developed for each action item to monitor the level of implementation of the Aging Strategy. We found the Department had not developed such measures. This makes it difficult to accurately evaluate progress made in each action and overall progress toward achieving the goals of the Aging Strategy.

Department’s reporting on strategy implementation is inaccurate

4.63 We found several instances where progress reporting on the completion status of action items was inaccurate. Some action items were marked “complete” when steps taken did not fully address the recommendation, or its completion was not supported by documentation. Examples of these instances are described in the following paragraphs.

Partially implemented action items reported as “complete”

4.64 The Department considered this action item complete: *“Revise legislation and standards related to long term care and create a new Long Term Care Act in collaboration with stakeholders and citizens.”*

4.65 The action item lists the 12 key elements that should be addressed in legislation, including:

- Quality and access to care and supports;
- Inspections, compliance, and enforcement;
- Governance of not-for-profit long-term care providers, including minimum requirements for board competency and performance;
- Prevention and reporting of abuse and neglect; and

- Screening and training of staff and volunteers.

4.66 The status update for this action item refers to the creation of the *Healthy Aging and Long Term Care Act* and states work is ongoing for the review of the *Nursing Homes Act* and the *Family Services Act* to address concerns around outdated provisions. The *Healthy Aging and Long Term Care Act* sets requirements around the development and monitoring of the Aging Strategy. It does not address any of the key elements listed under the action item. In addition, the status update does not mention revision of the standards, which is part of this action item. We found this action item was not completed.

4.67 The Department also considered this action item complete:

“Improve the process for inspecting long term care facilities to ensure they are providing the best quality of life for seniors.”

4.68 However, we found the status update referred to actions that were not yet complete, such as future reporting of data from a resident assessment tool to the Canadian Institute for Health Information (CIHI). The update also only mentions nursing homes, with no reference to other long-term care facilities such as special care homes. Based on the status update, the action item does not appear complete.

Lack of measures to assess progress

4.69 One of the action items of the Aging Strategy is to *“become Canada’s social innovation leader in aging...”*. We found no measures were created to assess if this goal was reached, however the Department marked this action item as complete. The Department also considered this is a “lofty goal”. This is another example of inaccurate status reporting by the Department.

No supporting documentation for reported completion of action item

4.70 Another recommendation was to *“Support the enhancement and implementation of provincial wellness-related policy across all government departments with a focus on obesity and a tobacco-free province.”* The action item was marked complete and the status update indicated the Wellness Branch of Social Development and the Office of the Chief Medical Officer of Health worked collaboratively with other government departments to identify and implement policy actions aimed at reducing

smoking and obesity. However, the Department could not provide documentation supporting these policy actions.

4.71 Without an implementation plan, specific objectives, and performance targets, the Department will not be able to properly evaluate the Aging Strategy's implementation.

4.72 The Department informed us it had begun establishing measures to implement more concrete initiatives, beginning in August 2020, in collaboration with the Department of Health, and project teams had begun working on several projects under an "Aging in Place" vision. Some of the projects link directly to or partially address Aging Strategy action items. While we had expected progress on the Aging Strategy would have been well underway over three years into the strategy, we consider this a positive step in establishing targets and measuring progress.

Recommendations

4.73 We recommend the Department of Social Development develop performance indicators with specific targets for each action item under the Aging Strategy, in collaboration with relevant stakeholders.

4.74 We recommend the Department of Social Development develop a formal process for monitoring action items under the Aging Strategy and verifying implementation.

Limited Public Reporting on Progress

We recommended improved public reporting in our 2016 Report

4.75 We recommended in our 2016 Report:
the Department of Social Development report publicly on the measures and outcomes of current and future initiatives as part of the comprehensive long term plan.

4.76 We made this recommendation in 2016 because we found the Department did not publicly report on the outcomes and overall implementation status of the three-year *Home First* strategy.

4.77 Although the Department's response to our recommendation only refers to the Aging Strategy, we view the Nursing Home Plans as being part of the Province's long-term plan to provide sustainable services to seniors. Therefore, we assessed public reporting on the outcomes of both the Aging Strategy and the Nursing Home Plans.

4.78 We reviewed the Department's annual reports as well as relevant news releases to determine if the documents:

- provide enough information to allow the reader to make a proper assessment of performance;
- provide information on the relevance of the initiatives; and
- provide information on planned future actions, initiatives, and projected benefits.

Department's annual report contains only a percentage of Aging Strategy action items completed and fails to list the specific items completed

4.79 In accordance with the *Healthy Aging and Long-Term Care Act*, the Department must report on the progress made on implementing the Aging Strategy:

“4(1) The Minister shall prepare an annual report containing the following information:

(a) the progress made towards implementing the Provincial Strategy in the previous year; and

(b) the priorities in the next year for implementing the Provincial Strategy.”

Performance information related to Aging Strategy was presented in broad, unmeasurable terms

4.80 In its response to us, the Department stated it has included its progress on the Aging Strategy in its 2018-2019 annual report, in accordance with the *Healthy Aging and Long-Term Care Act*. However, we found the annual report included only the following: “*The Aging Secretariat continued to monitor the implementation of the recommended action items ...*” and reported its progress as follows:

- 35% of the actions have been fully implemented;
- 53% are in the planning stages or are in the process of being implemented; and
- 12% are considered longer-term initiatives.

Information reported was insufficient for reader to assess performance

4.81 As there were no measures reflecting progress on specific initiatives and actions outlined in the Aging Strategy, we found the information reported was insufficient for the reader to assess the performance of the Department with respect to the implementation of the Aging Strategy. We have listed in Appendix I the action items the Department considered complete for its 2018-2019 annual report.

Lack of reporting on progress of 2018-2023 Nursing Home Plan

4.82 We found there was minimal reporting regarding progress on the 2018-2023 Nursing Home Plan to date. In the 2018-2019 annual report, the Department stated that new methodologies for future nursing home construction were analyzed and the system for their selection was launched in June 2018. We also found progress was not reported in comparison to the plan. For example, the report stated the number of new memory care beds that were allocated in particular regions without a comparison against planned number of beds. We found there had been no public reporting relating to progress on the 2018-2023 Nursing Home Plan since the 2018-2019 annual report.

Reporting on ALC initiatives inadequate

4.83 Alternate Level of Care (ALC) patients are individuals who no longer require acute care, but who are waiting for a placement more appropriate for their needs.

4.84 An action item under the Aging Strategy is to “*provide more appropriate care, with minimum standards for environment and staff training*” to ALC seniors. While there have been various initiatives undertaken to address the ALC issue, we found the Department of Social Development’s annual reports have not included any

comment on work done regarding ALC seniors. The Department of Health's 2018-2019 Annual Report states, in regard to the percentage of acute care hospital days used by ALC patients: "[t]his measure did not perform well in the current year as New Brunswick's aging population is compounding the complexity of reducing this number." Although the Department of Health stated it "continued to collaborate with Social Development to reduce ALC days, including work on the Home First initiative which will increase the number of seniors receiving services in their own homes...", there was no reporting on actions outlined in the Aging Strategy in either Department's annual report.

Annual reporting fails to state why performance improved from prior year

4.85 Overall, we found the Department does not give a clear account of goals, objectives and performance indicators as required under GNB's policy on Annual Reports. For example, the Department reported that the percentage of seniors receiving community-based care increased. However, the annual report failed to explain how or why performance improved from the previous year. The report did not address what was done differently from the prior year to achieve a different outcome; it only explained continuation of specific programs and initiatives. In another example, the Department reported "*Home First initiatives continued to be delivered provincewide*" and listed the associated programs with no further elaboration on what activities were completed during the reporting period.

Future initiatives are vaguely reported

4.86 When reporting on future initiatives, the Department's annual reports present only the percentage of action items in the Aging Strategy the Department will work on in future. No details were provided in relation to each initiative, nor were specific outcomes to be achieved by a certain date. For example, in the 2018-2019 annual report, no details are provided on future initiatives except the future nursing home contracts and vague statements in relation to other initiatives such as: "*Emphasis will continue to be placed on the implementation of action items that support seniors in remaining at home and within their communities.*"

4.87 We found our 2016 recommendation on public reporting was not implemented.

Recommendation

4.88 We recommend the Department of Social Development publicly report actual outcomes compared to planned or expected outcomes under the Aging Strategy and the Nursing Home Plan. Reporting should provide explanations for gaps between plans and results.

Appendix I – Aging Strategy Action Items Marked as Complete

The Department of Social Development reported in its 2018-2019 annual report it had implemented 35% of action items under the Aging Strategy. The action items the Department considered complete are listed below. As discussed in this chapter, our work found action items in this list that have not been fully implemented, as well as a lack of supporting documentation.

- Senior’s Health, Well-Being and Home Safety Review – This involves voluntary early intervention measures to deliver home consultations to seniors and their caregivers, aged 65+, providing information on wellness, health and social services that will help to create safe and healthy home environments for seniors. In addition, eligible seniors can apply for financial assistance (up to \$1,500) for small in-home repairs.
- Rapid Rehabilitation and Reablement Services for Seniors – This will provide seniors with intensive rehabilitation to allow them to recover from illness and injury and return home faster following, or in prevention of, a hospital stay. Once they have recovered, reablement services can help a senior regain the skills, confidence and independence needed to enjoy a high quality of life. Services are provided through the Extra-Mural Program (EMP), with the assistance of home support services and designated special care homes that provide transitional rehabilitation beds.
- Conduct a public awareness campaign to inform seniors and their families of the importance of early financial planning, estate planning, preparing wills and power of attorney, avoiding financial abuse, preparing advance directives and other financial matters.
- Develop resources and implement a social marketing campaign to promote healthy living, lifestyle changes, the role of the individual and family.⁵
- Identify and bridge gaps in current community services by investing in *Wellness Strategy* initiatives that prioritize lifelong wellness, with an emphasis on seniors, to improve their health and quality of life.
- Engage the non-profit community to improve seniors’ physical recreation programs by enhancing training opportunities for recreation leaders to increase the quality and quantity of physical activity programs for seniors.
- Endorse programs in the poverty reduction plan that offer healthy and affordable food to vulnerable seniors.

⁵ The “self-management of chronic health conditions” portion of this action item was separated into its own action item that is not yet complete.

Appendix I – Aging Strategy Action Items Marked as Complete (continued)

- Consider establishing a tax on unhealthy foods, with the potential revenue directed toward healthy aging initiatives.
- Develop resources, including a caregiver toolkit, and provide education and training to support informal caregivers.
- Create incentives for families who support or act as caregivers to their loved ones. For example, encourage employers to be flexible when employees need to provide care to a senior family member, consider implementing caregiver tax credits or financial benefits.
- Raise awareness and develop initiatives to prevent and respond to intimate partner violence and abuse of seniors.
- Promote intergenerational opportunities for youth and seniors to interact so they can share stories, learn from each other, develop greater understanding and compassion for the different generations and increase awareness of ageism (discrimination against a person based on age). An example of this would be to have a pre-school centre within a nursing home.
- Implement the New Brunswick Age-Friendly Recognition Program which is endorsed by the Public Health Agency of Canada and the World Health Organization (WHO) and align funding to municipalities and rural communities with the following age-friendly dimensions:
 - Outdoor spaces and buildings;
 - Transportation;
 - Housing;
 - Social participation;
 - Respect and social inclusion;
 - Civic participation and employment;
 - Communication and information; and
 - Community support and health services.
- Work collaboratively with the public, private and non-profit sector to create innovative housing models for seniors that include co-housing, intergenerational housing, senior friendly neighbourhoods and portable rent supplements.
- Require that new or renovated public infrastructure such as hospitals, schools, roads, sidewalks, parks, and trails, be designed using the standards that would make them age-friendly.

Appendix I – Aging Strategy Action Items Marked as Complete (continued)

- Revise legislation and standards related to long-term care and create a new *Long-term Care Act* in collaboration with stakeholders and citizens. The following highlight some of the key elements that should be addressed in the legislation:
 - Person-centred care;
 - Client rights;
 - Financial assessment;
 - Eligibility, co-payment, and discharge;
 - Quality and access to care and supports;
 - Inspections, compliance, and enforcement;
 - Governance of not-for-profit long-term care providers, including minimum requirements for board competency and performance;
 - Prevention and reporting of abuse and neglect;
 - Screening and training of staff and volunteers;
 - Medication management;
 - Use of chemical and physical restraints; and
 - Personal assistance services.
- Improve the process for inspecting long-term care facilities to ensure they are providing the best quality of life for seniors.
- Identify and accelerate the implementation of solutions to support sharing of personal information between government departments and care providers across the seniors' continuum of care and support. For example, remove current legislative barriers, and define and expand the implied consent to circle of care.
- Support the enhancement and implementation of provincial wellness-related policy across all government departments with a focus on obesity and tobacco-free living.
- Implement the *National Strategy for Financial Literacy*, which would include initiatives to:
 - Engage New Brunswickers in preparing financially for their future years as seniors;
 - Help current seniors plan and manage their financial affairs by identifying and supporting volunteer groups of retired financial advisors to assist with financial management decisions;
 - Improve understanding of and access to public provincial and federal benefits for seniors; and
 - Increase tools to combat financial abuse of seniors, such as those offered by the Financial and Consumer Services Commission of New Brunswick.

Appendix I – Aging Strategy Action Items Marked as Complete (continued)

- Prioritize the Federal/Provincial Targeted Initiative for Older Workers (TIOW) Program which is designed to help unemployed older workers get the skills they need to find and keep new jobs, or start their own businesses in order to keep them contributing to the economy and support the *New Brunswick Economic Growth Plan*.
- Identify, promote and advertise seniors' low-income programs in the Service New Brunswick service centres to recipients of the Guaranteed Income Supplement.
- Enable and embrace a culture of social research and innovation on healthy aging and the seniors' continuum of care and support in New Brunswick.
- Become Canada's social innovation leader in aging through:
 - Exploring opportunities to establish national centres of excellence;
 - Improving coordination of research;
 - Identifying priorities for aging solutions; and
 - Sharing of research results.
- Complete the implementation of the following electronic health information systems, and enable the information that is gathered to more easily be shared to assist research related to the health of the population⁶:
 - Inter-Resident Assessment Instrument – Long-Term Care Facilities (inter-RAI – LTCF);
 - Drug Information System;
- Explore all opportunities to advance Smart Government objectives to support efficient service delivery to seniors.
- Improve the long-term care assessment process so it is more timely and easier for seniors and their families to complete and access the right services at the right time and in the right place.
- Create a comprehensive waitlist management program to improve access to services that includes, but is not limited to the following⁷:
 - Access to medical equipment to support mobility for home-based services;
 - Housing modifications.

⁶ The components of this action item considered incomplete were separated into their own action items.

⁷ The components of this action item considered incomplete were separated into their own action items.

Appendix I – Aging Strategy Action Items Marked as Complete (continued)

- Protect citizens’ rights to be treated fairly and with dignity and respect, regardless of their age, gender, language, ethnic origin, gender identification, sexual orientation, economic status or religious beliefs (or non-beliefs) by creating a seniors’ ombudsman.
- Assess and improve seniors’ service experience throughout the seniors' care continuum, including⁸:
 - Home support services.

⁸ The components of this action item considered incomplete were separated into their own action items.

Appendix II – About the Report

This limited assurance chapter was prepared by the Office of the Auditor General of New Brunswick. Our responsibility was to provide limited assurance on the status of recommendations published in the 2016 Auditor General report, Volume I, chapter 2, entitled “Nursing Homes”, while updating the legislature and the public on the state of nursing home capacity in the Province.

All work in this engagement was performed to a limited level of assurance in accordance with the Canadian Standard on Assurance Engagements (CSAE) 3001 – Direct Engagements set out by the Chartered Professional Accountants of Canada (CPA Canada) in the CPA Canada Handbook – Assurance.

AGNB applies Canadian Standard on Quality Control 1 and, accordingly, maintains a comprehensive system of quality control, including documented policies and procedures regarding compliance with ethical requirements, professional standards, and applicable legal and regulatory requirements.

In conducting the work, we have complied with the independence and other ethical requirements of the Rule of Professional Conduct of the Chartered Professional Accountants of New Brunswick and the Code of Professional Conduct of the Office of the Auditor General of New Brunswick. Both the Rules of Professional Conduct and the Code are founded on fundamental principles of integrity, objectivity, professional competence and due care, confidentiality, and professional behaviour.

In fulfilling our responsibilities under this engagement, we obtained the following from management:

- confirmation of management’s responsibility for the subject under review;
- confirmation that all known information that has been requested, or that could affect the findings or conclusions, has been provided; and
- confirmation that the findings in this chapter are factually based.

Date of the report:

We completed our review on February 2, 2021 in Fredericton, New Brunswick.