



Provincial Office: August 28, 2020

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**Re: Use of Private Contracted Agencies for the Provision of Home Care Services in Alberta**

Dear Dr. Yiu,

I am writing to you regarding the use of private contracted agencies for the provision of home care services in Alberta.

[www.una.ca](http://www.una.ca)  
[nurses@una.ca](mailto:nurses@una.ca)

In November of 2019, Alberta Health Services (AHS) notified the United Nurses of Alberta (UNA) regarding a number of initiatives that could impact the AHS workforce and specifically the Direct Nursing bargaining unit. One of these initiatives was the potential contracting out of home care services including nursing, palliative, and pediatric and that “further contracting out initiatives are to be considered in the future.” This would be an expansion to the already significant reliance AHS has on using private for-profit agencies to deliver home care services to Albertans.

Using the joint Professional Responsibility Concern (PRC) process in the AHS UNA Collective Agreement, our members have reported serious and systemic client safety and quality of care concerns to AHS for years, regarding the use of these agencies. So, it gives us significant pause that AHS would consider expanding the use of private agencies, particularly for the provision of nursing home care services.

In January of 2020, UNA conducted a review of those PRCs and a survey of our Locals where home care services are delivered. The majority of Locals surveyed, except those in the North Zone, reported the use of contracted home care agencies in their area. These agencies primarily provided personal care services, such as bathing, dressing, toileting, transferring, medication assistance, and meal assistance, but they can also provide more complex nursing care tasks in Calgary and Edmonton Zones.

In reviewing the PRCs and the survey responses, the following themes were identified. It should be noted that most of these themes consistently describe a lack of communication or reporting mechanism between the contracted agency and AHS.

**Initiation and Scheduling of Visits:** Concerns included missed visits and no subsequent follow up from the agency to AHS other than sending a bill for services provided. Other challenges described include visits being delayed, the agency unilaterally changing the visit day/time, cancelling the visit (with limited or no notice), and being unable to initiate home care on weekends.

**Visit Time Allotments:** This included concerns around the amount of time allotted for the visit, agency staff not staying for the entire visit duration, and having to bundle care within a specific visit because of geographic location. Specifically, a Local described the following circumstance:

- *“A co-worker has had to reduce the care that a wheelchair bound client receives down to one HCA visit per day since he lives too far out. That means he only gets the chance to get peri care and meal assist once per day (much to his detriment obviously). I think that it results in rural clients being forced into facility living sooner than necessary. They simply do not have the staff to meet our needs and our clients are paying the price.”*

**Staffing Challenges Impacting Care:** Concerns included staffing shortages resulting in the inability to provide care or delaying the provision of care until sufficient staff were available.

**Lack of Adherence to Care Plans:** Concerns included care plans not being reviewed, followed, care plans not being available in the home as expected, or care plans being altered by the agency without notification or authorization by the corresponding AHS case manager.

**Reporting of Significant Adverse Events:** Locals documented several adverse event circumstances ranging from medication administration errors, not administering ordered medications or treatments, and not communicating this to the assigned AHS case manager.

**Lack of Professional Competence:** Concerns included a lack of critical thinking in performing care duties, as well as an overall general lack of knowledge, supervision, and training when providing care. There is even a report where AHS case managers have offered to have the agency staff to follow them during a home visit, but the agency declined this offer.

**Communication Systems Impacting Care:** AHS and the agencies use separate documentation systems, resulting in communication breakdown, missed visits, and adverse events. Furthermore, AHS case managers are unable to see agency care plans to be able to confirm what care was actually provided during home visits.

**Lack of Continuity of Care Between Transition Teams and Contracted Agencies:** Concerns include challenges in coordinating between transition teams and agencies. For example, lack of advanced notice from transition team in acute care settings to home care and finally contracted agencies delivering the service, resulted in missed home visits and medication errors, as the agency was unaware that new medications had been ordered.

These themes reflect similar results from a 2018 Seniors Home Care Client Experience Survey, conducted by the Health Quality Council of Alberta (HQCA).<sup>1</sup> This survey asked whether home care clients felt that their personal care services needs were being met and less than half reported that personal care needs were being met for eating (20%), using the bathroom (37%), and help with taking medications (50%).

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It is clear to us that given the above described themes, UNA is calling on AHS to do the following:

1. Immediately stop any plans for further privatization of home care services in Alberta. In other words, AHS should not expand its use of private contracted agencies for the provision of professional or personal home care services under its jurisdiction.
2. Transition away and ultimately discontinue the use of private contracted agencies in the provision of home care services in Alberta. These services should be brought under AHS and publicly delivered.

As the largest single health authority in Canada, UNA is confident that AHS has the capacity to move away from using private contracted agencies in home care. Not only will this improve the quality and safety of care for home care clients, but this will also eliminate the cost associated with tendering contracts as well as maintaining oversight and accountability of multiple private providers in Alberta.

Since its inception, AHS has highlighted the efficiencies that have been realized, from both a cost and quality perspective, by publicly administering programs through a single province-wide health system. UNA strongly encourages AHS to apply this same logic to the provision of home care services in Alberta. This is an opportunity for AHS to be a national leader in the provision of publicly delivered home care services.

We look forward to your communication back to us regarding this important issue.

Sincerely,



Heather Smith  
President  
United Nurses of Alberta

c.c: David T. Weyant, Q.C., AHS Board Chair – [ahs.board@ahs.ca](mailto:ahs.board@ahs.ca)  
Deb Gordon, Alberta Health Services – [deb.gordon@albertahealthservices.ca](mailto:deb.gordon@albertahealthservices.ca)

<sup>1</sup> Health Quality Council of Alberta. 2018. Alberta Seniors Home Care Client Experience Survey. Retrieved from: <https://hqca.ca/surveys/home-care/>

