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Regulations to Accompany Bill 37: Providing More Care, Protecting Seniors, and Building More Beds Act, 2021

We are submitting the following observations on the new regulations on behalf of the Champlain Region Family Council Network (CRFCN). We are a volunteer group that supports the Family Councils in the 60 long-term care homes in the Champlain Region through information-sharing, education and advocacy.

The regulations have been developed to accompany *Bill 37: The Providing More Care, Protecting Seniors, and Building More Beds Act.* In previous submissions to government, we have commented on the over-regulation of the sector and the focus on documentation, at the expense of care. It is said that Ontario long-term care is perhaps the most heavily regulated in the country. We are disappointed that these regulations in support of the Fixing LTC Act, add more complexity to LTC rather than focusing on quality of life for residents. The new regulations, as they now stand, will not bring the transformational change that is needed in Ontario's long-term care sector.

The CRFCN has advocated for a model of LTC that is focussed on person-centred care that ensures the residents have quality care. Most importantly residents should have quality of life because their individual needs and preferences are respected and care is based on supportive relationships between the residents and their families and staff.

In the Preamble to the new act, Bill 37, it states that the People of Ontario and their government *"Are committed to resident-directed, safe, quality care that responds to a resident's physical, psychological, emotional, social, spiritual and cultural goals and needs and is respectful of every resident's individual identity and history."* We feel that the proposed regulations, however, do not reflect this commitment. The Regulations must include a definition of person-centred care. The over-arching concept of person- or resident- centred care must become the foundation that underpins the philosophy of care, and as such, be included in Required Programs (53) and incorporated in all training for administrators, staff and volunteers.

Our comments, observations and recommendations are organized under the key changes in the regulations:

- ***Enhancing emergency planning requirements to support greater sector preparedness in the event of an emergency, including outbreaks, epidemics and pandemics.***

We are pleased to see this section and pleased that the plans require consultation with resident and family councils as well as the provision in 269 (6) for a process that ensures frequent and ongoing communication with residents, families, staff, etc. as recommended in the COVID Commission Report (recommendation 5 c.) In section 14, essential caregivers should be included: "Every licensee of a long-term care home shall ensure that staff, volunteers and students are trained on the emergency plans".

- ***Defining caregiver and requiring all long-term care homes to have a visitor policy that respects the Resident Bill of Rights and ensures that caregivers continue to have access to long-term care homes during an outbreak.***

We are pleased with this significant change but feel that there needs to be more clarity in the definitions of visitors and caregivers and consistency with Ministry directives.

- ***Requiring that integration of a palliative care philosophy include a holistic and comprehensive assessment of a resident's needs and when needed, improvements to a resident's quality of life, symptom management, psychosocial supports and end-of-life care, always subject to a resident's consent.***

This is a positive addition to the regulations. However, we feel that "holistic and comprehensive assessment" needs definition. We also think that the implementation deadline should be reduced from 6 months to 3 months, given that homes know that the regulations are being changed.

- ***Expanding and clarifying infection prevention and control (IPAC) roles and requirements to improve resident safety and quality of life.***

This is a significant and critical addition to the regulations, especially the requirement for an IPAC lead. Homes will need to be funded to ensure that they can meet the regulation requirements. Volunteers should receive training on IPAC procedures. We are pleased that the precautionary principle is included in the IPAC regulations as per the recommendations of the COVID Commission.

- ***Defining the calculation method for direct care targets as part of the commitment of an average of four hours of care per resident per day.***

We are very disappointed that there is no specification re nurses per x residents as per COVID Commission and Staffing Study recommendations. There is also no requirement for homes to publicly report their staffing levels. This is a critical consideration when potential residents and their families are making decisions about home selection. Calculation of the hours of care cannot be an average of all homes as specified in the Fixing the LTC Act.

- ***Clarifying the roles and responsibilities of medical directors to improve oversight.***

We did not see a specification that the medical director be required to be on-site even during outbreaks which we believe to be critical.

- ***Adding additional protections for whistleblowers.***

We are happy that Residents and Family Councils have been specified.

- Addressing the amounts and criteria for issuing administrative monetary penalties as deterrents for non-compliance with the Act.

We recognize that monetary penalties must be a part of the accountability for long-term care but want to emphasize that there must be more focus on helping homes improve and correct issues through coaching for compliance and sharing of best practices.

Some specific comments are included below:

Definitions

- As noted above, there should be a definition of person-centred care
- Abuse – physical abuse 2, Pg 16: physical abuse does not include the use of force that is appropriate to the provision of care or assisting a resident with activities of daily living. When is the use of force in the provision of daily living activities ever appropriate? This defies the gentle persuasive approach and person-centered care which should be guiding all care in LTC

Resident Rights Care and Services

- Should begin with a note that gives recognition that this is the resident's home and that their needs and preferences should be respected before going into a section on locking doors! Staff need to know that they work in the residents' home and that residents do not live in their workplace.
- No mention of Wifi availability to allow residents to easily communicate with families as recommended by the COVID Commission
- We are glad to see new section on heat related illness but feel that the focus should be on having air conditioning in all homes

Care plans

- The care plan should include designation of essential care providers (ECG), who may need to be involved in the development of the care plan
- 9 (11) isn't strong enough –caregivers and substitute decision makers should be involved in changes to a resident's care plan and "not given an explanation of the care plan".
- No. 32 add resident's POA and ECGs be notified.
- Use of bed rails should be specified in the resident's care plan

24 Hours Nursing care

- one of the eligibility criteria for admission is that the person needs "on site 24 hours a day care" but there are exceptions in the regulation that allow nurses to consult by telephone. This is not acceptable.

Cooling requirements (23)

- Given the impact of climate change on summer temperatures, the regulations should require that all homes be air conditioned. This would negate many of the requirements in the cooling section. The specifications could stay in place as a guide in case of a major

power outage or cooling system failure.

Social work and social services (68)

- Families and staff should be added to the list of those who benefit from their services as they can benefit from the assistance of a social worker especially during transitions.

Weight changes (75)

- Families should be immediately notified of a change of 5% of body weight or more in one month.

Attending physicians and RNS (88)

- There is no provision that an attending physician be required to physically attend when needed and within 24 hours of the request for care as per recommendation 35 of the COVID Commission report. This must be included in the regulations.

Menu planning (77)

- The Ministry will have to increase the food budget to meet the new requirements and an inflation factor needs to be built into food budgets for LTC.

Prevention and Neglect (103)

- Training requirements should be expanded to include volunteers and ECGs

Reporting and Complaints (108)

- (3) It is good that the response to the complainant will include Ministry toll free number for complaints and will let them know if the licensee was required to immediately forward the complaint to the Director under clause 26 (1) (c) of the Act, and confirmation that the licensee did so.

Quality Improvement (166)

- The Quality Improvement Committee is a positive addition and we are happy to see the inclusion of a representative from the Residents' Council and Family Council on the Committee.

Training and Orientation (262)

- Person-centred care training should be included here as well as palliative care training.
- When discussing restraints, there should be mention of gentle persuasion training to reduce the need for restraints.

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