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Champlain Region Family Council Network
Presentation to the Standing Committee on Finance and Economic Affairs
Pre-Budget Consultations, December 14, 2016

Introduction

Thank you for the opportunity to speak to you today about issues critical to Long Term Care (LTC) in the Champlain Region and in the province. This is the third time we have appeared before the committee, and unfortunately very little has changed since our first appearance. As such, we believe that our recommendations continue to be relevant for budgetary consideration.

The Champlain Region Family Council Network (CRFCN) represents the family members and friends of residents in 60 long term care homes in the Champlain region that includes Ottawa, Renfrew County, North Lanark/North Grenville and eastern counties. Family Councils were established under the Ontario Long Term Care Act (2007) to allow family and friends to advocate on behalf of their loved ones in Long Term Care. Our comments and recommendations are based on our first hand observations and experience as unpaid caregivers in Long Term Care homes supplemented by reviews of research reports and studies of care for seniors.

We have three priorities for action:

1. Improving care
1. Ending violence in Long Term Care
2. Better capacity planning

Priority 1: Improving care

Chronic understaffing is the number one concern of families who have loved ones in long term care. Staffing has not kept pace with changes that have taken place in the LTC in the past decade.

Elderly Canadians now enter LTC when they are older, frailer and have more complex care levels associated with multiple conditions. While Ontario is to be commended for its efforts to help seniors stay in their homes through home support services, this has had an impact on the Long Term Care sector. Ontario's Aging at Home Strategy, the greater availability of assisted living residences and stricter LTC admission policies mean the elderly are now admitted to LTC only when they are at an advanced stage of physical and cognitive impairment. No one chooses to go into long term care; it is the last resort when a senior can no longer be safely supported at home.

Statistics on residents' conditions in LTC homes illustrate the growing complexity of care. According

to the Long Term Care Task Force on Resident Care and Safety:

- 73% of residents have a mental disorder, including Alzheimer's;
- 31% have severe cognitive impairment;
- 40% need constant encouragement or total feeding;
- 89% require constant supervision or total assistance to dress;
- 77% require one or two staff to transfer from bed to chair.

Many LTC homes now provide services once offered only by hospitals such as peritoneal dialysis, and IV therapy.

Coupled with the increase in the care requirements of elderly Canadians, provincial reporting requirements have become more complex and demanding. Time spent gathering and reporting data further reduces staff availability for direct care of residents. According to the Canadian Staff Time Measurement Study (CANSTRIVE), less than half of the average workday of a Personal Support Worker (PSW) or Registered Nurse is spent on activities directly with or on behalf of residents. While monitoring and accountability are important, these activities should not be accomplished at the expense of resident care.

Despite significant changes in resident acuity and more onerous reporting requirements, staffing levels in Ontario LTC homes have remained almost static, failing to reflect the complexity of care now required by residents. In 2008, a government sponsored report, known as the Sharkey report, called for a provincial average of 4 hours/resident/day of paid hours of resident care. Yet 2014 statistics show that LTC residents receive only 3.4 hours of direct care per day. Four hours of care per resident is also recommended as a threshold in a number of research studies in the United States and Canada. These studies consistently demonstrate a strong association between staffing levels and quality of care. Ontario has among the lowest levels of staffing in LTC homes nationally and internationally.

Most staff working in long term care are dedicated, caring individuals but they are becoming burnt out. In a 2014 focus group conducted by the Ontario Council of Hospital Unions, 91 per cent of the participants, citing lack of staff and heavy workloads, said they are not able to provide good quality care. The 2015 Auditor General's report on the Ministry of Health and Long Term Care (MOHLTC) inspection process reported that “Over 50% of the home administrators we surveyed believed that staffing levels are generally not sufficient to meet residents’ needs and comply with Ministry requirements.” The 2015 Report of the Geriatric and Long Term Care Review Committee of the Ontario Coroner's Office noted that “The current investments in Behavioural Support Teams and training are not a replacement for sufficient numbers of caring staff who have time to spend with residents."

Those of us who regularly visit LTC homes see the impact of insufficient staffing: requests for toileting ignored because staff are too busy assisting other residents; residents eating cold food, or having food shovelled into their mouths while the overworked care worker tries to feed multiple residents; staff so harried that they do not have time for social interaction with the residents in their care; and serious increases in critical incidents.

We are convinced that the only way to ensure that government funding goes directly to personal care

for LTC residents is through a legislated minimum care standard. It is a fact that more care translates to a better quality of life for our loved ones. The number of stakeholders in LTC in Ontario who recommend a minimum of 4.0 hours of direct care per resident per day continues to grow. These include the Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS), Registered Nurses Association of Ontario, Concerned Friends of Ontario Citizens in Care Facilities, the Ontario Council of Hospital Unions, and the Ontario Health Coalition.

In the summer of this year, we launched a petition in support of Bill 188: Time to Care Act (now Bill 33) which requires that each home "ensure that the average number of combined hours of nursing services and personal support services offered at the home each day is at least four hours per resident". We were able to gather nearly 6000 signatures in less than two months and are in the process of gathering more support before the next reading of the Bill.

Better care doesn't only mean more staff time. There is increasing recognition that food plays a critical role in the physical and emotional well-being of LTC residents. According to a 2005 report by the American Dietetic Association "food is an essential component of quality of life; an unacceptable or unpalatable diet can lead to poor food and fluid intake, resulting in weight loss and under nutrition and a spiral of negative health effects." However, the LTC sector in Ontario has not been able to keep up with the inflationary costs of all food, especially fresh produce. Homes are only allocated $8.03 per resident per day to provide three nutritious meals and snacks including supplements and specialized meals required for cultural or health reasons. Dietitians in Ontario, in a 2015 survey, indicated that they "would improve the quality of meats and other protein, and serve more fresh fruit and vegetables if they had additional funds." Existing funding has not recognized the impact of current inflation and the declining Canadian dollar in the Raw Food Cost (RFC) allocation for LTC homes. Next year food costs are expected to increase by up to 5%, making it increasingly difficult for LTC homes to provide nutritious, tasty meals to their residents.

Recommendations:

1. Legislate and fund a minimum care standard that ensures that the average number of hours of nursing care and personal support services combined, offered at homes each day is at least four hours per resident.

2. Regularly review care hours against acuity levels to ensure quality care for all LTC residents going forward.

3. Mandate MOHLTC to work with stakeholders such as OANHSS, Ontario Long-Term Care Association (OLTCA), Health Quality Ontario, etc. to identify ways to reduce the burden of reporting so that more LTC resources can be committed to direct resident care.

4. Immediately increase the "raw food" budget allocation in LTC homes to take into account inflation and the declining Canadian dollar. The allocation should be determined through consultation with the LTC associations, OLTCA and OANHSS. Future increases in the food budget should be tied to the Consumer Price Index.

5. As recommended by Dietitians of Canada, "Remove therapeutic and specialty menu items such

as enteral feeding formulae, commercial oral nutrition supplements, gluten free specialty foods, and cultural-specific specialty foods, from the Raw Food Cost (RFC) per diem, so that RFC funding can be used to provide high quality foods and beverages to the entire resident population."

Priority 2: End violence in Long Term Care

We are extremely concerned that our loved ones are at risk as we see an increase in aggressive behaviours in LTC homes across the province. Much of this aggression results from the significant percentage of residents, estimated at between 60 and 80% of all residents, who suffer from dementia. Forty six percent of all LTC residents exhibit some level of aggressive behaviour; nearly 10% show severe levels of aggression. During its investigation of 13 homicide deaths in LTC in 2013-14, the Geriatric and Long Term Care Review Committee of the Ontario Coroner's Office noted that "The issue of resident-on-resident violence in LTC homes is an urgent and persistent issue." The same report also noted that "Residents and their families, as well as the staff at long term care homes, expect and deserve a safe environment."

Although we are pleased that the recent Ontario budget includes additional funding for the Behavioural Supports Ontario program, we believe there needs to be further investment in the BSO program to reduce the potential for violence within these vunerable populations.

Dementia, however, is not the only cause of concern. The closure of mental health centres across Ontario combined with the lack of group homes has meant that LTC homes have had to accept an increasing number of individuals from age of eighteen with developmental disabilities, mental health issues, and drug and alcohol abuse problems. Homes that were designed for elderly residents are expected to accept these individuals even when they lack the trained staff, equipment and resources to meet the special needs of this population. We support the recommendations of the Ombudsman Report entitled "Nowhere to Turn" (2016) which calls for the use of long term care only as a last resort for the placement of adults with developmental disabilities.

While resident-to-resident violence is a critical issue, we cannot ignore that LTC staff are also at risk due to aggressive behaviours. A York University study (Banerjee, 2008) found that Canadian PSWs are more than seven times more likely to experience violence on the job compared with their counterparts in Nordic countries. The study attributes the violence to staff having *"to do too much, in too little time, with not enough resources."*

Recommendations:

1. Increase the number of Behavioural Support Ontario (BSO) units in the province from 6 to 18 as recommended by OANHSS.

2. Ensure that Behavioural Support teams are available in each LTC home. LTC homes cannot wait days or even weeks for assistance by the behavioural support mobile teams which are now in place in some LHINs.

3. Ensure that there is special training for PSWs and nurses to address the needs of residents with dementia which can lead to aggressive behaviours. Funding should be provided to back-fill personnel so that direct care hours are not reduced during training.

4. Implement the recommendation of the Geriatric and Long Term Care Review Committee of the Ontario Coroner's Office in their 2016 report, that MOHLTC "immediately convene a widely representative, multi-stakeholder expert panel to develop a concrete plan to address resident-to-resident violence in long term care homes".

Priority 3: Better Capacity Building

Despite the availability of expanded home care in Ontario, waiting lists for LTC continue to grow. More than 24,000 individuals are now waiting for a long term care placement in Ontario. It is not uncommon for frail seniors with complex care needs to wait years for a LTC bed, stretching families and home support systems to the breaking-point. OANHSS in its 2016 capacity planning paper, estimates that "if there are no increases in current capacity, excess demand on long-term care homes will more than double to 48,000 people within the next six years." Despite an aging population, fewer than 3,000 LTC beds have been built in Ontario in the last 10 years.

It is clear that the demand for LTC beds and community services will continue to outstrip current availability in the short to medium term. Ontario is facing a staggering increase in dementia rates, largely because of an aging population. Although many dementia patients can be supported at home, as the disease progresses, 24 hour care becomes a necessity. It is projected that in 20 years the 90+ age group will triple in size to 291,000. Half of that number will have dementia given the current prevalence of the disease in that demographic group.

The people of Ontario view Long Term Care as a critical component of our health care system. A Nanos Research poll conducted by the OTLCA found that 82% of Ontarians "believe the government needs to invest in long term care now to ensure seniors get the quality care they need." Dr. Sinha, the Provincial Lead on Ontario's Seniors Strategy, noted in his report that "every Ontarian wants to be assured that a strong and robust long-term care sector will exist to meet their need for this care, should it arise." A 2014 Canada-wide survey commissioned by the Canadian Medical Association also confirmed this finding. In early 2015, a Globe and Mail Editorial stated "Instead of spending billions on makeshift solutions and bad outcomes, Canada's health-care stakeholders should be spending that money on new, properly staffed long-term facilities."

We are also concerned about the lack of progress in renovating the approximately 30,000 beds that are located in homes that do not meet today's safety and design standards. Ontario's Enhanced Long term Care Home Renewal Strategy was announced in 2014 yet there have been very few applications for redevelopment. Until these homes are rebuilt, many frail elderly must live in 3 and 4-bed rooms sharing a single bathroom, with only a curtain between the beds providing privacy.

Recommendations:

1. Expedite the LTC capacity planning exercise which was announced by MOHLTC in 2015.

Capacity planning must acknowledge that we need a continuum of care for our seniors, recognizing that not all seniors can be supported at home. LTC is an integral component of Ontario's health care system and requires sufficient capacity to meet demand.

2. Investigate other models of seniors' accommodation in Ontario communities that would provide supportive care in independent and assistive living environments. For instance, some seniors could perhaps stay in retirement homes longer if provided a subsidy to cover the costs associated with additional care.

3. Work with OLTCA and OANHSS to identify and remove barriers to the re-development and renewal of the 30,000 beds that do not meet current design standards.

4. Ensure that long-term care strategies are recognized as requiring attention and integrated into current initiatives to develop a Dementia Strategy for the province.

Conclusion

While we know that seniors want to stay in their homes, government policies and investments need to recognize that there will always be a portion of the population that requires 24-hour nursing services. No one wants to move to long term care; but when they must, they should be entitled to quality care in well-designed, safe and comfortable homes.

Premier Wynne in her 2016 mandate letter to the Minister of Health and Long Term Care has asked for the same things, identifying as one of the priorities: "Improving the safety and quality of life for those living in long-term care homes today and in the future, by considering necessary investments, including staffing, and by advancing the Enhanced Long-Term Care Home Renewal Strategy as quickly as possible and ultimately eliminating all four bed wards in Ontario's long-term care homes."

As noted in our previous presentations to this committee, there is much work to be done in the Long Term Care sector, work that requires collaboration, innovation and leadership and a commitment to take action. All we want is the best possible care for our loved ones.

On behalf of the Champlain Region Family Council Network, I would like to thank the members of the Standing Committee for the opportunity to speak to you today.

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