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Long-Term Care Must be Transformed

Since its inception, twelve years ago, the Champlain Region Family Council Network has advocated for quality care in long-term care (LTC) so that the residents live in a safe, home-like environment where they are respected and can live with dignity. We have repeatedly pleaded with Ontario governments, and on occasion the federal government, to address the systemic problems in LTC: chronic understaffing; poor compensation and working conditions for front-line staff; the need for more beds to address a growing seniors population and rising rates of dementia; the replacement or redevelopment of older homes to eliminate shared rooms and meet modern building standards such as fire safety and temperature controls; and doing away with a climate of profit and excessive documentation taking precedence over care.

Those of us who have been involved in advocating for quality care in long-term care know that the ravages of the pandemic in these homes can be directly traced back to these long-standing issues.

Long-term care in Canada needs to be fundamentally transformed from an institutional, task-oriented model to one that puts the needs and preferences of residents at the focus of care - in other words "person-centred care". To quote from the July 2020 Ministry LTC Staffing study "we need to make long-term care a better place to live, and a better place to work". To achieve this transformation, we recommend:

Improving care

- Adopt person-centred care as the model for a transformed long-term care sector (examples include the Butterfly model, Greenhouse Project, Eden Alternative)
- Fund LTC to ensure that there are appropriate numbers of nurses (RN), registered practical nurses (RPNs), nurse practitioners (NPs) and personal support workers (PSWs) as well as allied staff such as physiotherapists, dietitians, social workers, etc.) who:
 - have the personal attributes to work in LTC (caring, empathy)
 - have full-time positions with benefits
 - are appropriately compensated, i.e. wages should be consistent with hospitals and other health care settings
 - have opportunities for further education and training, especially in the areas of dementia care and person-centred care
 - work as a team to provide person-centred care
- Fast-track the implementation of the recommendations of the Ministry Staffing Study (July 2020)
- Mandate a minimum care standard of at least four hours of direct care/resident/day (Time to Care Act) which is regularly reviewed against resident acuity
- Require that all homes publicly report, in a timely manner, their staffing levels and report non-adherence to staffing level standards to the Ministry of Long-Term Care

- Review reporting requirements and the regulatory framework to ensure they support quality resident-centred care and reduce unnecessary documentation
- Create a LTC human resource plan to attract and retain an adequate supply of well-trained staff with the personal attributes for work in LTC
- Develop consistent standards for PSW education and on-the-job training, especially dementia and end-of-life training to ensure quality resident care
- Support efforts for the self-regulation and certification of PSWs
- Recognize the value of social workers to the psycho-social health of LTC residents and their caregivers
- Improve care standards to:
 - Help residents maintain their independence and mobility
 - Engage residents in meaningful activities including access to outdoor spaces
 - Ensure access to quality palliative and end-of-life care
 - Improve food budgets in recognition of the importance of tasty, nutritious meals to resident well-being
- Expand the Behavioural Supports program to meet rising demand

Improving the physical environment

- Revise the current building standards to create home-like environments that are conducive to the delivery of person-centred care and have proper temperature and air-quality controls
- Require private rooms with ensuite bathrooms for residents in newly constructed and renovated homes
- Expedite the redevelopment and renewal of the 30,000 beds which do not meet current design standards
- Build more long-term care homes within the context of a provincial plan based on needs and community profiles (cultural diversity, location) and underserved populations such as the LGBTQ2+ and indigenous communities
- Encourage the development of campuses of care which incorporate independent living apartments and assisted living residences alongside LTC homes; remove barriers that prevent residents from moving between different types of residences (e.g. from assisted living to long-term care)
- Reduce or eliminate the proportion of for-profit homes

Improving emergency preparedness

- Ensure all LTC homes have an infection control plan which includes adequate staffing, training, PPE, and infection control policies and procedures; plans must be regularly reviewed and updated
- Ensure the participation of Family Councils and Resident Councils in pandemic and emergency preparedness planning for the home.
- Require that annual inspections include a review of the home's infection control plan
- Ensure all homes of a certain size have an infection control specialist on-site, and require smaller homes to have agreements with hospitals for infection control support
- Revise the standards for new and redeveloped homes to recognize the need to isolate residents when outbreaks occur

Improving accountability

- Mandate that all homes have a Family Council and that home management encourage and support their activities
- Promote the role and rights of families and Power of Attorneys who:
 - are recognized as essential partners in care, critical to the physical, social, cognitive and emotional well-being of residents
 - are kept fully informed under all conditions
 - have access to their family members in LTC regardless of outbreak status
- Include family and residents at decision making tables within the home
- Review current performance measurements with stakeholders (including families) to ensure a focus on quality of care and quality of life
- Review financial audit processes to ensure that government funds are spent appropriately
- Re-assess the current inspection process to ensure that it is achieving quality improvement in LTC and modelling best practices. Repeated non-compliance should result in penalties and immediate follow-up action
- In partnership with the federal government, develop national standards for long-term care and tie federal LTC funding from the federal government to adherence to the standards

Reducing the impact of subsequent waves of COVID-19 or future pandemics

- Ensure that essential family caregivers can visit their loved ones during an outbreak
- Carefully monitor staffing initiatives to ensure they are improving staffing in the LTC sector
- Ensure that inspectors are a regular presence in homes during pandemics to assess infection control practices, staffing levels, resident care, and the ability of the home to protect residents and staff
- Work with homes to ensure that they can meet the requirements for infection control and implement strict penalties if they fail to comply
- Require homes to report when they are in crisis, are overwhelmed and need help
- Take over the management of non-compliant homes which have demonstrated an inability to protect residents and staff

Politicians from the federal and provincial governments have acknowledged that our long-term care system is broken and must be fixed. Investments from both levels of government are urgently needed to ensure that our frail seniors spend their final days being treated with dignity and respect in a safe, caring environment and that staff are properly compensated and valued. The roadmap to transforming long-term care has been set out in multiple reports, dating back years – we know what has to be done. What we need now is action, not more study. We never want to see a repeat of the tragedy we witnessed this spring.

The Champlain Region Family Council Network supports the family councils in the 60 LTC homes in the Champlain Region through education, information sharing and advocacy.

October 7, 2020