



**Champlain Region Family Council Network
Submission to the Standing Committee on Finance and Economic Affairs
Pre-budget Consultations, January 17, 2018**

Introduction

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. The Champlain Region Family Council Network (CRFCN) is a volunteer group which supports these efforts by Family Councils in the 60 long-term care residences in this region of Ontario. Our observations and recommendations are based on our experience as unpaid caregivers in long-term care homes supplemented with data from studies of seniors' care.

The CRFCN has long advocated for more hours of direct care, improved safety, and better capacity planning in its meetings with local politicians and its presentations before the Standing Committee on Finance and Economic Affairs and Minister of Finance. Our three priorities for action remain the same:

1. Improving care
2. Ending violence in long-term care
3. Better capacity planning

Priority 1: Improving care

As we have noted in previous presentations to this committee, chronic understaffing is the number one concern of families who have loved ones in long-term care. Staffing has not kept pace with the dramatic changes that have taken place in the LTC population in the past decade. Citizens now enter LTC when they are older, frailer and have more complex care levels associated with multiple conditions. In a recent report, the Ontario Long-Term Care Association (OLTCA)¹, notes that 90% of all residents now suffer from some type of cognitive impairment; one in three are severely impaired. Staff are stretched to the limit and staff burnout is a significant issue.

Family and friends of LTC residents as well as staff unions and several professional organizations have been active supporters of Bill 33: Time to Care Act, a private member's bill which asks for a legislated minimum care standard of four hours of direct care per resident, averaged across all residents. The Bill passed second reading in the Ontario Legislature on November 2, 2017 with unanimous support from all parties. Over 70,000 signatures have been recorded in the Legislature in support of four hours of direct care per resident.

We are encouraged that the government's recently released Aging with Confidence Plan² calls for phasing in four hours of direct care per resident per day. This minimum care standard is long overdue; in 2008, the government sponsored Sharkey Report³ recommended four hours of care be achieved by 2012.

Increasing the hours of care for our frail elderly in LTC should be the first priority as the government moves forward to implement the Aging with Confidence Plan. Moving quickly to four hours of care will have immediate results: improved health outcomes, reduced levels of stress and burnout in frontline workers, and fewer incidents of violence in LTC homes.

Coupled with the increase in resident care needs, government reporting requirements have become more complex and demanding. It is said that Ontario has one of the most highly regulated long-term care sectors in Canada. Time spent gathering and reporting data further reduces staff availability for direct care of residents. While monitoring and accountability are important, these activities should not be accomplished at the expense of resident care.

Recommendations:

1. Legislate a minimum care standard of nursing care and personal support services per resident per day averaged across all residents. That standard should immediately be set at a minimum of 4 hours of direct care per resident.
2. Regularly review and adjust minimum care hours to reflect changing acuity levels in the LTC population.
3. Make public reporting of staffing levels at each Ontario LTC home mandatory to ensure accountability across the province.
4. Mandate the Ministry of Health and Long-Term Care (MOHLTC) to work with stakeholders such as AdvantAge Ontario, OLTC, and Health Quality Ontario (HQO) to identify ways to reduce the burden of reporting so that more LTC resources can be committed to direct resident care.
5. Ensure that there is a sufficient supply of well-trained personnel to meet the current and anticipated demand for long-term care staff. As recommended by AdvantAge Ontario, MOHLTC should work with the Ministry of Community and Social Services, the Ministry of Advanced Education and Skills Development and professional LTC associations to develop a labour strategy.
6. Establish consistent standards for PSW education and on-the-job development to ensure that personal support workers have the skills needed to provide quality care.

Priority 2: End violence in long-term care

We are increasingly concerned that residents of LTC are at risk due to an increase in aggressive behaviours in LTC homes across the province. It now seems that reports of abuse and violence against frail residents appear in the media on an almost weekly basis.

Much of this aggression results from the significant percentage of residents who suffer from dementia. 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."⁴

Although recent Ontario budgets have included additional funding for the Behavioural

Supports Ontario (BSO) program, including the approval of a 20 bed unit at the Perley and Rideau Veteran's Health Centre in Ottawa, we believe there needs to be further investment in this program to reduce the potential for violence within these vulnerable populations.

Recommendations:

1. Expedite the promised commitment that each LTC home should have a Behavioural Support team. Currently they exist in only half of the 630 homes in Ontario.
2. Ensure that there is specialized 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.
3. Implement the recommendation of the Geriatric and Long-Term Care Review Committee of the Ontario Coroner's Office in their 2015 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

There are now 32,000 individuals in Ontario waiting for a long-term care placement. According to AdvantAge Ontario⁵ this number could reach 48,000 in just three short years. 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. Caregiver stress and burnout has become a pressing societal issue.

The Aging with Confidence Strategy commits to 30,000 new beds within the next decade with 5,000 of those beds to be constructed by 2022. This is very welcome news. A recently released Conference Board of Canada⁶ estimates that the demand for long-term care will increase by 199,000 beds by 2035 but that the cost of building and operating the facilities will be a significant contributor to the economy.

Planning for these new beds must take into account community needs (cultural diversity, location, mix of beds) as well as those of under-served communities such as LGBTQ and indigenous populations. Construction of new beds should also take into consideration the mix of for-profit versus non-profit beds. Ontario currently has the highest percentage of for-profit LTC beds in the country, despite the preamble to the Ontario *Long-Term Care Homes Act* (2007) which states: "The people of Ontario and their Government...are committed to the promotion of the delivery of long-term care home services by not-for-profit organizations".⁷ There is a growing body of research demonstrating poorer health outcomes in for-profit homes. A study published in 2015⁸ concluded that for-profit residences in Ontario have significantly higher rates of both mortality and hospital admissions. Wait list data show that there is a clear preference for non-profit beds; 68% of individuals waiting for a LTC placement designate a non-profit home as their first choice.

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. Until these homes are rebuilt, many frail elderly must live in three and four-bed rooms sharing a

single bathroom, with only a curtain between the beds to provide privacy.

The planned development of 30,000 new beds in the next decade and the redevelopment of an additional 30,000 existing beds should be considered an opportunity to look at the design of LTC homes. Can they be made less institutional and more home-like? Is the standard of 32-bed "homes" the best configuration for residents? Are current LTC physical spaces the best configuration for residents with dementia? Are there advantages to co-locating LTC homes next to seniors' or community centres or day care centres?

Recommendations:

1. Ensure that the proportion of beds in the non-profit sector remains the same or improves in relation to for-profit accommodation.
2. Work with OLTC and AdvantAge Ontario to identify and remove barriers in order to expedite the re-development and renewal of the 30,000 beds that do not meet current design standards.
3. Incorporate innovative approaches to providing long-term care into the planning and/or redevelopment of homes in order to create more home-like environments responsive to the needs of our frail elderly.
4. Ensure that the plans for implementation of the Provincial Dementia strategy include strategies for long-term care.

Conclusion

Urgent action is needed to address these systemic issues in long-term care. The Aging with Confidence Strategy announced in November 2017 gives us hope for improved care through additional care hours and a substantial increase in the availability of long-term care beds. The more than 78,000 residents of Ontario's LTC homes deserve to spend their remaining days in dignity receiving quality care in well-designed, safe, comfortable homes.

As the Government of Ontario moves toward implementation of this strategy, we hope that we will see collaboration, innovation and leadership and a commitment to achieve the identified goals. 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 you for the opportunity to present our concerns.

Respectfully submitted by:

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End Notes

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