



January 16, 2020

To: Members of the Standing Committee on Finance and Economic Affairs

Re: Pre-Budget Consultations, 2020 Budget

The Champlain Region Family Council Network is a group that supports family councils in the 60 long-term care (LTC) homes in the Champlain Local Health Integration Network. In order to improve the quality of care and quality of life for residents in LTC we have prepared submissions and presentations for this committee every year since 2015. There has been so little change in LTC in Ontario since our first submission that we have decided to re-submit our recommendations sent to the Committee in 2019.

How long can the current situation in Ontario continue? Hospital hallways are full of patients waiting for a bed while frail seniors, designated Alternate Level of Care (ALC), spend months in hospital waiting for a long-term care bed. According to the Financial Accountability Office of Ontario 2019 report, the waiting list for long-term care has increased by 78% in just seven years (now 36,000 Ontarians). While we take some encouragement from the Government's announcement of new beds, bringing these beds online is taking too long.

Caregiver stress and burnout has become a societal issue; the Change Foundation reported in 2019 that 53% of caregivers are overwhelmed and 32% have faced financial difficulties because of caregiving

The crisis is exacerbated by the fact that seniors enter LTC older, frailer and with multiple complex conditions requiring more care. As many as 90% of residents have some type of cognitive impairment, with as many as 40% of these residents exhibiting aggressive behaviours. Yet staffing levels have remained virtually unchanged in the past 10 years. We are deeply concerned that front-line staff in long-term care have reached the breaking point. Because of workloads, inadequate compensation, lack of full-time employment and challenging working conditions there are now more personal support workers leaving the profession than graduating from training programs. Many homes regularly work short-staffed, putting residents at further risk.

What can citizens of Ontario say or do to make the Government of Ontario finally take action to ensure that our frail seniors requiring 24-hour medical supervision and care can spend their remaining days in dignity and safety, receiving quality care in a home-like environment?

Addressing the critical issues in long-term care will provide a number of benefits that will directly improve the quality of life for residents and help to reduce hall-way medicine, a major election promise made by this government.

Potential Impact of our Recommendations

Legislated 4 hour/day/resident minimum direct care standard

- Improved quality of care for residents: toileting requests met in a timely manner; shorter waits for assistance with eating; more person-centred care
- Fewer residents dying from choking or aspiration (27 deaths between January 2018 -May 2019)
- Fewer incidents of violence between residents and staff to resident
- Fewer incidents of abuse and neglect of residents
- Fewer visits to emergency departments due to falls, food related incidents, preventable infections
- Better working conditions for staff resulting in improved retention, improved job satisfaction and fewer days lost to injuries.

Expanded behavioural supports in all homes

- Fewer deaths and fewer visits to hospital as a result of aggressive behaviours
- Fewer referrals to specialized hospitals such as the Royal Ottawa
- Fewer violent incidents between residents, and resident to staff
- Improved quality of life for residents
- Safer work-life for staff
- Focus turned to the individual instead of dealing with difficult behaviours

A funded human resources strategy for LTC

- Fewer homes operating short staffed
- Fewer residents at risk because of short staffing
- Improved job satisfaction among front line staff
- Staff shortages will not jeopardize the planned 15,000 new beds promised to be added within the next 5 years (8500 need 20% more staff (OLTCA)
- Management focused on improving care rather than staffing issues
- Improved staff morale and staff retention
- Less need for costly overtime

Improved capacity planning recognizing the long wait lists and the needs of ethno-cultural and the LGBTQ2+ community; design of homes suitable for person-centred models of care

- Shorter wait lists, fewer ALC patients
- Less hallway medicine
- More homes appropriate for diverse populations
- More home-like environments supporting person-centred care
- Faster re-development and new construction process
- Reduced caregiver stress and burnout as a result of timely access to LTC

The residents and their families can't wait. These changes are needed now to ensure that Ontario citizens resident in LTC have quality of life and quality care in their final days.

Sincerely

Champlain Region Family Council Network



**Champlain Region Family Council Network
Submission to the Standing Committee on Finance and Economic Affairs
Pre-budget Consultations, January 2019**

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 (LTC). The Champlain Region Family Council Network (CRFCN) is a volunteer group that supports these efforts by Family Councils in the 60 LTC residences in this region of Ontario. Our observations and recommendations are based on our experience as unpaid caregivers in LTC 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 the 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

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. 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. Heavy workloads, workplace violence, stress and lower pay than other healthcare sectors as well as a general feeling of lack of respect among personal support workers (PSWs) in particular have made it very difficult for LTC administrators to recruit and retain qualified direct care staff.

The need for more direct care staff is not a new issue. As noted by the Ontario Nurses Association² in their submission to the Wettlaufer inquiry "... reports, reviews and legal proceedings have been publicly stating this fact since at least 2001." Over 10 years ago a government sponsored report³ recommended four hours of care be achieved by 2012. Insufficient staffing levels in the LTC sector were a recurrent observation during the Wettlaufer hearings.

Family and friends of LTC residents as well as many professional organizations and staff unions believe that a minimum care standard is needed and have been active supporters of

the Time to Care Act. This private member's bill asks for a legislated minimum care standard of four hours of direct care per resident per day, averaged across all residents. The Bill passed second reading in the Ontario Legislature on November 2, 2017 with unanimous support from all parties and was re-introduced after the June 2018 election. To date, over 70,000 signatures have been recorded in the Legislature in support of this minimum standard.

Increasing the hours of care for our frail elderly in LTC must be a priority for this government. 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 rising resident care needs noted above, increasingly complex and demanding government reporting requirements are taking a toll on the quality of care. It is said that Ontario has one of the most highly regulated LTC sectors in Canada. OLTCA notes that: "Direct care staff in long-term care homes now spend hours per day completing mandatory documentation requirements at the expense of providing more direct care to residents." While important, monitoring and accountability must not be accomplished at the expense of resident care.

Recommendations:

1. Legislate a minimum care standard of four hours of nursing care and personal support services per resident per day averaged across all residents.
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, OLTCA, 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. Developing a human resources plan for the LTC sector to ensure that there is a sufficient supply of well-trained personnel to meet the current and anticipated demand for LTC staff.
6. Establish consistent standards for PSW education and on-the-job development to ensure that PSWs have the skills needed to provide quality care.

Priority 2: End violence in long-term care

We are increasingly concerned that LTC residents are at risk due to an increase in aggressive behaviours in homes across the province. Violence, abuse and neglect are now daily occurrences in Ontario's homes.

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. Ensure that each LTC home has an on-site 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 that 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 nearly 33,000 individuals in Ontario waiting for a LTC placement, a growth of over 10,000 individuals in just three short years. According to AdvantAge Ontario⁵, this number could reach 48,000 in another three years. It is not uncommon for frail seniors with complex care needs to wait years for an LTC bed, stretching families and home support systems to the breaking point. Caregiver stress and burnout have become a pressing societal issue.

We are pleased that the government has recognized the importance of long-term care in helping to alleviate "hallway medicine" in Ontario. The commitment to build 30,000 new beds in 10 years will help reduce the number of elderly waiting in crowded hospitals for a LTC bed. It is encouraging that 6,000 of the 30,000 new beds have already been announced. We look forward to the early release of specifics regarding the fulfilment of this commitment.

We hope that planning for these new beds will 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 consider 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".⁶ Research has demonstrated poorer health outcomes in for-profit homes. A study published in 2015⁷ concluded that for-profit residences in Ontario have significantly higher rates of both mortality and hospital admissions. Wait list data show a clear preference for non-profit beds;

67% of individuals waiting for an LTC placement designate a non-profit home as their first choice.

It must be recognized, however, that the new beds only addresses the current waitlist; more beds will be needed as the number on seniors over 80 soars. A Conference Board of Canada⁸ estimates that the demand for long-term care in Canada 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. A significant proportion of those 199,000 beds will be needed in Ontario.

We are also concerned about the lack of progress in modernizing or rebuilding 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. We are worried that some licenses will expire in 2025 because the homes may opt to close rather than redevelop. Both associations representing LTC homes in Ontario have made several recommendations related to expediting LTC renewal by reducing red tape and centralizing approval. We support AdvantAge Ontario and OLTCA in these recommendations.

We hope that the planned development of 30,000 new beds in the next decade and the redevelopment of another 30,000 beds will be an opportunity to look at the design of LTC homes. Can they be made less institutional and more home-like? Is the standard of the 32-bed "home" the best configuration for residents? Are current LTC physical spaces the best configuration for residents with dementia? Can we transform care by implementing more person-centred models such as the Butterfly, Green House or Eden Alternative. Should LTC homes be co-located next to seniors' or community centres, or close to childrens' day care centres.

Recommendations:

1. Initiate capacity planning to ensure that there are sufficient beds in Ontario to meet the demand for an aging population. Planning for 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.
2. Ensure that the proportion of beds in the non-profit sector at least remains the same or, preferably, improves in relation to for-profit accommodation.
3. Work with OLTCA and AdvantAge Ontario to identify and remove barriers to expedite the redevelopment and renewal of the 30,000 beds that do not meet current design and safety standards.
4. Incorporate innovative approaches to providing LTC into the planning and/or redevelopment of homes in order to create more home-like, person-centre environments responsive to the needs of our frail elderly.
5. Ensure that the plans for implementation of the Provincial Dementia Strategy include strategies for LTC.

Conclusion

The systemic neglect experienced by the LTC sector over the last 15 years must end. Urgent action is needed to address the issues identified in this submission and those from other LTC stakeholders. Ontario now has an opportunity to greatly improve the lives of the 78,000 residents in LTC through investing in improved care and the construction of much needed beds. Ontario seniors' and their families need to know that when a resident enters LTC they will spend their remaining days in dignity - receiving quality care in well-designed, safe, comfortable homes.

It is our sincere hope that under this new government we will see collaboration, innovation and leadership and a commitment to transform LTC from an institutional model to a person-centred, compassionate model of care. 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:

Advocacy Committee, Champlain Region Family Council Network

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End Notes

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2. Ontario Nurses' Association. *The Safety and Security of Residents in the Long-Term Care Homes System: Written Closing Submissions of the Ontario Nurses' Association*. http://longtermcareinquiry.ca/wp-content/uploads/Closing-Submission_09_Revised_Final-Written-Submissions-of-the-Ontario-Nurses-Association_Sept_20_2018.pdf. Last accessed: January 14, 2019.
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7. Tanuseputro, Peter et al. *Hospitalization and Mortality Rates in Long-Term Care Facilities: Does For Profit Status Matter?* Journal of the American Medical Directors Association, Volume 16, Issue 10, 874-883. [http://www.jamda.com/article/S1525-8610\(15\)00414-4/fulltext](http://www.jamda.com/article/S1525-8610(15)00414-4/fulltext). Last accessed: January 22, 2019.
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