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VOICES

Written Submission regarding Bill 37, Providing More Care, Protecting Seniors, and Building More Beds Act, 2021

Submitted by: CanAge
November 25, 2021

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Dear Members of Ontario Legislative Assembly,

CanAge is Canada's National Seniors' Advocacy Organization. As an independent, non-partisan, non-profit organization we educate and mobilize people on the issues that matter to older Canadians. We work to advance the rights and well-being of Canadians as we age and ensure that older Canadians live vibrant and connected lives. CanAge has identified critical areas that require urgent investment to improve seniors' lives in the VOICES of Canada's Seniors: A Roadmap to an Age-Inclusive Canada (www.CanAge.ca/voices).

The tragedy of the pandemic highlighted the long-standing systemic issues in the long-term care (LTC) system, and the new legislation will be the foundation that enables the transformations that must take place to create a system that truly places the residents' needs and wishes at the centre. In addition, we need a modern LTC system that can serve the diversity of residents now and into future -- both in terms of increasing complexity of needs but also diverse populations

In our submission, CanAge will focus on one recommendation for the Preamble and six substantive areas of the Bill. CanAge will also make some broader key recommendations for positive change in each focus area, to be used in considering this proposed Bill, accompanying Regulations and the systems required to facilitate the same.

Preamble - "mission-driven organization"

The use of the term "mission-driven" is vague and undefined and needs more clarity. The term, and its use and reference must be defined.

- Define what does "mission-driven" mean in this context?
- Whose mission is it? Does this refer to each LTC home's mission or is this referring to the government's mission for LTC?
- How is "mission-driven" going to be monitored and who will monitor this?
- How will accountability be established to review this?
- Will the mission be measured against standards or a quality assurance metric?
- What if a home's mission changes? What process of review will be established?

Substantive Issues

1. Health Human Resources (HHR)
2. Infection Control in LTC
3. Sector Capacity
4. Infrastructure Investment and Upgrades
5. Changing the LTC Model of Care & Prioritize Rights and Dignity
6. Residents' and Family Councils

Issue #1 Health Human Resources (HHR): Long-term Care Residence Staffing Reform

The HHR / staffing crisis that COVID sharply exposed will only continue to get more dire unless LTC staff are paid for the work they do in a fair and equitable manner on par with their peers who work in other health areas such as acute care settings. In addition, we need to be nimble in adapting to different technologies and situations. We support improvements to wages, pensions, benefits, paid travel time and the increase of full-time job opportunities.

LTC staffing issues have reached a crisis state. Pre-COVID-19 staffing shortages in LTC were well-documented and a consistently pressing concern. Since COVID-19, staffing shortages have reached the breaking point. Staff in LTC are often underpaid, may have to work several jobs with unpaid travel time, and often have to work in difficult and unsafe conditions.

In Ontario, 80% of nursing home administrators reported having difficulty scheduling shifts, which can impact their ability to meet regulatory requirements. They reported that of the positions to be filled, personal support worker positions were the most difficult to fill.

Recommendation #1: Staffing Ratios

- Establish staffing ratios and increase staffing numbers. Include both staff-to-resident ratios as well as establishing healthcare staffing ratios of doctors, registered nurses, licensed practical nurses, rehabilitation care providers, social workers, and personal support workers. Stop downloading healthcare to personal support workers in LTC.

Recommendation #2: Living Wages, Benefits and Pensions

- Increase pay for staff, particularly personal support workers, to ensure living wages are achieved, including pensions and benefits. Encourage full-time work at one LTC location. This will improve employee engagement, create stable staffing and care relationships while decreasing the potential of cross-home infection spread.

Recommendation #3: Pay Staff by Work Performed, Not Location

- The financial compensation of home care and LTC staff is half of what hospital staff receive, with the same qualifications. Financially compensate health and social care staff for the work they perform, not the place where they perform their work responsibilities. Pay equity should be established among LTC, home care and hospital care settings.

Recommendation # 4 : Resident Support Aide/Resident Support Ambassador (RSA)

- RSAs provide support to the entire staff team as they provide non-medical, non-personal care services to allow others in the team to work to full scope, and to support residents 'simple pleasures' in a day. These roles do not replace PSWs, RPNs, RNs, Activation, Therapeutic Recreation; rather they support, augment and provide compassionate, empathetic and much needed 'hands on' each and every day.

Recommendation #5: Provincial Strategy for the Health Human Resources (HHR) Sector

- Care provision requirements for the aging population will increase. In order to adequately meet these requirements, and specifically LTC staffing needs, we will have to create a purposeful provincial HHR strategy. It must avoid retrieving staff from other care sectors - such as home care - and provide funding for training and capacity building.

Recommendation #6: Immigration Priority for the Aged Care Sector

- Establish home care and LTC worker immigration as part of the skilled worker priority status. This should be integrated as part of a broader integrated health human resources aged-care staffing strategy. Recruitment expertise should focus on aging and dementia care. Reinstate the Live-In Caregiver Immigration Program with updated care recruitment needs. Prioritize recruitment expertise in aging and dementia care.

Recommendation #7: **Digital Investment**

- Use technology to streamline care where tasks can be optimized to preserve and support staff time. Ensure high-speed wifi is available in all rooms, plugs for technology can be accessed by residents (i.e., not down by the floor) and supports for digital transformation are in place.

Issue #2 Infection Control in LTC

COVID-19 has shown us the critical importance of proactive and robust infection prevention measures. While investing in the needed research and development of a COVID-19 vaccine, Canadians must ensure that they stay as healthy as possible to combat this illness. This means additional investment in infection prevention, both for this pandemic and any that will follow. The proposed legislation should adopt the National Standards for LTC Infection prevention and control.

Currently, infection control in LTC and congregate care settings is very difficult to manage, leading to significant spread of infection, illness, and tragic loss of life. This needs to improve immediately.

Recommendation #8: **Infection Control Quality Assurance Standards**

- Create LTC and congregate care infection control quality assurance standards. Incorporate the Vaccination National Standards into the standards.

Recommendation #9: **Vaccines in Long-Term Care Homes**

- Ensure LTC residents, staff, and essential care providers are prioritized for all National Advisory Committee on Immunization (NACI) adult recommended vaccines on site. In addition to COVID-19 vaccines, this also includes best-in-class seniors-specific flu vaccines (for residents) and the standard flu vaccines for age-appropriate staff and essential caregivers, best-in-class pneumonia and shingles vaccines and tetanus, tetanus, diphtheria, and pertussis (Tdap) vaccines. Vaccinations should be carefully tracked and provided without charge or other barriers onsite. Institute vaccine requirements for LTC similar to those in children and youth school programs.

Recommendation #10: **Vaccination National Standards**

- Incorporate the Vaccination National Standards into Provincial LTC Quality Standards and incorporate them into new LTC Regulations.

Recommendation #11: COVID-19 Infection Control Standards

- Establish pandemic infection and testing protocols specific to COVID-19 in LTC (i.e., don't use flu testing protocols for COVID-19). Upgrade infection protocols in LTC, including designating these settings as priorities for PPE, testing, screening, and visitor education. Require regular, unannounced on-site inspections, for upgraded infection control.

Issue #3 Sector Capacity and Continuing Education

Canada urgently needs to develop sector capacity in geriatric health and social care to meet the needs of the rapidly aging population. In addition, continuing education for these professionals in the geriatric sector will ensure ongoing competencies as information, new treatments, and diagnosis change and develop.

Recommendation #12: Sector Capacity and In-House LTC Physician and Dentist Availability

- There is a shortage of doctors in LTC, including geriatricians and geriatric psychiatrists who are needed to provide better support to LTC residents. LTC homes should have in-home physicians who have specialized LTC training. Dentists should also be specifically trained and supported in providing dental care, including dental restoration, to LTC residents.

Recommendation #13 : Medical Education - Medical Director Course and Programs

- The Bill and the accompanying Regulations should incorporate the recommendations of the Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System, which recommended that the Ontario Long Term Care Clinicians (OLTCC) Medical Director Course be mandatory within two years of contract. Other accredited programs include OLTCC's Fundamentals in LTC Practice, IDEAS Foundations of Quality improvement and LEAP Long-Term Care are also suggested for further education and medical director competency.

Government requirement and support of this continuing professional development would assure greater equity of care.

Issue #4 Infrastructure Investment and Upgrades

More LTC homes will be needed to meet the needs of Ontario's aging population, even with robust investment in home care. New federal, provincial and municipal investments must be made in the creation of new residences. New residences should not be institutional. Retrofitting older LTC residences or redeveloping other existing housing assets will also be needed to raise the standard of acceptable living for residents and to improve the health and social well-being of Ontario seniors needing LTC. This includes requirements such as: windows in residents' rooms which can be opened for fresh air, HVAC modernization include in-room controllable air conditioning and heat, fire-safety retrofitting, accessible outdoor spaces and single-occupancy rooms with ensuite bathrooms. Rooms for intimacy, time with essential caregivers and friends, and privacy must be available and accessible to residents.

Recommendation #14: Build More Long-Term Care Homes

- Canada, and Ontario, urgently need to build more LTC homes to support our increasingly frail older adult population who cannot have their care needs met in the community.

Recommendation #15: Build More Smaller Residences, Dementia Villages, and Streamline Campus of Care Regulation

- Change and modernize LTC legislation to integrate with retirement homes legislation and Regulations and supportive or independent living legislation and Regulations to allow for campus-of-care models to more easily function. Currently, campus-of-care homes are often subject to upwards of four forms of health and housing regulation resulting in blockages to aging in place.

Recommendation #16: Single or Couples Rooms with En Suite Bathrooms

- Retrofit older LTC homes and build new ones with the following: one-bedrooms with ensuite bathrooms, along with some couples' rooms with ensuite bathrooms. Avoid shared or ward rooms with shared bathing facilities. LTC homes should

increase privacy, dignity, and quality of life, while reducing the risk of infection spreading via shared facilities.

Recommendation #17: Rural, Remote, Northern, and Indigenous Long-Term Care

- Expand LTC options in Ontario's rural, remote and Indigenous communities. Develop specific dementia care capacity in these communities, especially in Indigenous communities to prevent losing a generation of elders to urban centres – often the same generation who were taken from their homes and into residential schools. Specific cultural traditions and accommodation of needs should be allowed for in the new Bill and accompanying Regulations.

Issue #5 Change the LTC Model of Care; Prioritize Rights and Dignity

Long-term care is currently highly institutionalized and often based on the medical model of care. This leads to poor health, low quality of life, and staff dissatisfaction. Canada needs to modernize and deinstitutionalize long-term care to particularly meet the needs of an increasingly older, frail, and cognitively impaired resident population.

Recommendation #18: Develop "Long-Term Care At Home" Options

- Ontario seniors wish to remain in their community homes as long as possible. LTC need not be so siloed. Ensure the LTC and Home Care legislation and regulations allows for innovative development of LTC At Home models.

Recommendation #19: Emotion-Focused Care

- Make clear in the LTC legislation or accompanying Regulations that the model of care is not a medical model. It is recommended that there be a move to an emotion-focused or transformative model of care, with the accompanying appropriate training and financial support.

Recommendation # 20: Culturally Appropriate Care

- Ensure the legislation specifically incorporates the inclusion of culturally appropriate care. Culturally appropriate care should also include not just entho-cultural care, but also care for traditionally underrepresented groups like 2SLGBTQQIA+ and BIPOC seniors. This is more than culturally specific homes, which are also important. All LTC homes should have the legal mandate, with accompanying resources and training, to support our increasingly diverse resident populations.

Recommendation # 21: Consider Differentiated Licenses to Allow for Specialized Care Settings

- There is a need to consider differentiated licenses for specialized care settings such as psychogeriatric needs, dialysis care, dementia care. Currently the new Bill does not allow for this option. If not necessary for inclusion in legislation or regulation, we support having differentiation at the funding and policy level.

Recommendation #22: Keep Couples or Companions Together

- Develop regulations and programs to keep couples or companions together in the same LTC home, and where possible in the same rooms if that is their preference. Prioritize the relationship over differentiated care needs.

Recommendation #23: Advocacy and Mediation Dispute System

- Introduce an Advocacy and Mediation Dispute System to facilitate conversations and lift up the voices of the residents and essential caregivers in finding answers and solutions before issues escalate with staff and management. This process should be voluntary for residents. This should include options of mediation, but not binding arbitration. Residents and essential caregivers should be provided with advocacy support to engage in this informal conflict resolution process.

Recommendation #24: Privacy

- Increase physical privacy in long-term care homes to support personal choice and dignity. Ensure that residences have rooms where couples or groups can spend private and uninterrupted time. Invest in creative solutions to dissuade other residents from coming uninvited into a residents' room. Create appointment and door-knocking protocols to reduce staff entering a resident's room unannounced.

Recommendation #25: Digital Investment to Reduce Isolation

- Use technology to streamline care where possible for routine tasks. Invest in digital innovation and technology for health and social care in order to decrease isolation and loneliness. Invest in robust wifi in resident rooms as a right. Prevention and reduction of social isolation and loneliness of residents in long-term care can be achieved by implementation of the following: smart-technology integration, video visits, virtual museum and cultural visits, virtual concerts or modern music online providers, on-demand movies and entertainment, social media, computer and technology-supported communication, and other online activities.

Issue #6 Residents' and Family Councils

Residents' and Family Councils are essential to the quality of living and quality programs in LTC homes – as essential**,** they must not cease to function even in crisis – especially in crisis. There needs to be commitment to Residents' and Family Councils at all times. There needs to be dedicated LTC staffing team member(s) required by regulation to work with these Councils as part of core requirements. Residents' and Family Councils provide necessary peer-to-peer and group support, and should provide guiding support for interpretation of the Act and Regulations. These Councils also provide a platform for the development of consensus opinions, decisions, criticisms and compliments to improve the home, from residents' and essential caregiver perspective.

Recommendation #26: Continuously Support Residents' and Family Councils

- Residents' and Family Councils should be declared essential in the Bill and accompanying Regulations. As they are linked directly to legislation about quality of life, the Councils must be continuously supported with regulatory requirements and funding to support this work. This should be integrated in Regulations to allow for continued functioning – especially in crisis situations.

Recommendation #27: Dedicated Human Resources

- Licensees must allocate dedicated human resources to support Residents' and Family Councils. Residents must, and where appropriate Family Councils should, be included in the work of committees in their LTC. This should include integrated work on committees such as quality and hiring.

Recommendation #28: Add the word "developing" back into Act re: Quality of Life surveys

- The current Long-Term Care Homes Act, 2007 reads that the licensee shall seek the advice of the Residents' Council in **developing** and carrying out Quality of Life surveys and in acting on its results. Bill 37 removed the word 'developing'. This now means that Residents' Councils would no longer need to be involved in defining what "quality of life" and living is to them for this important annual survey. This change is not acceptable and should be reversed.

Conclusion:

We respectfully request that the Committee members consider our recommendations for Bill #37, Providing More Care, Protecting Seniors, and Building More Beds Act, 2021.

Respectfully submitted,

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