

DEPUTATION REQUEST

COMMITTEE OF THE WHOLE

JANUARY 14, 2021

Subject: Long Term Care services

Spokesperson: Lynda Newman, Chairperson

Name of Group or person(s) being represented (if applicable): Action Not Words

Brief summary of issue or purpose of deputation:

Request York Region offer leadership in the reform of Long Term Care in Ontario including sustainable funding from the Province.

OFFICE OF THE REGIONAL CLERK

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ABOUT ACTION NOT WORDS

Who We Are:

We are concerned Ontarians who recognize the urgent need to advocate for necessary change to ensure what has happened in long term care residences during the COVID-19 pandemic never happens again.

The reality is that any group of people are now going to have had direct pandemic experience. Among our members, a father has been lost due to a COVID-19 outbreak in his LTC residence; two members withdrew their mothers due to fear for their health and continue to care for them in their homes; two members have not been able to provide care and support due to lockdowns; and, one member did not see her brother before he died.

We are group of retired professionals with experience at the federal, provincial and municipal levels of government and with not-for-profit organizations and private sector companies in both health care and housing development/administration including seniors and special needs residences.

Our Mandate:

Advocate for immediate action resulting in fundamental and lasting change in the provision of Long Term Care (LTC) for Ontarians.

Hold the Province of Ontario accountable for its responsibilities regarding LTC for Ontarians. Insist that the Province of Ontario provide leadership and work effectively with those delivering this vital service to Ontarians.

Encourage the Government of Canada to take an active role in ensuring the Province fulfills its responsibilities regarding LTC for Ontarians.

Valuable insights already exist. This work can inform and guide efforts to address the issues facing us today. Experts in this field must be listened to. We are listening and, as advocates, we are adding our voices.

We are not engaging in legal actions.

Position Paper on Long Term Care A Call to Action in Ontario

Updated November 2020

A. A Definition

The Ontario Ministry of Health and Long Term Care states that:

Long-term care homes are places where adults can live and receive:

- *help with most or all daily activities*
- *access to 24-hour nursing and personal care*

You can expect much more nursing and personal care here than you would typically receive in a retirement home or supportive housing.

To live in a long-term care home, you must:

- *be age 18 or older*
- *have a valid Ontario Health Insurance Program (OHIP) card*
- *have care needs including:*
 - *24-hours nursing care and personal care*
 - *frequent assistance with activities of daily living*
 - *on-site supervision or monitoring to ensure your safety or well-being*
- *have care needs which cannot be safely met in the community through publicly-funded community-based services and other care-giving support*
- *have care needs which can be met in a long-term care home.*

All long-term care homes are licensed or approved and funded by the Ministry of Health and Long Term Care and governed by the *Long-Term Care Homes Act, 2007* (LTCHA). Long Term Care residences are operated by municipal/public agencies, non-profit organizations and for-profit companies. These organizations own the buildings and are granted term licenses and funding by the government to operate residences.

B. A Foundation for Reform

Just one year ago, the Honourable Eileen Gillese stated:

The vulnerable members of our communities who rely on the long-term care system have lives with value and meaning for them and their loved ones. It is their right – and our collective obligation – to ensure that they live out their lives in safety and security, and with dignity.

(Commissioner, Public Inquiry into the Safety and Security of Residents in the Long-Term Care Home System, 2019)

Provincial Responsibility

The Province of Ontario is responsible for and obligated to provide Long Term Care services. Legislation and associated regulations provide the Province of Ontario with the authority and tools to ensure Long Term Care maintains a high standard of operation.

The needs of Ontarians being cared for in Long Term Care continues to change as the average age of residents increases and their health needs become more complex. The 2020 coronavirus pandemic has made clear the requirement for more advanced health care capacity. Increased capacity will be required in any event to meet demographic trends of an aging population.

In 2018:

- More than 50% of LTC residents were over 85 years of age
- 64% of residents had dementia including Alzheimer's, an increase of 7% since 2012
- Nearly 5% of residents had schizophrenia, a rate 5 times that of the general population
- 86% needed extensive help to eat or use washroom facilities
- 61% were taking 10 or more medications daily
- 45% displayed aggressive behavior
- Average residency was under 2 years

The Province of Ontario has chosen to use a system of publicly (municipally) operated residences, non-profit and for-profit owned residences to deliver Long Term Care services. Based on licences, operating funds are transferred to these delivery agents subject to criteria applicable to discrete elements of the licenses.

The Province of Ontario provides oversight to the operations of the system. It recently moved away from a regime of comprehensive annual inspections to a complaint-driven system. The weakness of this latter approach has become tragically clear during the pandemic.

The Challenges and Opportunities

The 2020 coronavirus pandemic has revealed serious challenges in the existing Long Term Care system. However, evidence also shows that these challenges are not merely specific to pandemic conditions but have persisted in the system ... without redress ... for a very long time. Evidence dates back decades and undermines the very integrity of the system.

The mortality rate of residents in Long Term Care residences during the pandemic is unacceptable. Long standing conditions have created the circumstances that made Long Term Care residents so vulnerable during the pandemic. Our concern is the well-being of residents today and into the future. These long standing conditions must be addressed now.

A number of serious challenges have already been publicly identified. Valuable insights already exist. This work can inform and guide efforts to address the issues facing us today.

Experts in this field must be listened to. We are listening and, as advocates, we are adding our voices.

The already-known challenges requiring immediate action are:

- **Emergency Preparedness**, particularly with respect to infection outbreaks
- **Oversight and Compliance**
- **Staffing**
- **Facility Design and Function**
- The vital role of **Caregivers** and **Family Councils**
- **Sustainable Funding**, by the Province, for the system in aggregate and for discrete functions within the system

Requiring greater review are:

- **Continuum of Care Options**
- **Federal Role** in Long Term Care

Additional challenges may well come to light under further scrutiny. Resolution of such challenges should be added to the list of reform measures we propose rather than replace them.

The Need for Systemic Reform

Each of the individual challenges we have described points in the direction of needed reform. The aggregation of challenges demonstrates the need for systemic rather than band-aid reform.

We believe there is a need for fundamental and lasting change in the provision of Long Term Care for Ontarians so that the unacceptable conditions laid bare by the 2020 pandemic never happen again. This change must be based on acknowledgement of the complex needs of those who are cared for. Change must result in a system that is both sustainable and resilient and provides a safe place for residents.

In addition, we believe that systemic reform must consider a continuum of care solutions.

C. Our Guiding Principles for a Reformed System of Long-Term Care

We believe that the following Principles must guide the creation of a reformed system of Long Term Care in Ontario:

- Every Ontarian has the right to age in dignity and receive the care they need
- A reformed system must be based on the needs of those cared for, first and foremost

- Our Long Term Care system must provide a welcoming, supportive, and safe place for those in care
- Our Long Term Care system must be sustainable in terms of resources and resilient in terms of its ability to meet unforeseen emergencies
- Our Long Term Care system must have the capacity to address the needs of an aging population with continuing acute and complex needs
- Our Long Term Care residences must build in the best available infrastructure and technology.

D. Our Proposals for Action

Based on our Principles for a reformed system of Long Term Care, we urge the Province to adopt and implement the following specific measures in a comprehensive program for change.

We recognize that some measures demand immediate action and can in fact be implemented immediately by the Province. Other measures are more complicated and will require more sustained effort over a longer timeline. However, we believe that action on all of the following is required. The ordering of individual actions reflects a doable sequence of events but should not be interpreted to mean arrangement in descending order of priority.

Therefore, we propose **immediate action** regarding:

1. **Infection control and prevention (IPAC)** at all residences must be reviewed and updated where necessary. All staff must be fully trained in these protocols. Responsibility for coordination of the response to outbreaks must be clearly identified within the organization.

It is recommended that each residence have one full-time RN with specialization in IPAC. (Source: RNAO Care Guarantee)

2. All residences must have fully developed **emergency plans**. Staff must be fully trained in the execution of these plans. Responsibility for coordination of emergency response must be clearly located within the organization. An emergency communication plan must be in place to link on-site response to outside emergency agencies and to inform residents and caregivers, through respective Resident and Family Councils, of the status of the emergency situation and response. These plans must be reviewed annually, or more frequently as warranted, with the Provincial oversight agency.
3. Long Term Care operators must have ongoing **inventory management processes** that provide staff the necessary supplies and equipment to meet minimum levels of care and for both normal operations and infection control. Personal protective equipment and residents' medications must be the cornerstone of the facility's inventory. The annual inspection

process must include review of inventory management plans and adequate measures to enforce implementation.

4. The Province must comply with its own regulatory requirements and maintain **vigorous oversight** including ongoing inspection and compliance procedures. Oversight must be proactive and not reactive and not based on complaints only. Provincial funding and staffing must be adequate to fulfill this important work for the well-being of Ontarians in care.

Measures of wellness and quality of life are needed. As noted by Commissioner Gillese in 2019, inspections should identify positive improvements in this regard and reward operators who demonstrate improved outcomes.

We need to 'shine a light' on Long Term Care operations. Residents, caregivers, Family Councils, host communities and Ontarians should be able to ascertain in an open, easy to understand and transparent manner that operators are complying with the standards of their licences. An example of the value of transparency arises where municipally-operated LTC residences benefit from public reporting to municipally-elected officials. The Province, through MLTC, must implement a timely and easily accessible public source of inspection and compliance reports and public accountability process by MLTC.

Commissioner Gillese also noted that there must be provincial action when non-compliance is identified including an immediate comprehensive inspection.

If compliance cannot be achieved and maintained, licences must be reviewed and during this time, a supervisory function must be implemented.

Ultimately, the Province must be ready to remove licences if the operator is incapable of or unwilling to maintain standards. Revocation of licenses should be explicitly stated, including the inability or unwillingness of operators to rectify operational deficiencies. The Ministry also must publicly state when revocation does not happen and the reasons for no action.

Additionally, for those seeking a new license or renewal of any existing license(s), the Province must, as part of the renewal or granting process, require applicants in their applications to include information on their entire LTC portfolio regarding operational performance and data on the number of violations and repeated violations noted in Ministry inspection reports and the licensee's actions to conform with policies, practices, procedures and standards as per their license(s).

5. The **vital role of caregivers** is discussed in Addendum #1 to this paper. Among our recommendations are:
 - A better Infection Control and Prevention solution must be found thus keeping residents and caregivers together to the greatest extent possible during health care emergencies.

- During intake of new residents, caregivers should be made familiar with the home's Family Council and with caregiver services available from organizations such as Ontario Caregivers Organization, Family Councils of Ontario and Resident Councils of Ontario.
- Provide training and support to staff that enhances their ability to connect emotionally with residents as well as provide high quality physical and health care. Also, ensure that staff engage positively with caregivers, understanding respective roles and activities.

6. **Staffing issues** must be addressed in consultation with all stakeholders including unions and professional associations.

“There is a well-established trend towards precarious employment in the private sector.... and we know that women are disproportionately negatively affected. Today, critical (*gender equity*) gains are under threat as precarity (*precarious employment*) spreads across the public sector.” (Source: Women and Public Sector Precarity, 2016)

Job precariousness disproportionately affects women and especially racialized women. They generally experience poor working conditions; increased health and safety risks, low wages, no or limited employment benefits, no or limited training, limited or unstable work hours and more. Ontario's own Long Term Care Staffing Study Advisory Group reported similar circumstances in July 2020.

In 2020, we have been harshly reminded of the devastating consequences of not investing in LTC staffing and especially PSWs, a workforce largely composed of women carrying out precarious work. The Province and operators must recognize the vital importance of a stable workforce of trained and experienced staff. COVID-19 outbreaks and deaths in LTC would have been greatly reduced if a stable and experienced workforce had been in place.

- A Care Guarantee is required as recommended by RNAO and by the LTC Commission in its Interim Report.
- RNAO recommends a minimum of 4 worked hours/day/resident of direct care composed of 0.8 hr by RN, 1.0 hr by RPN and 2.2 hr by PSW.
- RNAO also recommends one full-time Practical Nurse per residence and one full-time RN with IPAC specialization per residence.
- Action Not Words is recommending a Family Council & Caregiver Liaison, a function that may combine with other duties in a staff position.
- The Province indicates its intention to implement a LTC Staffing Strategy. This must occur immediately with the Province's commitment to fully funding the Strategy and greatly reducing the precariousness of this employment.
- In this Strategy, compensation should not disadvantage staff who choose to work in Long Term Cares. Greater wage parity, across workplaces, must be achieved.
- Do not create a Resident Aide position.

7. **Design standards** for Long Term Care residences must be reviewed and updated. Necessary modifications and retrofits must be made. Where necessary, new facilities must be constructed. The design of new facilities must be based on single-person occupancy and must provide adequate means to isolate ill residents as needed for infection control.
- Homes with the largest number of COVID-19 cases and deaths are still operating at the C (1972) structural safety standard and account for over 50% of COVID-19 deaths in these residences.
 - Over 23,600 beds in Ontario homes remain at the C (1972) structural safety standard.
 - Ontario changed its structural safety standards in 1998 — mandating, among other things, that bedrooms should house no more than two residents.
 - Most of the C structural safety standard homes are operated by for-profit companies.
8. A **sustainable funding model** must be implemented for Long Term Care. As noted by the Premier, operations and capital development have been underfunded for many years. The Province must **provide adequate funding to meet operational needs as described above** and achieve acceptable standards of care.

Capital investment in maintenance, modernization, redevelopment and new construction equally has been underfunded. Capital spending should be driven by facility design to improve resident living and to make IPAC improvements and technology enhancements.

- The Association of Municipalities of Ontario (AMO) reported to the LTC Commission that municipal governments are contributing approximately \$350 million per annum over and above provincial funding to operate their LTC residences (16% of total Ontario LTC residents) and this does not include capital expenditures.
- AMO also noted that there is an adjustment factor applied annually to the Case Mix Index (CMI) of all residences. So while health acuity levels increase, funding is adjusted downwards and care capacity does not truly reflect the known needs of residents.
- Finally, AMO responded that municipalities would be hesitant to commit their property tax payers to the costs of operating additional LTC homes based on these financial realities.
- One must ask: How can non-profit organizations continue to serve their communities?
- How do for-profit operators fulfill their license obligations and satisfy their investors?

And, longer term reform to address:

9. Expand the **continuum of care options for older adults**.

Further enhancement of home care support and associated funding is required.

Smaller scale LTC options should also be considered to enhance the housing options available.

In 2020, we have seen the relationship between the provincial hospital system and long-term care homes grow closer. Again, recognizing the aging of residents in Long Term Care and their associated continuing acute and complex health care needs, now is the time to consider establishment of chronic care hospitals as part of the continuum of care for Ontarians. Reverse the current trends of hospitals eliminating such wards.

10. We recognize that responsibility for Long Term Care is a provincial responsibility. However, the pandemic experience and changing national demographics indicate that the challenges are national in scope. We also recognize that Long Term Care can reasonably be placed on the continuum of public health care services that are provided in Ontario and indeed across Canada.

Work with the Federal Government, the Provinces, the Territories, and First Nations is recommended to bring long-term care under the *Canada Health Act*. Sharing of resources, as we do now through our program of public health care, will allow us to collectively meet the challenges in Long Term Care and provide a better, more affordable and transportable system for all Ontarians and all Canadians.

E. Our Call to Action

We urge the Provincial Government to execute the measures proposed in this Call to Action, and such other complementary measures as may be proposed in future review exercises.

We wish to thank those who are the experts in this field and urge the Provincial Government to work closely with them - AdvantAge Ontario, OLTC, AMO, RNAO, Ontario Health Coalition, Ontario Caregivers Organization and others.

Reform must be approached comprehensively and must position Ontario for complex and challenging service demands. It must be premised, first and foremost, on the needs of the persons in care.

Cooperation across jurisdictions must be engaged, with resolve, so as to benefit all Ontarians.

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Addendum #1 on Caregivers Position Paper on Long Term Care A Call to Action in Ontario

November 2020

About Caregivers

“Caregivers play an invaluable role in the lives of those they care for and in Ontario’s health care system. Providing almost 75% of all patient care, caregivers enable their family members, partners, friends and neighbours to remain in their home, which is where most people want to be.” (Source: Ontario Caregivers Organization)

Caregivers have been involved in the full range of care activities, including providing personal care, physical support, basic medical procedures, scheduling appointments, translating information, and managing financial and legal responsibilities. Caregivers are vital in establishing the ongoing needs when a person enters Long-Term Care (LTC). Often, they have legal obligations and authority in care decisions.

Caregiving does not stop at the nursing home door. Caregivers continue to spend considerable time providing physical, mental and emotional support. This support may include engaging additional professional care for their resident further enhancing the quality of life of residents.

“.....just over 20% of the caregivers of a nursing home resident provide over 10 hours of care per week, with more hours provided when a resident was older and had more severe health conditions such as dementia. The care they provide includes feeding, grooming and washing, toileting, exercise, social and emotional support. Memory support, and mobilization. LTC operators, resident and family councils and clinicians consider caregivers to be important members of the care team.” (Source: LTC Staffing Study Advisory Group Backgrounder for MLTC July 2020)

Caregivers can play a significant role in Family Councils. Long-Term Care Homes Act (2007) outlines several powers of a Family Council: 1) providing assistance, information and advice to family members and caregivers of residents including their rights and obligations under the Act; and, 2) advising the licensee of any concerns or recommendations the Council has about the operation of the home.

In no way, should we think of caregivers as visitors.

Learning from the COVID-19 Pandemic

We know that COVID-19 has been devastating for residents of LTC homes with outbreaks widespread and the highest proportion of serious illness and deaths being among seniors in these homes.

As noted by Ontario Long Term Care Clinicians (OLTCC) in its submission to the LTC Commission, seniors are succeeding at staying at home longer. Seniors, when they do enter LTC, are tending to be more elderly, with acute, complex health conditions. OLTCC noted that the average stay in LTC is less than 2 years.

All of this remaining time is precious to residents and their caregivers. The mental, physical and emotional cost of lockdowns has been high. Forced separation from caregivers is now happening again in the 2nd wave of COVID-19.

Creating a culture of collaborative care that engages caregivers, health professionals, LTC home operators is needed. This means supporting caregivers in their caregiving role and respecting their decision making and advocacy. It means that extraordinary circumstances, as have been experienced in 2020, require an emergency response inclusive of caregivers.

Recommendations

1. A better Infection Control and Prevention solution must be found thus keeping residents and caregivers together to the greatest extent possible during health care emergencies.
2. Where separation cannot be avoided, implement enhanced communications that allow caregivers to interact with residents frequently and directly.
3. Enhance support to Family Councils. All LTC home operators must encourage and support the operation of Family Councils and work with them to address concerns, deficiencies and incidences. A record should be available to Provincial Inspectors during their annual comprehensive inspections and should become a part of their inspection report. Various methods should be implemented to make these records and reports available to the public and, especially, to residents and their caregivers choosing a future home.
4. Create a Family Council & Caregiver Liaison staff function in all LTC homes.
5. During intake of new residents, caregivers should be made familiar with the Family Council and with caregiver services available from organizations such as Ontario Caregivers Organization, Family Councils of Ontario and Resident Councils of Ontario.
6. Establish resident-centred operational practices in all LTC homes. Provide training and support to staff that enhances their ability to connect emotionally with residents as well as provide high quality physical and health care. Also, ensure staff engage positively with caregivers, understanding respective roles and activities.
7. Ensure that physical design standards enable caregivers and residents to interact in privacy.
8. Offer counselling to caregivers similar to what is offered in hospices (residential and community).

These activities, in combination, will help ensure that caregivers are an integral part of the culture and operation of LTC homes. For this change to take place, all decision makers in the LTC system, starting with the Provincial government and including health care professionals and LTC operators must build this team approach into LTC decision making and day-to-day operations.