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ACTION FOR SENIORS

Four priorities to keep Ontario from failing its seniors in long-term care.

ONTARIO
LONG TERM CARE
ASSOCIATION

SAFETY, CARE AND QUALITY OF LIFE THAT MEET RESIDENT AND SYSTEM NEEDS...

In Ottawa, an 89-year-old woman shares a long-term care room with two other residents and a bathroom with four. In Stratford, a pipe bursts and fills a long-term care home's basement with five feet of water, displacing 55 residents to live in another home while the future of this one is decided. In Toronto, an alarming report is released by the Chief Coroner of Ontario warning that current levels of aggressive resident behaviour in long-term care require immediate investments in dementia care.

Ontario's long-term care homes are finding themselves increasingly constrained by a system designed for yesterday. It is leaving them ill-equipped to meet the growing needs and numbers of today's seniors, let alone those that they will be asked to care for tomorrow.

While there have been marked improvements over the last few years, most notably on important publicly reported indicators, there is much to be done to ensure LTC homes can continue to provide quality, person-centred care both now and in the future.

The number of long-term care residents over 85 has been growing steadily. Most have multiple chronic conditions such as heart disease and arthritis, and over 60% have some form of dementia. As the care needs grow, the funding, the regulations, and the very infrastructure in which all this care is being delivered must evolve.

Even without the necessary resources, Ontario's long-term care homes have commendably managed to provide a standard of quality care. Given the right tools, they can do even better. And given better funding and planning, they could take in more residents with complex needs, alleviating health system challenges posed by costly Alternative Level of Care (ALC) beds in hospitals.

So, what steps can we take towards positive action? To start, let's first agree that we won't let care levels for seniors in our long-term care homes decline. Let's recognize the key role that staff play in providing quality care. And let's commit to a system that ensures that we can keep and support the few staff we have.

To at least maintain current levels of care, LTC homes require a 1% increase in funding to account for annual increased care needs and 1.75% to account for annual inflation. But to really meet the care needs of our most vulnerable seniors (arguably one of the most important health concerns in constituencies across Ontario), we need investment that can dramatically improve seniors' care.

We need to:

1. **Rebuild and modernize older long-term care homes so that they can meet the care needs of seniors today and tomorrow.**
2. **Provide long-term care homes with the resources to protect and care for those living with dementia and responsive behaviours.**
3. **Ensure that small and rural long-term care homes can continue to meet the growing needs of the seniors in these communities.**
4. **Enable long-term care homes to hire more staff and expand the existing staff's scope of practice.**

5 FAQS ABOUT LONG-TERM CARE HOMES IN ONTARIO

ISN'T LONG-TERM CARE JUST A SENIORS' HEALTH CARE ISSUE?

No. It affects the whole health care system because hospitals can't transfer elderly patients into LTC homes if they are not funded or equipped to deal with complex medical conditions. Instead, seniors waiting for a home occupy these hospital beds (referred to as Alternate Level of Care beds) at a much higher cost to the system. It also means hospital beds are not available for acute care patients.

WHAT HAS BEEN DONE TO DATE?

Despite a lack of sufficient funding, homes are providing quality care to their residents. Rates of restraint use and antipsychotic medications have been dropping rapidly in the last few years, while the rates of other key measures of care, such as pressure ulcers and falls, have remained stable. Health Quality Ontario's 2015 *Measuring Up* report viewed these trends favourably. It also notes that long-term care homes were able to make improvements or hold steady despite increases in the complexity of residents' needs. However, these advances in seniors' care are being placed at risk as government deficits leave LTC homes to do more with less.

HOW MUCH TIME DO WE HAVE TO ACT?

Very little. Over half of Ontario's LTC homes must be redeveloped and most licenses expire in June of 2025. But before we can start building, we need to address capacity planning to figure out where to locate new LTC beds, explore how these homes can be hubs for community care across the province, and ensure operators and investors see this as a stable and viable investment. But time is short. In September, Statistics Canada revealed the number of seniors in this country has exceeded the number of young people aged 14 and under for the first time ever. And population projections expect to see the number of centenarians rise from 6,000 to 17,000 over the next 20 years.

WHY IS OUR LONG-TERM CARE SYSTEM SUDDENLY CHALLENGED?

While some would argue it's not sudden, the situation owes much of its immediacy to the fact that people are living longer and going into care when they are older and sicker. A major contributor is the province's aging-in-place strategy. It has made more funding available for care at home while implementing new, stricter admission criteria for those entering long-term care. Residents who enter long-term care are now frailer and more likely to have multiple medical conditions than five years ago.

WHO CAN HELP?

The Ministry of Health and Long-Term Care (MOHLTC) is an obvious partner, as are the Local Health Integration Networks. Their support, both in terms of funding increases and resource allotment can go a long way to taking corrective action and righting the course of long-term care delivery. But other partners must be acknowledged if we are to respond to the growing needs of seniors in this province. Rebuilding and modernizing 30,000 plus long-term care beds, for example, will need the support of the investment community, government agencies like Canada Mortgage and Housing Corporation, as well as the private, municipal and not-for-profit partners that operate these homes.

Updating his long-term care home can help reduce his aggression by providing him with more personal space.

The combination of a bipolar disorder and early onset dementia has made 74-year-old Robert extremely aggressive. His outbursts have resulted in altercations with other residents and have resulted in injury to staff. The proximity of his roommates and lack of privacy is clearly a trigger for Robert's aggressive behaviours. He lived alone for most of his adult life. But the home he is in is an older one where shared accommodations have four-bed rooms each and share a single washroom.

Robert's aggression is also aggravated by other features of the home. The nursing station is close to his room and Robert wakes frequently throughout the night to the sound of staff caring for other residents. And he isn't eating as well as he could, given his unease in the crowded central dining room where there is little room for wheel chairs and walkers to manoeuver.

ROBERT NEEDS PRIVACY.

Because of the safety risk he poses and the constraints of this older home, the staff must take extraordinary measures to maintain everyone's safety. For example, the home has had to apply for special funding to provide Robert with one-on-one staff coverage to protect both him and staff. Of course, there's no solution to the dining room problem, that's just the physical limitations of the space.

Updating the long-term care home to modern design standards would see the elimination of the four-bed wards. Even some shared accommodations in an updated home could provide the privacy Robert requires. Some have privacy walls or locate the bathroom in the middle of the space to separate roommates. In the newly designed homes, rooms are in areas where noise is minimized. This reduces resident irritation and improves their quality of sleep. Robert's dining area would be on the same floor as his room. And with less residents eating at the same time, he could even have the option to choose his own table.

NOTE: The subjects profiled here are not actual people but their stories represent the very real and prevalent experiences of many seniors in Ontario.

Priority 1 | MAKING LTC HOMES SAFER AND MORE MODERN

Nearly half of Ontario's older LTC homes (about 30,000 beds) were built to design standards dating back to 1973. They need either significant renovations or to be rebuilt. These older homes, featuring three- and four-bed rooms, are not meeting the growing needs of many of today's residents. And they can be problematic for those with dementia or Alzheimer's.

New or renovated homes have larger rooms that are often private, and even basic rooms are shared by no more than two residents. These accommodations, combined with generous common spaces and places for private time, are particularly important to people with dementia. They have a strong need for personal space and can become upset and aggressive if they perceive it is being invaded.

New design standards provide the appropriate privacy, security and comfort for the residents we are caring for today. These homes have the right sleeping, living, and dining environments – roughly twice the square footage per resident than older homes. But they cost considerably more to build and operate.

A step in the right direction

The funding announced as part of the Enhanced Long-Term Care Home Renewal Strategy was a step in the right direction, but the program doesn't work for many of the 309 older homes waiting to rebuild. The challenges are many and varied, including:

- The cost and availability of land in major urban centres;
- Economies of scale (construction and operational) for small homes, which represent the majority (63%) of those needing to rebuild;
- A lack of new or additional beds to allow homes to rebuild in optimal efficiencies of scale;
- A lengthy, daunting and prescriptive licensing process.

While the majority of older LTC homes want to rebuild, the current program, despite its many enhancements, falls short in addressing items such as land costs in major urban centres, a strategy for small and rural homes, or a robust licensing process capable of responding to the redevelopment of 30,000 beds by 2025.

Without a multi-year commitment to regular inflationary increases including preferred accommodation increases, redevelopment will remain a challenge for most. To date, there have only been 22 applications for redevelopment of which just six projects have been approved to move forward.

What is needed to complete the implementation of a capital renewal program:

There are 309 long-term care homes – containing more than 30,000 of the province's long-term care beds – that were built to design standards dating back to 1973. The Association would like to see a more robust renewal program. It should include adequate capital funding, foster a partnership approach with the MOHLTC, and address the need for regular, predictable funding in line with inflationary cost increases, including preferred accommodation.

An in-home BSO team can put a care plan in place to manage her dementia and get her off antipsychotic medication.

At 88, Mary was managing her dementia as best she could at home alone, but her recent diagnosis of renal failure made things worse. Going to more medical appointments and being seen by so many unfamiliar medical health professionals caused her stress. And it accelerated her dementia. She began demonstrating acute episodes of severely aggressive behaviour.

To manage these behaviours without constant supervision, Mary's physician put her on antipsychotic medication. Her niece Tara could tell that her spunky aunt was slowly slipping into oblivion. The local Health Link care coordinator suggested it may be time for long-term care. She recommended a home that had both a successful Behavioural Supports Ontario (BSO) team on site, and also delivered peritoneal dialysis as part of a limited pilot program.

MARY NEEDS TO FEEL SAFE.

The BSO team began right away developing a plan to reduce Mary's aggressive behaviours. They saw that she was very afraid of strangers and unfamiliar surroundings so they put a care plan in place that created as much continuity in her staffing as possible and had many procedures take place in her own room. They also developed a medication mapping plan that eliminated any un-needed prescriptions.

The BSO team saw that Mary connected with a PSW who reminded her of her niece, so they made sure this same PSW was scheduled to take care of her bathing and toileting. And her dialysis is done in the home, which lessens her stress and avoids costly hospital transfers.

After four months in the home, Mary's aggressive behaviours have been virtually eliminated. The medical director at the home has been able to take Mary off the antipsychotic medication. Tara is starting to see some of that spunk return to her aunt's spirit. Pleased with the changes she's seeing, Tara is better able to appreciate the value of her decision to move Mary into long-term care.

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Priority 2 | BUILDING CAPACITY FOR BETTER DEMENTIA CARE

Dementia and chronic mental health conditions in Ontario's elder population have increased noticeably in the past decade. More than 60% of the residents in our long-term care homes have Alzheimer's or some other form of dementia. Almost half demonstrate some degree of aggressive behaviour and one in three has a psychiatric diagnosis. And almost all of Ontario's LTC homes have reported serious behavioural incidents in recent years with nearly two thirds having to call police to respond to a resident's violent behaviour.

The current profile of residents with mental health conditions is changing. Behavioural Support Ontario (BSO) teams must be in place in each long-term care home, not only to develop preventative strategies, but to see these strategies implemented and to be accountable for improvements.

Using the government's initial $60 million BSO investment from 2012, some LHINs adopted an outreach model where a BSO team serves several homes. But LTC homes are waiting anywhere from days to weeks for assistance under this model of care, which is reactive and does not support residents' quality of living in real-time as required. Other LHINs provided funding directly to the homes to hire staff and provide specialized training. Overall, the funding was not enough to see a team in every home.

A dedicated solution to a growing challenge

It's time for government to make the investments necessary to have an in-home BSO team for every LTC home in the province. Rather than the temporary support of mobile teams, in-home teams would have dedicated staff members who are specially trained and who could step outside the delivery of care, analyze the triggers for certain residents and make individual and sometimes life altering changes. They could also measure and report on improvements, and most importantly, these in-home BSO teams could mentor other staff on gentle, resident-centred strategies.

So why aren't there BSO teams in every LTC home in Ontario? Funding. While some LTC homes have received direct funding to provide staff resources specifically trained in dealing with behaviours, others only receive funding indirectly to deal with these issues, and often this funding is very limited.

What is needed to support dementia and mental health care:

The Association would like to see the government's current in-home long-term care BSO investment grow by $60 million over three years ($20 million per year) so that they can staff an in-home BSO team for every LTC home rather than rely on a mobile team.

If the small LTC home in her town had additional funding for her special needs, Martha could leave her ALC hospital bed and live near family and friends.

Martha is a 92-year-old mother of three and grandmother of five who suffers from chronic obstructive pulmonary disease, diabetes and heart disease. Married for 59 years, Martha has always lived in the same small Ontario town where she was well cared for, until she developed pneumonia. She went to nearest large hospital (30 minutes away) for treatment but her wellbeing declined significantly due to inactivity and diet.

Now Martha needs 24-hour nursing for everyday activities and for the treatment regime for her lungs. This is a devastating blow to Martha and her husband Frank. Not returning home is difficult enough but not being close to her family is even harder. Martha told her case coordinator that she wants to live in a long-term care home in her own town. She wants to be close to Frank and her family instead of staying in the hospital.

MARTHA NEEDS HER FAMILY.

To ensure her safety, Martha needs equipment and services. Her condition calls for a tube feed. But Martha can't get this specialized service at the small LTC home in her town because its resources are already being taxed by two other residents on tube feeds. And there's no access to more funding or staff so that the home can meet Martha's needs without jeopardizing the quality of care in the rest of the home.

Martha cannot be discharged from the hospital and has been categorized Alternate Level of Care (ALC) until the closest continuing care (CC)bed becomes available. It's not likely to be in her home town. But if additional funding were provided for her local LTC home to support Martha's needs, she could go there. She would be close to her family at a cost to the system of $239 per day rather than in the hospital at $584 per day for a CC bed. What's more, Martha and Frank would be able to visit on a daily basis.

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Priority 3 | THE IMPORTANT ROLE OF SMALLER LTC HOMES IN THE HEALTH CARE CONTINUUM

Seniors across Ontario who are aging at home will eventually seek care in their communities. Many of these communities are served by smaller long-term care homes. Of the 139 LTC homes considered small (with 65 beds or less) some 53% are in small or rural communities with populations of less than 10,000. These smaller homes not only provide care for the community's elderly and support to family caregivers, they are also important local employers.

Small homes also serve as important health care partners to regional hospitals when it comes to addressing the challenge of ALC patients. (These are patients occupying hospital beds who could be better cared for at home or in the community if the right supports were in place.) Enabling smaller LTC homes to serve these patients benefits the entire system by freeing up hospital beds for those who need them.

Small LTC homes are being pushed to the limit

Rather than being enabled to do this, small LTC homes are themselves challenged. They have very limited administrative resources and less direct care resources to deal with the growing demands required of them. As such, they must manage changes in regulations and reporting requirements with existing staff while still providing a similar level-of-care-staffing-per-resident as larger LTC homes.

Managing these change requirements while caring for increasingly frail and ill residents with multiple, complex conditions is pushing the abilities of these smaller LTC homes to the limit while potentially and unduly putting their residents at risk.

What is needed to ensure the sustainability of small LTC homes:

The Association believes more resources are needed for small LTC homes to continue delivering quality care in this increasingly more complex environment. More funding is needed for nursing and personal care, as well as for administrative and infrastructure support. This will allow small homes to provide care and infrastructure equivalent to that of medium-sized long-term care homes. This year the Ontario government unveiled a special strategy to address the needs and concerns of small and rural hospitals. As an integral part of Ontario's health system, small and rural LTC homes should be given the same recognition and commitment.

He wants to provide the kind of care he believes will make a difference.

When Rahim completed his PSW certification five years ago, he was eager to make a difference. He learned the importance of this work early on as a frequent volunteer at his grandmother's long-term care home when he was in high school. Rahim still feels passionately about providing excellent quality of life to the residents he cares for at the LTC home in Kenora. But things have changed. Residents arrive there sicker, frailer and in need of far more hands-on care than when he started.

RAHIM NEEDS A HAND.

Rahim has been getting frustrated with his inability to provide good care and social support. His employer has provided him with a lot of supplementary training and that helps. He has done PIECES as well as Montessori training to support residents with dementia. He's also trained on the special lifting and equipment required to support bariatric residents, and knows how to do drug administration. But because of the limitations around scope of practice – that exist only in long-term care – he can't administer drugs, or help free up registered nursing staff time so that they can dedicate more time to residents with more complex care needs.

And then there's the paperwork. To keep in compliance with regulations and to report back to the LHINs, there are a lot of forms to complete. It means he doesn't have time to offer residents the attention they need for their mental health. It's frustrating and seems counterintuitive to the culture of quality everyone keeps talking about.

Rahim knows that additional staff would make a difference. He is often apologetic with residents and their families and tries to explain why he is so rushed. But they already know that the seniors in long-term care today need more hands-on care. If this isn't addressed soon, Rahim feels he may have to leave. He wants to stay. It's important work and he worries about what will happen to residents if he moves on.

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Priority 4 | STAFFING SOLUTIONS THAT WILL LEAD TO BETTER SENIORS' CARE

The sharp rise in the complexity and frailty of long-term care residents has not seen a corresponding increase in the amount of direct care time staff members are able to provide to residents. In fact, Ontario's homes have lower levels of staffing than other jurisdictions – across Canada and internationally. Not only has the care of individual residents grown more complex, these health conditions are requiring a greater volume of information and reporting as health data requirements also grow.

New residents now come to long-term care at a later stage in the progression of their diseases, when their health is more likely to be unstable, their health issues are more complex, and they are more physically frail. Most require more assistance with daily activities. In just five years, the level of bed mobility support required has increased by 11.6%. Support for toileting has increased by 8.9% and personal hygiene by 7.2%.

As dementia progresses, people can lose the ability to care for themselves. These increased needs for support are accompanied by a need for more staff time to provide care with dignity and safety. But the system for long-term care was established and funded to provide the elderly with a safe, comfortable place to live that provided a light degree of care. In short, long-term care funding and staffing are still geared to what homes and residents were like in the past.

Regulations standing in the way of better care

Because of restrictions in legislation, staff in LTC homes can't even work to their full scope of practice as permitted by their governing colleges and bodies. For example, they can't delegate certain tasks to personal support workers – tasks that are in fact delegated in the much less regulated and less supervised home-care sector.

Regulation is impeding registered nurses in long-term care from being able to delegate. This unnecessarily impairs their ability to use their valuable skills to benefit those residents most in need.

Long-term care homes need more staff, and staff members need to be able to apply their skills where they are most effective. We know that seniors deserve better when it comes to long-term care. With the support of government and its partners, the staff and operators of Ontario's LTC homes know they can do better.

What is needed to strengthen long-term care home staffing strategies:

More staff is needed to provide safe levels of care for the clinically complex population now coming into long-term care homes. The Association will continue to work in partnership with its government partners on health sector capacity planning to prepare for the needs of tomorrow.

The OLTCA is Canada's largest long-term care association and represents a full spectrum of charitable, not-for-profit, private and municipal long-term care operators. The Association's member homes are funded and regulated by the Ontario Ministry of Health and Long-Term Care. OLTCA members provide care, accommodation and services to almost 100,000 seniors annually.

ONTARIO LONG TERM CARE ASSOCIATION

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