

BUILDING BETTER LONG-TERM CARE

Priorities to keep Ontario from failing its seniors.



ONTARIO
LONG TERM CARE
ASSOCIATION

WHO LIVES IN ONTARIO'S LONG-TERM CARE HOMES?



The average resident is **85** years old and female.



9 out of every **10** residents exhibit some form of cognitive impairment, with one in three being severely impaired.

OVER 40%

exhibit aggressive behaviours stemming from their cognitive condition.



1 in **3** residents is completely dependent on staff, and all others require frequent support with activities of daily living.



2/3 of residents use a wheelchair.



Almost **EVERY** resident exhibits multiple chronic conditions (ie. heart disease and arthritis).

Seniors in Ontario's long-term care homes are older and more frail than any other cohort in the province's history. There has been a seismic shift in the health condition of these residents but we have only seen small changes in home design and service delivery. Big changes are needed.

Today's seniors have complex medical needs that must be supported by the health system they have grown to depend on. It's a system they have long believed was representative of their Canadian values and it is one that is letting them down. Rather than finding help, they find excessively long wait lists or accommodations that do not meet their personal preferences.

With each passing year, they lose the ability to perform activities of daily living, from making coffee to dressing themselves. And it affects their families. A Health Quality Ontario report on the reality of caregiving released this year said half of family members caring for loved ones with severe and very severe cognitive loss expressed high levels of distress.¹

A better system - the right system - is one where seniors and their families can access quality care that is continually improving and where any outdated infrastructure is improved so that it can support the type of care needed by present and future generations of Ontarians.

The sector is doing its part for now, but the anticipated growth in demand means we have to enhance our approach today to make sure we have a system we can count on for tomorrow.

¹ HQO, the reality of caring 2016, www.hqontario.ca p.4



TODAY AND TOMORROW'S LONG-TERM CARE SECTOR

The long-term care sector is a key part of Ontario's publicly-funded health care system. Made up of public, private and not-for-profit/charitable operators, long-term care homes offer 24-hour nursing care in a supportive community setting to a majority of seniors with complex and largely unstable health conditions, when they can no longer live at home and are near the end of their lives.

Last year, the sector, consisting of 78,519 beds, supported 114,082 seniors.² Still, over 20,000 remained on the wait list for placement.³ The province estimates that over the next ten years there will be 50% more seniors over the age of 75. This growth in population will undoubtedly have an impact on their access to services putting additional strain on the health system that will care for our parents, grandparents and ultimately, for us.

THE CHALLENGE OF AN OUT-OF-DATE INFRASTRUCTURE

Compounding this demographic challenge further is an even bigger issue: out-of-date infrastructure. Almost half of the existing long-term care homes do not meet the province's physical standards in terms of the amount of space per resident, and the amenities being provided are outdated. Many homes are 40 or more years old and some are nearing the end of their functional life.

THE CHALLENGE OF ACCESSING SERVICES WHERE YOU LIVE

Seniors living in small towns and rural communities across the province are finding it increasingly difficult to access services close to home. That's because the role of many small homes has been pushed to the limit. Capacity, even among the oldest homes, has been stretched to the point that they are not available to all the families who want to ensure their parents and grandparents continue to live close by.

THE CHALLENGE OF MANAGING DEMENTIA

With a larger, older cohort comes a larger number of seniors demonstrating behavioural challenges associated with dementia. This is aggravated further by out-of-date living arrangements that, in many instances, are forcing residents to share accommodations – sometimes with three other individuals. This has an impact on their privacy, which further exacerbates their cognitive health.

² CIHI CCRS Quick Stats, 2015-2016

³ Health Data Branch, MOHLTC: Long Term Care System Report, December 2015



HOW CAN WE MEET OUR SENIORS' HEALTH CARE CHALLENGES HEAD ON?

To ensure current capacity is maintained and to be able to support seniors for the next ten years and beyond, older homes must be renewed. Homes in small towns and rural communities across our province need to be expanded upon to support future capacity requirements. We need to put greater emphasis on ensuring funding for care and related services is predictable each year.

The precious resources provided by the government must be continually focused on supporting the complex medical needs of this growing demographic. This must be done using a more specialized approach for homes throughout the province, one that has been proven both more effective and sustainable than what we are doing now.

To manage current demands and account for the future needs of seniors entering into long-term care, we need to:

1. Continue to enhance our efforts to rebuild and modernize older long-term care homes in communities across Ontario. Homes must be able to better address the growing complexities of seniors today while preparing for the needs of tomorrow.
2. Determine where more beds are required through the Provincial Capacity Plan to ensure seniors throughout Ontario can find long-term care services, close to home and family.
3. Ensure we can care for the growing number of seniors with complex behavioural needs by providing greater stability across our sector through more specialized staff for every home. In this way, operators can continue to protect and care for a rapidly aging population with intensifying needs.
4. Provide a more transparent and predictable approach to funding that, at a minimum, grows with inflation each year, so that long-term care homes can continue their focus on enhancing resident quality, sector wide.

PRIORITY 1: REBUILD AND MODERNIZE OLDER LONG-TERM CARE HOMES

Jen Chan thought she understood what living in a care home might be like for her mother, Minh. Then she toured an older home. It had an amazing track record. It was known for providing quality care along with a range of cultural programs and services, and the staff was clearly dedicated. But Jen couldn't understand why so many residents had to share accommodations. And bathrooms had tubs that were side by side where two residents might be bathed in the same room, separated only by a curtain.

Towards the end of her visit, Jen was invited to join the lunch service. She was especially interested in the food because her mother had been a restaurant owner. Despite all the changes she'd seen in her mother, Jen knew that a well-prepared meal always brought Minh back to another time in her life. Food and the calm ritual of eating were important to her mother.

Lunch at the home, however, was anything but calm. The corridors buzzed with the shuffle of staff, elevators chimed continually and a long line of residents - some in wheelchairs, other with walkers - led to a small, worn out dining room. Jen took her place in the queue where she witnessed staff break up an argument between two residents who had bumped wheelchairs. It was tense to watch but made worse for Jen because she could see her mother being one of the residents in that altercation. Minh would surely have lashed out at the crowd that, to her, would seem to be ruining the one basic aspect of daily life she enjoyed so much.

When Jen arrived home that evening, she looked at her mom and began to cry. What was she doing? She's a devoted daughter who values the role her mother played in shaping who she is today. The thought of her mom waiting in line for lunch every day, or sharing a room with as many as three other seniors, who may have aggressive tendencies, was distressing.

Throughout Ontario, government buildings, shopping centres, hospitals and hotels are adopting senior-friendly design principles, from ramps and elevators to parking proximity to the size of the letters on signage. As infrastructure improvements and technological advancements evolve around them, people like Jen struggle to understand how it is possible that their parents' care home options should be so limited.

And things will only get worse as the role of hospitals is stretched further when families turn to them with no other option in sight. The renewal of older long-term care homes is crucially important to the sustainability of Ontario's health care sector. In fact, without their renewal, capacity and access to services system wide will see an impact.

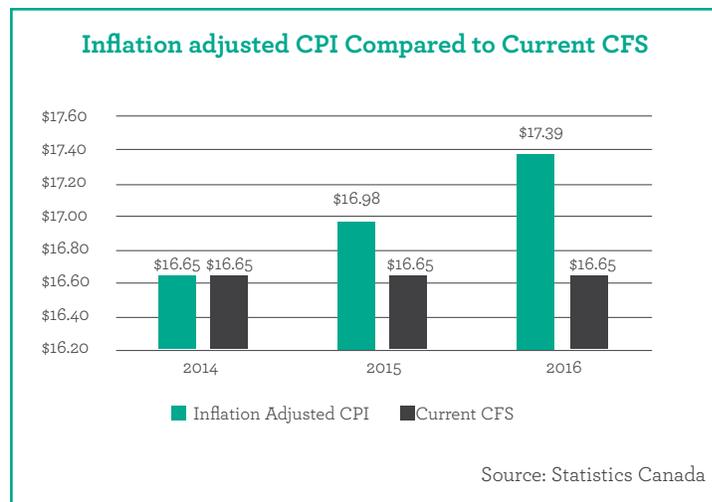




Older long-term care homes often featured only one dining room for the entire resident population. These areas were also not built to accommodate the number of wheelchairs and walkers that are prevalent in today's resident population (LEFT). By contrast, new homes feature dining rooms on each floor of a long-term care home and are much more intimate and capable of accommodating residents with mobility needs (RIGHT).

TOO MANY LONG-TERM CARE HOME PROJECTS ARE CURRENTLY UNABLE TO MOVE FORWARD

In an effort to be as efficient as possible for staff, older long-term care homes were built to design standards that featured a significant number of three- and four-bed rooms. These rooms also often had a shared washroom and separate tub rooms that would include two to three bathtubs. Nursing stations were located close to resident rooms and hallways were made smaller to ensure there was limited ground for staff to cover. This approach greatly improved the ability of support staff to care for multiple residents at a time. But care delivery has changed and the government has since recognized the need to also see long-term care homes change – to ensure they are more person centred and home-like.



Funding not keeping pace with construction costs

Since the province introduced its long-term care home renewal strategy in 2014, the cost of construction – seen here as the Ontario Construction Price Index (CPI) – has grown by 4.4%. The construction funding for redeveloping a long-term care home (as seen here as Construction Funding Subsidy (CFS)) has not experienced similar growth.

The sector saw a great leap forward in 2014 with the announcement Ontario made to stimulate renewal with the Enhanced Long-Term Care Home Renewal Strategy (ELTCHRS). It launched a multi-year program that offered material improvements to the 2010 program to renew more than 30,000 beds by 2025 (an admittedly aggressive but necessary target, and one the Association fully supports).

Although celebrated at the time, the challenge encountered by many operators was that the program was built on a flat capital subsidy. That means it does not increase to reflect inflationary growth related to construction. Given these financial terms, the program has seen less than 20% of the sector demonstrate a willingness to participate.

Development projects take time to plan, seek public consultation and approve. With so many homes that need to move forward, it will be nearly impossible to have all 309 projects start construction in the first year of the program. It will take time to renew all of the older long-term care homes in Ontario. As such, the government's program needs to be enhanced to cover the growth that took place from 2014 to now, and ensure it is flexible going forward so that it can cover the increasing building costs from today until the end of the program in 2025.

HOMES FOR TODAY AND TOMORROW'S LONG- TERM CARE RESIDENTS

Homes being built today enable more comfortable living arrangements and allow for enhanced personal space to support frail seniors like Jen's mom. They are designed to standards that include the elimination of three- and four-bed wards along with updated spa and dining rooms, improving privacy and dignity.

New homes offer wider hallways that help account for the wheelchairs and walkers required by residents to move safely about the home. Every 32-bed care unit includes a separate dining area that is smaller and more intimate yet spacious and common areas are offered for visiting with family and friends. New dining areas are also less crowded and do not require the extensive use of staff to porter residents.

Everything from operations to programming to therapeutic services and even areas for quiet reflection has been captured in the new design standards. Long-term care homes being built today are far more home like. That's something that every family looks for when trying to find accommodation for their parents and grandparents.



New long-term care home design standards include the elimination of three- and four-bed wards (TOP) in favour of more comfortable, home-like private rooms with washrooms, enhancing care and providing dignity (ABOVE).

WHAT WE CAN DO ABOUT IT

The Association believes there is a prudent, cost-efficient way to improve the capital renewal program associated with older long-term care homes that will support efforts to continually enhance the quality of life for seniors.

Requirement to improve the success of the capital renewal program:

- ❑ Adjust the construction funding subsidy for all homes (small, medium and large) to account for the inflationary growth, as demonstrated through the Ontario Construction Price Index, that took place between 2014-2017 and commit to adjusting it each year, until 2025, or until all projects have been approved.
- ❑ Eliminate municipal and regional development charges for all long-term care home renewal projects.

PRIORITY 2: GIVE SENIORS OUTSIDE OF URBAN CENTERS EQUAL ACCESS TO SERVICES



Tom Marshall grew up in small town Ontario. He worked the land left to him by his father. And like his father, he made a living farming fruits and vegetables, building a life in this community of less than 10,000. This is where he met his wife, where his kids went to school, where his son married and began working the farm with him and where his daughter began practicing law.

In many ways, Tom's life, connected as it is to his community, followed that of his father. Except that his father didn't live past 75. Tom is 85. His son has taken over the farm entirely. Tom's health began to suffer after his wife passed away. He became increasingly less capable and more dependent on his adult children. He needed support with things like dressing in the morning, bathing and toileting. He could no longer care for himself and that frustrated him, which caused him to become easily agitated.

When his family went in search of care close to home, they didn't look far. The local long-term care home had been part of the community fabric for almost half a century. In fact, Tom even volunteered there as a driver before his health declined. It was small, but it was a place they all knew. It was a community hub that hosted concerts, farmers' markets, barbecues and countless other community events throughout the year.

Unfortunately, it's completely full and the wait list is long. The only other option is more than 60 kilometers away in a major city devoid of farms and full of skyscrapers. Tom doesn't want to leave the community that is his home, and his family wants to respect his wishes. And of course, they don't want him to be far.

Tom and his family aren't the only ones with this problem. Across Ontario, homes in small communities and towns are either too full or unable - due to staffing or infrastructure challenges - to meet the demand of the seniors in their communities.

THE LOW AVAILABILITY OF NEW LICENSES

One specific contributor to this problem is the low availability of new licenses to allow projects to rebuild to optimal economies of scale. The standards put forward in the 1970s allowed for operators to have fluctuating numbers of bed licenses in their resident home areas (RHA). The province's new guidelines, however, call for a maximum number of bed licenses (specifically, 32) to be located in an RHA.

The challenge is that there are many homes today that do not have the necessary number of bed licenses to move forward with renewal projects. To be clear, these are renewal projects that would enable improved efficiencies and better quality care, ensuring greater consistency of service without compromising the home-like care environment - all of which is consistent with the current guidelines.

The bed licensing issue is a challenge found throughout the province, but its impact is most acute in small and rural communities where there are limited options. In such instances, licenses could be added, as per the Provincial Capacity Plan, to help improve access closer to home for seniors like Tom.

THE SIGNIFICANT IMPACT OF MUNICIPAL CHARGES ON PROJECTS

Municipal and regional development charges are among some of the more impactful costs associated with capital renewal, and they are largely variable. Their impact restricts the ability of small and large operators alike to build the infrastructure to meet the demand of our seniors.

Development charges were put in place as a means of collecting revenue that would help pay for the cost of adding new houses to an infrastructure. Houses that would need municipal services like roads, water supply and sewers. Development charges ensure a community's infrastructure can evolve to meet the needs of a growing residential population. But long-term care homes represent existing infrastructure. The infrastructure needs of residents and staff have already been largely accounted for.

Further, the rate at which some municipalities have grown their development charges has been extraordinary. In some cases upwards of \$35,000 is being charged per bed/suite of new construction. At that rate, renewing a 256-bed long-term care home would result in more than \$10 million in municipal fees, once built.

WHAT WE CAN DO ABOUT IT

Given the negative impact that such charges can have on the viability of any long-term care home's renewal program, and considering the inarguable benefit our homes bring to the communities in which they operate, the Association proposes that the province remove all development charges associated with the renewal of a long-term care home.

The Association also proposes that the Ministry create a pool of top-up bed licenses to be used on a case-by-case basis for all projects across Ontario based on the needs of each community in alignment with the Provincial Capacity Plan, so that small homes can continue to play a role in the future of long-term care, while ensuring seniors like Tom have improved access to the right care, close to home.

Requirements to improve rural and remote communities' access to long-term care homes:

- ❑ Create a pool of new long-term care bed licenses to act as a top-up for all renewal projects, ensuring homes are able to build to current design standards that call for multiples of 32-bed RHAs. Also, use new licenses to help improve and enhance capacity, as per the Provincial Capacity Plan, with emphasis where warranted, on strengthening the sustainability of small homes in rural and remote communities throughout the province.

- ❑ Eliminate municipal and regional development charges for all long-term care home renewal projects.

PRIORITY 3: ADOPT A MORE PREDICTABLE FUNDING APPROACH AND ENHANCE SUPPORT FOR SPECIALIZED RESOURCES



Maria Tedesco was living in an older, long-term care home in a downtown neighbourhood. She moved there when her dementia became too advanced and she could no longer be cared for at home. Within a few days, Maria's daughter Tina began to see changes in her mother – and not for the better. Maria kept telling Tina she wanted to go home and she wouldn't let the staff provide care, instead pushing them away and raising her voice to anyone trying to help.

She even started shaking her fist at staff and other residents in her room. Tina, who sees her weekly, said her mom, a former opera singer, would never have acted out on any of her threats.

But the community-based Behavioural Supports Ontario (BSO) mobile team that conducted an assessment of Maria

prior to her admission felt otherwise. They determined that Maria was territorial and represented a risk to other residents, particularly her roommates.

The mobile team set out a transition plan to help her admission into long-term care, but the home did not have a dedicated in-home BSO team to continue to identify the changing causes of Maria's outbursts and help staff to map out behaviour care strategies. The care team reached out to the mobile BSO team to assist in identifying interventions to help with these new behaviours but it would be a week or two before they could return to the home.

Each day, Maria's behaviours grew more agitated until one outburst required two staff to restrain her. Fearing for the safety of other residents, the long-term care home had her transferred over the weekend to the emergency department of the local hospital, a regional trauma centre. Maria waited, restrained on a stretcher in the corridor for several days before returning to the home, heavily medicated.

If Maria's long-term care home had had an in-house BSO team, they would have promptly coached her care team and implemented changes as to how they communicate with residents like Maria who refuse care. This would have made them more confident that they could gently persuade Maria to cooperate until the in-home BSO team could complete a new behaviour assessment.

And that new care plan? It would have been in place within 24 hours. Also, by including Tina in the planning, they would have learned about her mom's fondness for Claudio Villa and worked with the recreation department to create a "playlist" for Maria using the singer's music as part of a therapy plan to reduce agitation.



A DRAMATIC INCREASE IN RESIDENT COMPLEXITY

Over the past five years there has been a dramatic increase in the complexity of Ontario's long-term care resident population. In fact, only 10% of long-term care residents today have full cognitive ability.⁴ More seniors today require support with activities of daily living than ever before, and a growing number suffer from more than one chronic illness, not to mention underlying psychiatric conditions.

Dementia in our senior population has been on the rise for the last decade and more than 60% demonstrate some degree of aggressive behaviours. In many cases, the lack of privacy afforded in older homes, particularly those with three- and four-bed wards, results in more seniors displaying responsive behaviours.

Nonetheless, Ontario's long-term care sector is adapting and evolving. All homes have a clear focus on quality and staff members are becoming increasingly skilled at managing complex needs and behaviours. Since 2010, the sector experienced a 35% decrease in the inappropriate use of anti-psychotics, a more than 60% reduction in the number of residents in restraints such as lap belts, and a 50% decline in the number of residents experiencing pain.⁵

These are significant gains that must not only be safeguarded but also bolstered with the laying of a course that ensures these gains are sustained for generations to come.

To meet the demands that come with caring for an increasingly complex resident population, the Association believes the government must provide a greater level of stability and predictability to funding. Moreover, future funding should ensure that access to specialized resources is afforded to every home so that residents grappling with dementia and complex behaviours can see their conditions improve, or at very least stabilize.

A POSITIVE STEP FORWARD:

The Association commends the province for providing a 2% increase in nursing and personal care, over three years, in their recent 2015-2016 budget. Such investment ensures a level of stability is afforded while better enabling the sector to continue pursuing goals related to quality improvement.

The Association believes the province should continue maintaining investments in nursing and personal care at a rate that ensures resources can keep pace with future demand.

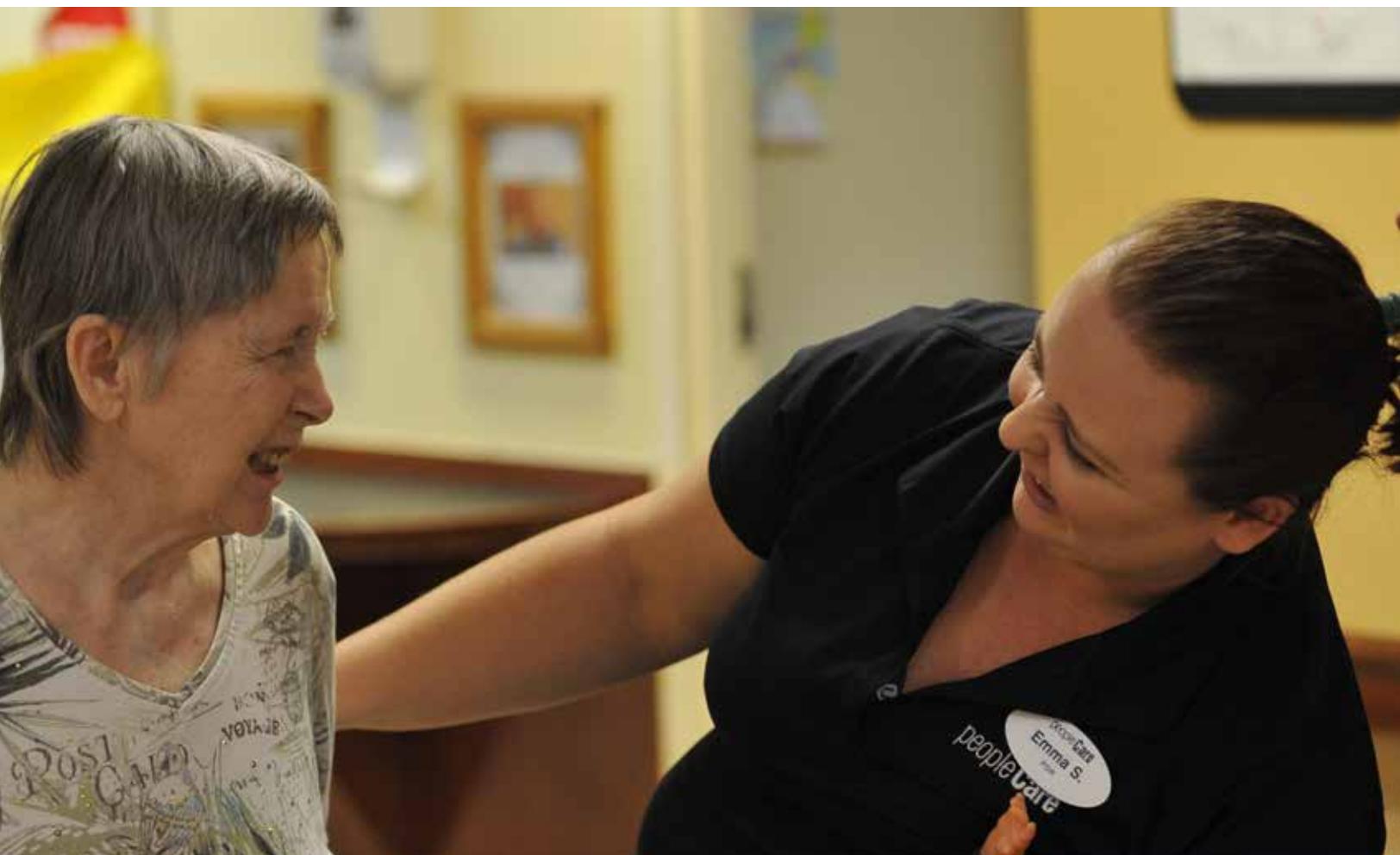
⁴ CCRS Quick Stats, 2015-2016, CIHI, https://www.cihi.ca/sites/default/files/document/ccrs_quick_stats_2015-2016_en-web.xlsx

⁵ YourHealthSystem website, CIHI, <http://yourhealthsystem.cihi.ca/>

SPECIALIZED SERVICES THAT MAKE A DIFFERENCE TO DEMENTIA PATIENTS

To provide the individualized care required to manage the steady growth in resident complexity, particularly as it pertains to responsive behaviours, the government initiated Behavioural Supports Ontario (BSO) in 2010. BSO is a multi-faceted program focused on helping seniors and their caregivers better manage responsive behaviours resulting from complex mental health, addictions, dementia, and other neurological conditions.

Ontario long-term care homes benefit from both mobile and in-home BSO teams, but research indicates in-home BSO teams are two to four times more likely than mobile teams to help reduce challenging behaviours.⁶ In-home BSO teams provide round-the-clock support, 24 hours a day, seven days a week. They are an incredible resource, equipped to gain a deeper understanding of behavioural traits. They consistently review and assess care approaches in the long-term care home and help residents carry out activities of daily living. Teams use a coaching approach to teach staff in the home how to better communicate with residents and family members, and identify ways to reduce resident distress.



⁶ OLTC TILTC 2015, p.8

A POSITIVE STEP FORWARD:

The Association commends the Ontario government's 2015-2016 Budget which committed to investing \$10 million a year for the next three years in the BSO program.

Although this is a positive step forward, the government must ensure these precious dollars are directed to support in-home teams who are tasked with caring for some of the frailest seniors in our province. To date, its in-home BSO team investments have helped to manage the behavioural challenges that are the effect of consistent growth we are seeing in complex conditions among Ontario's resident population.

In many areas of the province, particularly in northern and rural communities, mobile teams are frequently substituting the role of in-home BSO programs due to their affordability. The challenge with this approach is that mobile teams are not available to provide meaningful, round-the-clock support to an increasingly complex resident population. For example, in the north, homes that support indigenous populations are increasingly challenged to provide culturally sensitive approaches to managing responsive behaviours. These challenges could be met head on if in-home resources were afforded specialized resources focused on addressing these shortcomings.

To ensure seniors in all long-term care homes receive the care they need, the sector must grow its specialized in-home resources and ensure every home is provided some level of support.

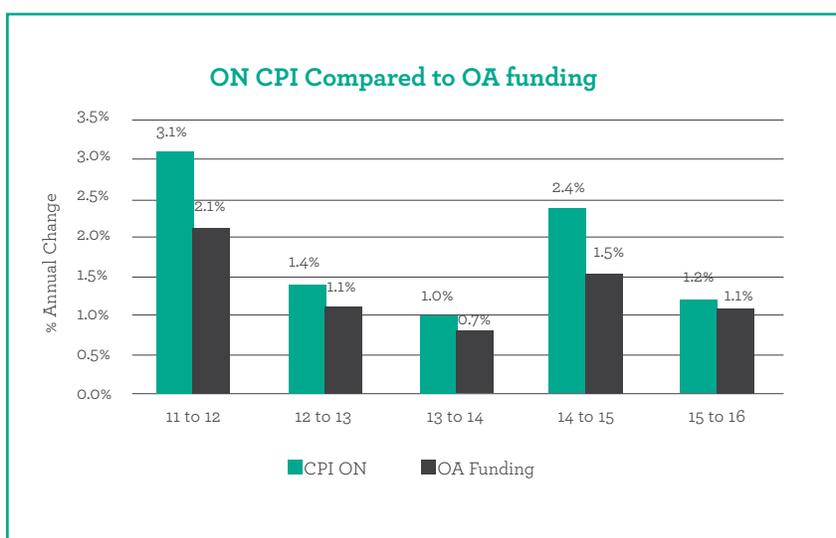
The Association believes that to continue addressing the needs of residents with complex conditions and to ensure greater stability, the government must provide net-new specialized resources, in addition to their 2015-2016 BSO commitment. Doing so would ensure every long-term care home in the province is afforded a dedicated 24/7 resource focused on improving transitions into long-term care, while improving the ability for homes to provide individualized care every day.

Increasing the availability of specialized staff across all long-term care homes would greatly improve the ability for the sector to meet the growing needs of seniors with dementia and other cognitive behaviours. By providing new investments for dedicated, specialized care staff with a focus on improving transitions, the sector's approach to capacity would be considerably enhanced, ensuring homes are better equipped to provide individualized care, each and every day, for the frailest residents in our system.

PREDICTABLE FUNDING ENSURES QUALITY CARE AND SERVICES CAN CONTINUE TO EVOLVE

The province sets the current funding environment for Ontario's long-term care sector, and it does so exclusively. The methodology is generally unknown and funding decisions for operational items such as Other Accommodation and Raw Food are made at a political level, typically six months into a calendar year. This approach to funding makes it very challenging for long-term care homes to work on their budgets before a calendar year to ensure they can provide the best quality care and service to their residents.

Adopting a more predictable approach to funding will contribute to greater stability for all homes while supporting efforts to continue enhancing resident quality, sector wide. It would also remove the politics and guess work around what is appropriate and, instead, follow a pre-existing formula that accounts for inflationary trends related to the annual rate of price change for goods and services. This would have the additional benefit of providing the province with a more accurate view on what is required to maintain operations and ensure quality continues to evolve.



Funding has not kept pace with inflation

Over the past five years inflation, as demonstrated by the Ontario Consumer Price Index, has grown by 9.4%, whereas the rate at which long-term care homes have been funded has only risen by 6.7%. But operating costs have risen steeply. In 2016, for example, the growth in hydro-electricity related costs, without a similar increase in usage has been most significant - for some operators, it grew by over 20%.

It would also allow homes to maintain commitments as prescribed in legislation, such as the sourcing of quality food so that residents continue to benefit from nutritious meals vital to maintaining good health and quality of life. It would ensure all homes, big and small, rural and urban, could keep pace with rising costs such as hydro and other utilities.

Stable funding that respects the growth in cost of living would also contribute to safeguarding the stability of long-term care homes staffing. Front-line staff forms the bedrock of our system and their wages must grow with the cost of living.

Moving to a more transparent funding arrangement is a win-win. It will ensure greater stability for the sector over the long term and remove the politics from funding so that long-term care homes can remain focused on improving quality for years to come.

WHAT WE CAN DO ABOUT IT

The Association believes a more stable and predictable approach to funding and resource allocation can bring about significant gains in long-term care homes, to the benefit of seniors and their families across Ontario. By guaranteeing all homes have access to more specialized resources that are focused in-home and ensuring annual funding is determined by provincial inflation growth, the province could provide greater stability, which would help ensure operators could meet the needs of the frailest seniors in Ontario.

Requirements to improve sector stability for residents and caregivers in Ontario's long-term care sector:

- ❑ Improve the ability for all long-term care homes to meet the growing needs of seniors with dementia and other cognitive behaviours by providing new investments for dedicated, specialized resources focused on improving transitions to long-term care while strengthening the sector's capacity to provide individualized care, each and every day, for the frailest residents in our system.
- ❑ Enhance stability for all long-term care homes that they can better meet the growing impact associated with operating pressures, by ensuring that annual funding pertaining to the Other Accommodation and Raw Food funding envelopes is predictable and, at a minimum, growing at a rate of inflation as demonstrated by the Ontario Consumer Price Index.

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.

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