

ONTARIO
LONG TERM CARE
ASSOCIATION



More Care. Better Care.

2018 BUDGET SUBMISSION





INTRODUCTION

Here's a question: When an Ontario senior is no longer able to live at home, either because she has a complex and unstable health condition, or because she's simply near the end of her life, where does she go? This year, more than 32,000 seniors and their families aren't sure. That's the number of people who remain on waitlists, and it's a number that has grown substantially from last year's 26,000.

The results of a recent Nanos survey conducted on behalf of the Ontario Long Term Care Association speak to this climate of uncertainty. More than half of the respondents said they are not confident the province is investing what it should to make sure long-term care homes can continue to provide quality care. A majority also said that they felt it was urgent that the long-term care needs of Ontario seniors be addressed in the next election.

Aging is top of mind because Canadians are getting older. When the census data was released in May, it marked the first time since 1871 that people over the age of 65 outnumbered those under 15. Ontario's share of aged Canadians was found to be slightly below the national average, but it is the dispersion of these seniors outside urban centres that will provide an exceptional challenge as demand for care in small and rural long-term care homes continues to rise.

Ontario has been addressing the issue and the long-term care sector has benefitted from a renewed government commitment in the last few years. 2011 saw a significant focal shift to long-term care concerns with the introduction of the Behavioural Supports Ontario (BSO) program, a \$40 million infusion that has seen regular annual growth since. And Ontario's 2017 budget announced a commitment to include in-home BSO teams in every home, a clear sign that the government recognizes the growing impact of dementia on long-term care delivery.

But there remains work to be done. Approximately half of Ontario's long-term care homes are still without a dedicated in-home BSO resource. Some 44% of the sector's homes are dated and require renovations or to be rebuilt. And as seniors enter care much older and frailer than in previous generations, their needs call for more direct care hours - both from personal support workers (PSWs) and from skilled staff such as registered nurses (RNs), registered practical nurses (RPNs) and nurse practitioners (NPs). In short, Ontario seniors will need more care and better care.

A system that addresses both quantity and quality is one the province's long-term care sector will need. It must manage the current demand while ensuring capacity to support seniors for the next 10 years and beyond.

Here are four areas of focus where effort, cooperation and political will can ensure our sector continues to manage current demands, while accounting for the future needs of Ontario seniors entering long-term care:

- More care with more staff.
- Better care with behaviour supports in every home.
- More care with more beds.
- Better care by modernizing long-term care homes.

HOW BETTER LONG-TERM CARE MEANS BETTER ACCESS TO HEALTH CARE FOR ONTARIANS.

When a hospital uses a bed to care for a senior who is too ill or frail to be at home, that bed is designated an Alternate Level of Care or ALC bed. A senior in an ALC bed needs a place in a long-term care home, not a hospital. In fact, as of June, more than 32,000 seniors were waiting for long-term care beds. That's up from 20,055 four years earlier. Despite this, capacity in the long-term care sector remained stagnant over the last year. Besides the obvious inappropriateness of living in a hospital, ALC beds stress the health care system. They contribute to hospital overcrowding, compromise patient flow in emergency departments and force the delivery of care to happen in hallways and waiting rooms.¹

CAREGIVER DISTRESS IS A GROWING HEALTH CONCERN.

Rates of distress among caregivers for seniors have been rising every year since 2011. In fact, what drives many seniors into long-term care is not their own needs but rather that their main caregiver falls ill or grows too frail themselves. Almost one in three people in Ontario aged 15 and older will provide unpaid care to a family member or friend with a long-term health condition, disability or aging need. Nearly half of people living with Alzheimer's or other dementias have caregivers who are distressed. Caregivers may also have additional responsibilities, such as a job or a young family, further adding to the physical, emotional and financial distress they experience.^{2,3}

FACTS ABOUT LONG-TERM CARE RESIDENT ACUITY:

97%

need help with daily activities such as getting out of bed, eating, or going to the bathroom.⁴

97%

have two or more chronic conditions such as arthritis or heart disease.⁴

90%

have some form of cognitive impairment; one in three are severely impaired.⁴

ONTARIANS LIVING WITH DEMENTIA:

An estimated 214,000 Ontarians now live with dementia. This number is expected to rise to 250,000 by 2020, and to over 466,000 by 2036.⁵



¹ The Globe & Mail, May 9, 2017

² HQO Measuring Up, 2016

³ Ontario Ministry of Finance announcement April 2017

⁴ Canadian Institute for Health Information (2016) CCRS Continuing Care Reporting System: Profile of Residents in Continuing Care Facilities 2015-2016

⁵ The Alzheimer Society of Ontario, 2017



MORE CARE

with more staff

Despite the significant growth in the acuity of long-term care residents, investments supporting the hiring of additional skilled long-term care staff have not changed in the last five years.

This stable 2% investment is welcome, but it remains just enough to match pace with inflation. As such, it only addresses inflation associated with the current contracts for personal support workers (PSWs), nurses and other long-term care staff.

We believe the government must make a commitment to grow funding that will allow for the hiring of more PSWs and more skilled staff like RNs, RPNs and NPs.

The need for registered staff such as registered nurses (RNs), registered practical nurses (RPNs) and nurse practitioners (NPs) becomes even more pronounced in small homes and those in rural and remote communities where access to human resources can be compromised. Often the staffing needs of these homes are constrained significantly, in large part due to how the envelope funding program works.

Funding for residents is provided on a per-resident basis, and as such, smaller homes receive less overall subsidy with which to hire and retain staff. These homes can find themselves without the necessary resources to hire or retain an RN – never mind the necessary contingent of PSWs to support residents and their growing needs.

MAKING TECHNOLOGY EXPENSES PART OF NURSING CARE

Another solution may lie in the use of technology to help staff manage tasks more efficiently. Despite the significant growth in technologies and products available to support care, Ontario's long-term care sector has been historically unable to leverage innovation in the same way other health sectors have. This is because of the way long-term care homes are funded.

Many homes today have to use funding earmarked for fixed costs such as utilities to purchase basic technology, like point of care terminals and tablets used to help assess and track resident needs and clinical approaches. Changing how homes recuperate costs associated with technology must be understood as a part of the staffing solution. Rather than spending time transferring written information to a centralized charting system, staff would have more time to care for residents.

? WHAT DO WE NEED TO GET MORE STAFF?

- Enhance funding for registered staff, as well as more funding for PSWs. (A 4.1% enhancement would add almost 2 million PSW care hours and 1.2 million RN care hours.) Additionally, allow small homes and those in rural and remote communities to have flexibility in how they apply this funding, to overcome their staffing challenges and meet the needs of their residents.
- The Ministry of Health and Long-Term Care should create an innovation and technology policy to ensure key enablers to innovation, such as IT infrastructure, are incented under the Ministry's funding policy.



“Where is she?”

Edna hears herself say it, but the voice sounds like someone else’s.

Like these hands, she thinks. Some days they can do buttons but not today. It’s almost 8:00. It’ll be time for breakfast soon. I should be dressed. I need to be dressed.

She’s 85 years old and lost her husband Jerry to lung cancer eight years ago. Edna has only lived here a few months and she’s still getting used to the schedule. Jerry always got up a little later, after she made the coffee, but she’s an early riser. She takes pride in her appearance and wants to be dressed for breakfast but she can’t do it herself.

On Monday, Dina, her PSW that morning, arrived at the room just before breakfast.

“Are you okay if we get you dressed after you’ve eaten?” She had asked like it was a question but it wasn’t. Edna agreed hesitantly and went down in a wheelchair wearing her blue housecoat. Beatrice, Tina – even Henry – everyone at her table was dressed except her.

I’m not sick and I’m not a child, she thinks, staring at the door to her room. I just can’t do some simple things. Sometimes my fingers move like I’m wearing winter gloves. She’s rubbing her hands together as if to keep warm, but she’s not cold.

‘Where is she?’ Edna feels a sense of loss build like a wave inside her. She’s afraid, panicked, then shifts quickly to anger. “Where is she? Where is she? Where is she!”

As Jen, her PSW, walks in, she sees Edna’s behaviour is escalating. Dina said she had to call the BSO team on Monday, Jen thinks. But there’s no team on site today. Edna’s dementia is worsening and without the appropriate staffing trained in behavior supports to map out an individual plan of care for Edna, she may be put on medications that could alter her quality of living.

Residents throughout long-term care homes in Ontario experience disruptions in the approach to care that can start small but quickly trigger responsive behaviours. The need for BSO teams in every home is clear. And more PSWs mean more residents like Edna can have their breakfast without personal stressors and without impacting their dignity.

BETTER CARE

with Behavioural Supports in every home

Dementia and its complications have come to characterize one of the core challenges facing this current generation of seniors. It's a challenge felt most acutely by family members, friends and health professionals who care for them.

Today, nine of every 10 residents exhibit some form of cognitive decline and almost half of all long-term care residents in Ontario have some form of aggressive behaviour related to their cognitive impairment or mental health condition.

We know that the one-to-one attention and care that comes from having more staff can help to alleviate some of the triggers that influence aggressive behaviour. For residents who exhibit responsive and aggressive behaviours associated with their dementia, we have dedicated resources in the form of Behavioural Supports Ontario (BSO) teams. Currently, more than half of all Ontario's long-term care homes have in-home BSO teams, while the rest are serviced by mobile BSO teams.

We need an in-home BSO team for every long-term care home in the province.

Mobile BSO teams are a core component of the province's dementia strategy, supporting both long-term care residents with advanced cognitive impairment and responsive behaviours as well as seniors living in the community. The province's support for its BSO program has continued to grow in passing years due in large part to the work the

Association has done in showing the success of the in-home model. That's why we continue to advocate that 100% of these BSO investments be directed specifically to long-term care homes – and that a separate fund be created to support mobile BSO teams for seniors living in the community.

Research indicates that in-home BSO teams are two to four times more likely than mobile teams to help reduce challenging behaviours. By supporting residents 24 hours a day, seven days a week, these teams gain a deeper understanding of the behaviour traits particular to the residents in their care. They consistently review and assess care approaches and help residents carry out activities of daily living. They are also a training resource, teaching staff how to better communicate with residents and families and showing them how to reduce caregiver and resident stress.

? WHAT DO WE NEED TO GET BEHAVIOURAL SUPPORT TEAMS IN EVERY HOME?

- A schedule from the province describing when every long-term care home in Ontario will have a fully funded in-home BSO team.





“When are we going to get more staff?”

Usually when you get better at something it gets easier. Nancy’s work has grown more complicated.

She’s been an RN in long-term care for 10 years and she’s never worked so hard. Residents today have more care needs. And if they didn’t come in with dementia, a good many are showing signs of it.

“Like Edna,” she says.

“It’s really a privilege to care for someone like her. She’s a beautiful person, she’s engaged, she’s funny. She needs extra care and everyone loves working with her. But sometimes we fall behind schedule and when her routine breaks down we’ll see behaviour. That’s hard.”

Not that it’s anyone’s fault, Nancy explains.

“It’s not a big home, but mornings are difficult if the night shift has had other priorities and they haven’t gotten around to waking and dressing at least a few residents. On the day shift, we’re staffed one PSW for every 10 residents. That can be a handful even without any behaviours to manage.”

Nancy helps the PSWs where she’s required – and as much as she can on top of that – but her rounds include things that take time: there’s wound care, administering meds, tube feedings, ostomy care and checking residents on ventilation. And then there’s the reporting.

“That’s where things like point of care technology and tablets could make a real difference,” says Nancy. Right now she uses a little cheat-sheet to jot care notes about a resident, instead of documenting in real time.

“But let’s say I see 10 residents, after that I have to spend more than an hour filling out paperwork. Those are precious care hours that are being spent behind a desk,” she says.

The long-term care sector must build its human resources strength. The need for additional PSWs and nursing professionals is ongoing and the need will only grow as the care requirements of Ontario’s seniors grow.



MORE CARE with more beds

There is a growing demand for service throughout Ontario's long-term care sector. The waitlist for care has grown by 8,000 since 2015, reaching 32,000 individuals as of June, and continues to grow at a rate of 15% per year.

Most, if not all, of these seniors are being cared for at home or in hospital (in an ALC bed) while waiting for placement. These are not suitable places for seniors who require the specialized care and support that long-term care homes offer. If there are no new beds added to the system, the waitlist could grow to over 84,000 seniors in the next 10 years (by way of comparison, this group would be larger than the entire population of Peterborough).

We need to provide homes with the necessary resources to redevelop.

This demand and capacity issue is resulting in increased wait times for long-term care and over-capacity hospitals throughout Ontario's health care system. It's a poor use of valuable tax dollars (it costs over \$750 per day to care for a senior in hospital versus \$175 per day in a long-term care home) and increases strain and emotional stress on family caregivers.

Potentially impacting this challenge further is an issue related to deteriorating infrastructure. Approximately 40% of Ontario's long-term care homes (300+ homes, 30,000+ beds) must be either rebuilt or renovated by 2025 – that is when the licenses for these homes and their associated beds expire. But progress is less than slow.

The current renewal program, which was released in 2014, has only shepherded a handful of projects, despite a significant number of applications to the Ministry.

Under the current program operators must build to design standards that call for homes to be built with 32-bed resident home areas. In many cases, operators do not have the necessary number of beds to build to multiples of 32. Most are also looking to build homes at 128 beds or more, so as to improve economies of scale associated with their projects.

Under the current scenario, an operator must either acquire licenses by purchasing from another operator, or amalgamate their homes to achieve adequate economies of scale and meet the design requirements. That's why additional licenses are important, not only because they directly address the sector's capacity needs, but because new beds would also support the viability of many capital renewal projects.

Redeveloping a home in a rural community can be particularly challenging and these make up the bulk of the homes in need of upgrading. There are more than 300 Ontario homes that require redevelopment and 188 are small (with less than 96 beds). Many are situated in small and rural communities. For many operators, amalgamating a number of small homes is one solution they are reluctantly forced to consider. The reluctance stems from the need to choose one community over another when both would benefit from renewed long-term care homes. In many cases it is the additional licenses that could make a difference. Operators could move forward with certain projects if there was a pool of licenses they could draw from to support their projects.



ENHANCING THE CONSTRUCTION FUNDING SUBSIDY

One of the biggest issues keeping long-term care operators from moving ahead with redevelopment has to do with subsidies. The province gives older homes a per-resident-per-day subsidy for redevelopment. This is known as the Construction Funding Subsidy (CFS). The long-term care sector has been very vocal about the need to enhance funding in this area.

Based on some general analysis conducted by our operators, we believe that growing the CFS by \$4 per-resident-per-day would mean more than 80% of our older long-term care homes could be renewed (with the exception of homes in the GTA where the cost and availability of land is significantly more than anywhere else).

? WHAT DO WE NEED TO GET MORE BEDS?

- The government should commit to the addition of up to 10,000 new long-term care beds over the next five years, solely dedicated to helping improve the viability of existing capital renewal projects throughout the province.
- Ensure homes can continue to equitably participate in the Enhanced Long-Term Care Home Renewal Strategy program by growing the CFS at the rate of inflation (as per Ontario Construction CPI) until the end of the program.
- The CFS could be increased by adjusting the way long-term care homes are taxed, by considering them residential instead of commercial and then having the Ministry use those savings to grow the CFS.
- The government should create a small and rural community long-term care home sustainability strategy (128 beds and less) inclusive of enhanced construction funding and operational subsidies by adding \$4 per-resident-per-day to their Other Accommodation funding.





“How can I redevelop my long-term care home?”

John would like to stay.

He runs the network of 10 long-term care homes his parents built in the 1960s throughout Simcoe County. He wants to redevelop the 30-bed home he has in one of the region’s smaller communities but it’s just not viable from a business sense.

There’s an obvious need to upgrade the home’s narrow hallways that make navigating a wheelchair challenging and then there’s the four-bed wards that offer little privacy.

“We’re beyond that style of home now,” says John. “Our staff do a great job there but that building is aging. It doesn’t connect with the way we want to be able to deliver care.”

He wants to build a larger home to improve the home environment for his residents but he can’t get the bed licenses and construction funding to do it there. That’s why he has to move those 30 beds to another town, where he can build a 128-bed home.

“I want to stay in the towns where we already have a home. People need to stay in their communities. But we need to get the size of the new home right,” he says.

And getting it right means moving it to where the construction costs make sense and where the size of the home allows for some operational efficiency.

But that doesn’t feel right, John explains.

“The new home would be just less than an hour’s drive from the existing one, so if your father is a resident there he will be far from his family and friends; from where he’s lived most of his life. But I can’t redevelop a 30-bed home in that small town. Even if I could handle the development costs and make the initial construction costs work, I couldn’t operate it with 30 beds.”

For many homes in small communities, where the upgrade costs are not viable, long-term care beds will move to urban centres. Government must design a small and rural long-term care home strategy that not only addresses the capital costs of redeveloping in small communities, but also the operational costs of running them once they are fully tenanted.

“I want to stay in the towns where we already have a home. People need to stay in their communities. But we need to get the size of the new home right.”



BETTER CARE

by modernizing long-term care homes

Nearly half of Ontario's 630 long-term care homes need to be rebuilt or require significant renovations to meet current design standards and provide greater comfort and safety.

These older homes have four-bed rooms and confined living spaces whereas newer homes offer more resident privacy through private or semi-private rooms, as well as more attractive and spacious common spaces and more intimate dining areas. These aspects of congregate living are particularly important for people with dementia. Many residents with this condition are restless and need to move around; many also have a strong need for personal space and can become upset if they perceive it is being invaded. Living with multiple roommates is particularly stressful.

In 2014, the provincial government announced a renewed capital redevelopment program, called the Enhanced Long-Term Care Home Renewal Strategy. It provides funding and other supports to help older homes renovate or rebuild. However, many homes are facing barriers that could affect their ability to participate in the program, raising concerns that many homes will not be able to rebuild.

We need a tax environment that will encourage the building and rebuilding of long-term care homes.

Municipal and regional development charges vary across the province from \$0 to more than \$50,000 per long-term care bedroom. There is a high degree of variability and in most cases this will negatively impact a redevelopment project because homes don't receive any funding to cover such charges.

In communities where these charges are perverse, an operator will be forced to consider leaving to another community, thus impacting the availability of services for those citizens. That's why the Association believes there should be a cap set on these charges.

THE PACE OF THE PROJECT APPROVAL PROCESS

Another major impediment to the redevelopment of older homes is how the Ministry conducts its approval of capital projects. The capital working group (assembled by the Association) noted that the process is misaligned from traditional real estate processes, that it contains overzealous financial requirements, and that there is a lack of transparency specific to Ministry timelines. Once a home applies for redevelopment, it would appear that the Ministry has no defined response process by which to let an operator know the status of their application. As such, projects can remain in limbo for several years before being developed, delayed or cancelled outright.



URBAN LONG-TERM CARE HOMES NEED A SEPARATE STRATEGY

The way in which the CFS is allocated means that every home receives the same amount per bed. This is simply not equitable in urban centres such as Toronto, where the cost of land is approximately \$12 million per acre. What's more, there is not enough land available in a place like Toronto to support the redevelopment of homes. Some sites are too small or "land-locked" and cannot redevelop in their current location.

The high cost of construction and land present serious barriers to relocation within Toronto. City of Toronto staff has warned "there is a significant risk in future years of long-term care homes closing or moving outside of the city due to land costs." This is why the Association thinks a separate Toronto strategy must be developed, and it is a belief reaffirmed by the growing need for care.

Toronto's population of seniors, aged 75 and over, has increased at a higher rate than that of seniors overall. The number of older seniors increased by 56.7% between 1996 and 2016. Over the next decade, this age group is expected to increase by 38%, with an estimated population of 279,862 older seniors by 2026, up from 202,795 older seniors in 2016. As the population of older seniors rises, the challenge of accessing long-term care in Toronto and across Ontario will intensify if new homes are not opened.

What's needed?

A separate urban redevelopment strategy. It should focus on the Greater Toronto Area and find solutions to the limitations related to capital redevelopment in these environments, inclusive of gaps in funding, land availability and design requirements.

The challenge of amalgamating small homes... and why it's happening.

The most significant number of homes that require redevelopment are small (less than 96 beds), many of which are situated in small and rural communities across Ontario. Many operators are moving to amalgamate their small homes so as to improve the economic viability of their capital projects. It has been noted that at a political level, the government would like to sustain small homes, particularly in small and rural communities, so as to stabilize access for seniors in those settings – hence the increasing challenges for operators to move forward with any capital project that requires home amalgamation.



? WHAT DO WE NEED TO MODERNIZE LONG-TERM CARE HOMES?

- The government should adjust the way that regional and municipal development charges are collected from long-term care homes. It should set a maximum rate that can be charged for new long-term care beds being added to a home project in a region/municipality, and exempt existing beds within that project from being charged.
- The timelines associated with the project and licencing approval process should also be improved so that it is targeted to be completed within six months from application submission. There also needs to be more transparency for homes submitting applications.



“Why is this home not as nice as that other one?”

Pat thinks his dad, Frank, won't adjust well to a four-resident room.

He's been living alone in his Collingwood home for 10 years now. And before that it was just him and mom. He won't like having roommates.

Frank has been unable to continue living on his own since the spring. He had a brief stay in hospital after a fall and since then has been cared for at home. A PSW is there most of the time and Pat and his wife, Cindy, fill in the gaps. Their three kids are in high school, so they can manage the odd dinner on their own, but life has become a complex affair of juggling everyone's schedule – including Frank's.

Frank has lived most of his life in Collingwood and it's important for him – and for Pat and Cindy – to find a bed in town. They've visited a couple of homes, even some of the newer homes in the region. Of course, the older homes in town don't look as nice but the staff were caring and professional and there's a lot of organized programming.

“That was a lot of activity in the dining room of the small home,” says Pat. He and Cindy visited an older home around lunchtime and all the wheelchairs and walkers crowded the large room making it feel like a busy cafeteria.

“It's strange, but the newer home we went to see had these smaller dining rooms on each floor. You'd think that would make it seem more cramped but it was the opposite. Everything seemed less hectic, more like a restaurant,” recalls Pat.

With Frank in a wheelchair, at least for now, he would find the wider corridors and larger rooms of the newer home much easier to navigate. A newer home is where Pat and Cindy want him to go, but it's that much further for family and friends to drive. Is it better to be more comfortable or more connected to your community?

Ontario caregivers are facing this choice more often as older long-term care homes lack the funding and tax incentives to redevelop.

IN SUMMARY



MORE CARE with more staff

- Enhance funding for registered staff like registered nurses (RNs), registered practical nurses (RPNs) and nurse practitioners (NPs) as well as more funding for personal support workers (PSWs). (A 4.1% enhancement would add almost 2 million PSW care hours and 1.2 million RN care hours.) Additionally, allow small homes and those in rural and remote communities to have flexibility in how they apply this funding, to overcome their staffing challenges and meet the needs of their residents.
- The Ministry of Health and Long-Term Care should create an innovation and technology policy to ensure key enablers to innovation, such as IT infrastructure, are incented under the Ministry's funding policy.

BETTER CARE by modernizing long-term care homes

- The government should adjust the way that regional and municipal development charges are collected from long-term care homes. It should set a maximum rate that can be charged for new long-term care beds being added to a home project in a region/municipality, and exempt existing beds within that project from being charged.
- The timelines associated with the project and licencing approval process should also be improved so that it is targeted to be completed within six months from application submission. There also needs to be more transparency for homes submitting applications.
- A separate urban redevelopment strategy is needed. It should focus on the Greater Toronto Area and find solutions to the limitations related to capital redevelopment in these environments, inclusive of gaps in funding, land availability and design requirements.



BETTER CARE with Behavioural Supports in every home

- A schedule from the province is needed, describing when every long-term care home in Ontario will have a fully funded in-home BSO team.

MORE CARE with more beds

- The government should commit to the addition of up to 10,000 new long-term care beds over the next five years, solely dedicated to helping improve the viability of existing capital renewal projects throughout the province.
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- The government should create a small and rural community long-term care home sustainability strategy (128 beds and less) inclusive of enhanced construction funding and operational subsidies by adding \$4 per-resident-per-day to their Other Accommodation funding.





The Ontario Long Term Care Association is the largest association of long-term care providers in Canada and the only association that represents the full mix of long-term care operators – private, not-for-profit, charitable, and municipal. We represent nearly 70% of Ontario’s 630 long-term care homes, located in communities across the province. Our members provide care and accommodation services to more than 70,000 residents annually.

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