Ontario Health Coalition

HEALTH FACTS-

LONG TERM CARE

Long Term Care Fact Sheet

"A plan of care is developed for each resident to meet the resident's requirements"
- Bill 101, The Nursing Homes Act

"A plan of care is developed for each resident based on the resident's assessed needs and available resources"
- Consultation Paper on Proposed Changes to Ontario's Long-term Care Facility Legislation "The Red Tape Commission"

LONG TERM CARE FACILITIES

The proposed change puts in a nutshell the philosophy of the Harris government in relation to all kinds of care, here specifically care for seniors. Elderly people are no longer to receive care to meet their needs, but only the care that available resources will allow. The "available resources" will, of course, be determined by Queen's Park. This change is being proposed in a context of grievous underfunding and underbedding of long-term care facilities.

The provincial waiting list for admission to long-term care facilities is over 16,000, of which 4,000 are in Metro Toronto. The people waiting are not the affluent who can afford "preferred accommodation" (single or semi-private rooms); there is no waiting list for preferred accommodation. It is ordinary people, the majority, who need ordinary ward accommodation, but who must wait, either at home or in Alternate Level of Care in acute-care hospitals.

This is only one aspect of the crisis in long term care, which also includes hospital chronic care and "board and lodge" retirement homes, as well as in-home care.

CHRONIC CARE

It is primarily the changes in the role of chronic care hospitals that have precipitated the present crisis. Since the Chronic Care Role Study was released in 1993, chronic care hospitals and chronic care units in acute care hospitals have changed their admission policies and have been accepting only chronic care patients whose medical needs are complex -- that is, they depend on high-tech medical equipment to keep them alive. Those who are "simply" too sick and frail to care for themselves are told they belong in nursing homes.

Ontario's nursing homes are not, however, funded at a level that allows them to cope with the heavy care patients now being sent to them. The Ontario Association of Non-Profit Homes and Services for Seniors estimates that these heavy care patients require 3.5 hours of care per day. The present average hours of care in nursing homes is 2.15 hours per day, including the heavy care patients, who now comprise 58% of the residents in long-term care facilities. It is not hard to see that nursing home residents are not getting the care they need. Families are being told that they must either come in at meal times to feed their loved ones or hire someone to do it; there are not enough staff to

feed all the patients. (We can only hope that patients who have no families to be conscripted are being fed).

RETIREMENT HOMES

A substantial number of Ontario seniors are residents of "board and lodge" facilities, sometimes called retirement homes. Most of these provide very low levels of care; in fact, in most of the residents must leave if they get sick.

The fire last year at the Meadowcroft retirement home dramatized how little control is exercised by any authority over the operations of these "homes". Even fire safety, including not only sprinklers but also proper training of staff for fire emergencies, had not been monitored.

Moreover, the little protection retirement home residents had under the Landlord and Tenant Act will be threatened by new rent control legislation which may make it even easier to get rid people.

Retirement homes range from the ultra-luxurious to the individual operator within his or her own residence. Some are run by competent people dedicated to caring for the seniors living with them. But because they are completely unregulated, uninspected and unmonitored, the quality of care varies widely. A report prepared several years ago by Dr. Ernest Lightman recommended that in-home care services available to those residing in their own homes should be made available to residents of retirement homes. This would have had a double effect: it would have brought in needed services (thus allowing people to age in place much longer) and it would have brought in observers of the quality of life provided for the residents. This recommendation was never put into effect by the previous government and the present government is about to dilute what little protection these residents have.

We must insist that if there is any move to consider retirement homes as part of the "stock" of long term care facilities, a full range of in-home services must be mandated and funded and the operators must be prohibited from putting any obstacle in the way of residents receiving these services[1].

IN-HOME CARE

The new Community Care Access Centres are supposed to coordinate both in-home professional, personal support and homemaking services and the placement of seniors in long-term care facilities. The in-home services are to be contracted out by a Request for Proposal process that gives no preference to non-profit organizations (after a three-year transition period during which they will have a decreasing percentage of their last year's volume guaranteed). In addition to these Centres, community support organizations such as Meals on Wheels, Friendly Visiting, etc., which operate primarily with volunteer workers will be funded by the Ministry outside of the CCAC budgets. Adult Day programs will also be funded outside the CCAC budgets, but will be accessed through the CCAC's.

The thrust of the government's intention is clearly to increase the privatization of in-home care and force non-profit organizations to lower their standards (if they want to be competitive) of wages, conditions and training for those who actually provide the care. Workers are threatened with deteriorating working conditions and pay. Clients, too, will pay the price if overworked, underpaid and untrained workers are sent to care for them.

The other way in which privatization is being pushed in the field of long term care is through the underfunding of in-home services which is forcing providers to ration the services for which no fees are charged. When clients point out that they are not getting sufficient services they are told that they can "top up" the services for a fee. Non-profit community agencies sometimes charge on a sliding

scale (depending on income) for these "top-up" services, but that is not the case with for-profit service providers.

Long term care has always been a two-tier system, in that those with ample means have always been able to purchase all the help they want, while the rest of us made do with what public service was available. But present circumstances are forcing clients and their families to pay, whether they can afford it or not, to get not a luxurious level of service but just a level that meets their actual needs.

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FOOTNOTES:

1. At the date of this paper (May 21, 1997), we have been advised that Home Care is to be mandated to go into retirement homes and that any resident of these homes will be able to apply for Home Care. If this is true, we are nevertheless extremely skeptical that sufficient funding will be allocated to enable residents to access the full range of services whatever length of time might be required.