

Ontario Health Coalition

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Save Public Medicare!

Urgent Issue Brief

The Ontario government will be introducing the new Long Term Care Act today. We will be in a technical briefing this morning and will be issuing a media release early this afternoon outlining its major points for you. In the meantime, below are the key 10 points that the OHC is seeking in the new Act.

We have total consensus among seniors' groups, workers, nurses and public health advocates that the key issue is a staffing standard. You can't have two baths per week (in any humane way) without enough staff. Staffing levels are key to prevent abuse, to ensure safety for residents and workers, to improve quality of life. Ontario used to have a minimum standard of 2.25 hours of care per day per resident until the Harris government withdrew the regulation. Now we have no minimum staffing standard. 36 American states have a minimum standard, schools have maximum class sizes, daycares have staffing standards, but vulnerable seniors living in Ontario's long term care homes have no such protection. **This legislation will not achieve the promised "revolution" in long term care unless a minimum staffing standard is introduced-- see point #1 below.**

You will see from the morning newspaper that the for-profit homes are pushing to have all the beds treated as licensed beds. This is akin to privatization of the beds in the sector. Currently municipal and many non-profit beds are "approved" beds. "Licensed" beds are sold on the open market as revenue streams for the for-profit companies. We oppose the commodification of long term care beds.

For those living and working within long term care homes, and for their families, Ontario's new Long Term Care Act must include the following key issues. This list is based on the consensus of groups representing residents, families, seniors, the public interest, doctors that support public Medicare and unionized workers and nurses in long term care facilities:

On following pages find Ontario Health Coalition's release of key issues.

Key Issues in Long Term Care Homes

For Public Release September 2006

Adequate funding must be provided for ongoing supportive home and community care to offer seniors, persons with disabilities and those with chronic illnesses the opportunity to live in the community as long as possible.

- 1) A province-wide minimum staffing standard that ensures sufficient hands-on staff to provide a minimum of 3.5 hours per day of nursing and personal care per day per resident. This is to reach the goal of prevention of risk, it is not an optimum. Increases in staffing should be shared proportionately among all members of the health care team. The government must fund and set standards for specialty units or facilities for persons with cognitive impairment who have been assessed as potentially aggressive, and staff them with sufficient numbers of appropriately trained workers.
- 2) A provincial funding model that is based on a uniform assessment tool across the province to ensure that there are uniform provincial standards and funding assessment tools across all LHINs. The funding model must provide adequate funding for the required staffing ratio set out in #1 and strong accountability as to how that money is spent.
- 3) The continuance of the new completely random surprise inspection regime with an adequate number of inspectors to respond to complaints within a reasonable amount of time. Any assessment process must include talking with representatives from residents and family councils where they exist and speaking to nursing and personal care staff.
- 4) A ratio of 60% of facility beds for non-preferred accommodation and 40% for preferred accommodation should be reinstated. No increase in out-of-pocket fees for beds beyond inflation.
- 5) All long term care facility beds receive public funding. The legislation must include strong message of support for public and non-profit delivery of care. All new capacity should be built in public and non-profit homes. Operators that transfer their licenses must transfer them to public or non-profit ownership only.
- 6) Family councils should be recognized in the legislation with official recognition of their right to advocate. Families must be guaranteed access to the information required to hold facilities accountable. Complaints by family members must trigger an automatic inspection within two weeks of receipt of the complaint. In the case of abuse, the inspection must be immediate. Inspectors should be mandated to meet with family and resident councils where they exist. The Ministry should continue to provide funding and support to establish and continue family councils through the office of the elder care ombudsperson. There must be whistle-blower protection for residents, families and staff that speak out about poor practices in the homes.
- 7) There must be clear and enforced guidelines in the legislation limiting the use of physical, chemical and environmental restraints on residents. Restraints should only be used for the purpose of preventing harm. There must be a clear decision-making process, notification of families, and restraints-as-last-resort policies.
- 8) Program standards must be reviewed and improved and enforced through the inspection regime set out in #3. More attention must be paid to homes that are non-compliant and strong and effective

sanctions must be imposed on homes that are consistently non-compliant with significant care standards including non-renewal of the license to operate.

9) The training opportunities for front-line staff, administrators, and Compliance Advisors must be improved to ensure consistency and an understanding of how to provide residents and staff a safe, secure and compassionate environment.

10) Consultation on adequate regulation of retirement homes should be instituted.

For questions, please call Natalie Mehra 416-441-2502.

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