

**Ontario Health Coalition**  
**Backgrounder on Long Term Care Facilities Minimum Care Standards**  
**September 9, 2007**

Last week the government made public its plans to appoint a "facilitator" to conduct consultations on a care standard for long term care homes. Among the coalition's concerns:

1. Another round of consultation is redundant. The government already heard from dozens of participants in every community during cross-province hearings about Bill 140 - The Long Term Care Homes Act - that low staffing levels are causing dangerous conditions and inadequate levels of care for elderly residents.
  2. The provincial auditor and the Coroner's Inquest into the deaths at the Casa Verde Home already recommended a regulated and reported care standard that would force facility operators to provide reasonable levels of care.
  3. There is a vast body of detailed international and domestic research supporting the requirement for care standards in nursing homes. This information has been provided to the government repeatedly over a 10 month period.
  4. The government has committed millions in funding to go to facility operators for bricks and mortar, but has failed to come through on promises to improve the key determinant of levels of hands on care for residents living in those facilities which requires government to regulate guaranteed levels of nursing and personal support care.
  5. The named facilitator is neither an unbiased third party, nor is she an expert on long term care facilities. Coalition members are concerned that their issues will not receive a fair hearing.
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Leading into the introduction of Bill 140, the new Long Term Care Homes Act, the Health Coalition joined with the major seniors' groups, residents' advocates and nurses' and caregivers' unions to set a list of public interest priorities. Out of these discussions, consensus emerged that a regulated level of care (the former regulation was removed by the Harris government) was required to protect residents and caregivers from injury, accident and neglect. The coalition made this issue a priority throughout the hearings and legislative process.

Health Minister George Smitherman was initially opposed to staffing standards: see Toronto Star (January 23, 2007 "Smitherman dismisses hours-of-care standard") and was quoted in the media during the Bill 140 hearings saying that mandating staffing hours was akin to treating seniors like widgets. He was directly quoted saying "The idea that you pretend everyone is the same and that they all need three hours ... pretends that people are widgets".

Smitherman was certainly advised by then that advocates were not calling for an individual resident-based minimum staffing standard; requiring every resident to receive 3.5 hours of care whether they needed it or not. This attempt to refute the proposition is simply disingenuous and disrespectful.

In fact, throughout the Bill 140 consultation and the earlier Commitment to Care consultation, advocates held a common position and were abundantly clear about insisting upon a staffing standard based on residents' acuity. Thus homes at the average level of acuity would be required to provide 3.5 hours of care. Homes above the average would be required to provide care at higher levels and homes below the average would staff at lower levels. Thus, the common call is for a minimum average standard and is consistent with the current funding practices of the Ministry as funding is not based directly on individual need but on group average needs in each facility.

According to the Ministry's own internal documents, the only stakeholder that spoke in opposition to any reinstatement of minimum staffing standards was the Ontario Long Term Care Association, the principal lobby group for the for-profit nursing home industry.

Following considerable public pressure during the Bill 140 hearings, the Ministry of Health released

a press release dated January 26, 2007 says the McGuinty government had "been listening to a number of people and groups" and was "responding to make the legislation even stronger". This press release expressly lists proposed amendments to "establish staffing and care standards" and followed public commitments by George Smitherman and his Parliamentary Assistant MPP Monique Smith promising to bring in a regulation to establish a care standard.

It was known at about the same time that the Ministry was receiving reports from LTC operators indicating average staffing hours of 2.8 hours per resident. These represent paid hours, rather than 'worked' or hands-on care hours.

Consistent with those promises, Liberal MPP Monique Smith introduced a new section 15.1 to Bill 140 that would require every LTC homes to ensure it met the staffing and care standards provided for in regulations".

However, at third reading of Bill 140 on March 29, 2007; one week after the provincial budget was introduced with an anticipated surplus of \$310 million; there were neither any minimum staffing standards nor any indication when such standards would be set out in regulation.

At the end of the spring session, the Bill was passed and received Royal Assent. Still no regulation to set care standards was introduced.

Contrast that to the subsequent announcement of a \$2.3 billion surplus for 2006-07 and a forecast of \$750 million in surplus in 2007-08.

Contrast that to the subsequent announcement of an increase in the capital redevelopment per diem to \$15.00 from \$10.35 to finance the redevelopment of some 35,000 beds over 10 years that would cost an additional \$60 million in each year.

Contrast that to the subsequent announcement of an additional 1,760 new LTC beds throughout the province in 2007 that would cost a further \$236.8 million.

Contrast that to the subsequent announcement of an increase in the daily raw food allowance to \$7.00; that would cost \$25.4 million annually.

While the Liberal Government claims to have increased long-term care spending by \$800 million since 2003, they have not mandated by regulation any minimum staffing standard to ensure quality care for residents. Where are their priorities?

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