BACKGROUNDER
LONG TERM CARE

1. ISSUE DEFINITION

By May 7th 2020, 82% of Canadian deaths from Covid-19 were in Long Term Care (LTC). LTC provides adults whose needs can no longer be met in the community, a place where they can live and obtain help with most or all daily activities and access to 24 hour nursing and personal care.

The proportion of these LTC deaths in May 2020 was measured in 14 countries and Canada had the worst record. (*National Institutes on Aging-Toronto Star May 7, 2020)*.

Dr. Samir Sinha, Research Director at the Institute, says it's a staggering figure, given the roughly 400,000 residents living in care homes represent only 1% of Canada's population.

This assessment was confirmed in June when the Canadian Institutes for Health Information (CIHI) surveyed 17 countries. Its analysis shows that while Canada's COVID-19 death rate is relatively low compared to other OECD countries, the proportion of deaths occurring in long-term care (LTC) is double the OECD average. As of May 25, at the country level, LTC residents accounted for 81% of all reported COVID-19 deaths in Canada, compared with an average of 42% in 16 other OECD countries (ranging from less than 10% in Slovenia and Hungary to 66% in Spain).

Other related CIHI findings include:

- Compared with the OECD average, Canada had fewer health care workers (nurses and personal support workers) per 100 senior residents of LTC homes in 2017–2018;
- Countries with centralized regulation and organization of LTC (Australia, Austria, Hungary, Slovenia) were generally associated with lower numbers of COVID-19 cases and deaths; and
- Countries that implemented specific prevention measures targeted to the LTC sector at the same time as their stay-at-home orders and closure of public places (Australia, Austria, the Netherlands, Hungary, Slovenia) had fewer COVID-19 infections and deaths.

This picture should come as no surprise. For decades, LTC has been publicly known to have challenges in safety standards, quality of care, transparency and accountability. Today, in a pandemic, these deficiencies have led to LTC facilities becoming harbingers of death.

Long-term residential-based care is not publicly insured under the Canada Health Act. It is governed by provincial and territorial legislation. Across the country, jurisdictions offer a different range of services and cost coverage. Consequently, there is little consistency across Canada in what facilities are called (e.g. nursing home, personal care facility, LTC facilities, residential continuing care facility, etc.); the level or type of care offered and how it is monitored and measured; and how facilities are governed or who owns them.

In its June 2020 report on long-term care, the Royal Society of Canada noted that many of Canada's long-term care homes were built between 1950 and 1990. They tend to be larger, with 200-400 residents and are designed like hospitals, with communal bathrooms, rooms for 2-4 residents, narrower hallways, large communal dining areas, small, crowded nursing stations and medication areas, and limited areas for staff and families away from resident rooms. Physical distancing and isolation of persons with infectious diseases is nearly impossible in these settings.

Buildings designed to more modern standards offer better opportunities to support the social needs of residents (including those with dementia) and they have physical characteristics, such as wide hallways and doorways, private rooms, individual accessible bathrooms and smaller local communal dining areas. They noted that these standards can also make physical distancing and infection control less challenging.

There are many inequities in seniors care within our current system according to the Canadian Health Coalition. Accessing quality seniors' care is difficult for many low income, racialized, and indigenous and LGBTQ seniors. Due to a lack of long-term beds in some areas, seniors living in rural or remote communities often must travel long distances to access care, separating them from their family, friends and support networks.

The absence of agreed standards of care and uniform systems of accountability, across Canada has enabled this tragic situation to occur. It is obvious that 13 different systems of LTC in Canada has not worked nor has it produced an acceptable level of care. Achieving not just an acceptable, but a desired, quality of LTC will require an agreed pan-Canadian system of standards, oversight and funding. Placing LTC under one piece of federal legislation will provide the necessary framework for such an effort.

The proportion of the population aged 65 and older within Canada on July 1, 2018 was 17.2 %. According to projections from Statistics Canada (2018), seniors could represent between 22 and 25% of the total population by 2036. Most Canadians will rely on seniors' care at some point in their lives. Canadians deserve equitable access to care that is based on their needs, not ability to pay. All seniors deserve to age with dignity, respect and independence.

2. LEGISLATION

The Federal Government must take leadership in order to bring cohesion and fairness to LTC. This can be accomplished through legislation that will complement the Canada Health Act and it must be partially funded through the Federal Healthcare Transfer. This legislation must make LTC a publicly insured core health service that is accessible and universal. This would also require annual, standardized reporting requirements tied to that funding in order to ensure transparency to citizens across jurisdictions.

When seniors are hospitalized, they are cared for within the public healthcare system. There is no reason this should change once they leave hospital and return to LTC.

This change would help address the deplorable conditions in LTC facilities and result in more effective and efficient care. That's why we must have serious financial resource investments, well-trained and well-paid staff who prioritize the safety and dignity of residents and a population that holds governments accountable for ensuring the safety and security of Canada's most vulnerable seniors and disabled adults (including veterans who have sacrificed for their country).

Erin Strumpft, a health economist at McGill University, said (*CBC May 5/20)* "…the arguments in favour of publicly-funded LTC would be similar to those in support of a national pharmacare program". She continued "…greater government involvement through workplace regulations and incentives would improve the quality of care in LTC".

Mike Villeneuve, CEO, Canadian Nurses Association, says *(CBC May 5/20)* that "Canadians should have access to LTC based on their needs not on their ability to pay". He added, "CNA will be advocating for a dramatic overhaul of the LTC system from the ground up".

Amanda Vyce, CEO of The Canadian Labour Congress, told the Commons Health Committee in April that "...the public is horrified and they are listening now". Carol Estabrooks, Professor of Nursing at the University of Alberta and Don Davies, NDP Health Critic are among the chorus of stakeholders calling for LTC to be publicly funded through a universal system*(National Post May 9/20)*.

As soon as the Covid-19 crisis abates, the Federal Government must launch negotiations with the provinces and territories to establish a dedicated federal transfer payment (cash contribution) to bring LTC under the umbrella of our public health system under federal legislation. By leveraging its spending power, the federal government can forge an agreement to expand access, improve employment conditions, enforce binding national standards and ensure transparency and accountability and annual reporting to Canadians.

> **"…Where there is a political will, there is a way to find the money and to provide it to the services where it is most needed to support Canadians"**
> *Health Minister Patty Hajdu (CBC April 19/20)*

3. STANDARDS OF CARE

The Conference Board of Canada estimates we will need to double the number of LTC beds in Canada to 450,000 within 15 years, in order to keep pace with our aging population.

Canada must address this urgent issue immediately.

Workers in LTC facilities care for frail, vulnerable older adults with increasingly complex

medical and social needs. Those needs of residents have a significant impact on unregulated care aides, the predominant staff in LTC, who provide upwards of 90% of direct care. Care aides often have limited formal training and manage high workloads with tight timelines and frequent interruptions. They experience responsive behaviours from residents with dementia, ranging from verbal abuse to actual assault.

The COVID-19 crisis offers an opportunity to create a new, better normal at Canadian long-term care homes. Research around the world shows that front-line workers in long-term care homes – Canada's care aides or personal support workers – directly affect quality of care and quality of life for residents. We must start with finding, training, licensing and paying well the workers who care for the most vulnerable in our LTC homes.

Most of these workers are women. A majority of them are immigrants and members of visible minorities. They are underpaid and undervalued. Until NOW.
Covid-19 highlighted them as our most valued front line workers – along with doctors and nurses. They are literally keeping LTC residents alive.

These workers are in short supply in LTC because they are poorly paid, most times without benefits. So, they are forced to work in more than one LTC facility and/or in home care to supplement their income, putting residents at risk as workers move from facility to facility and to home care. As they are not professionally licensed – as Registered Nursing Aaaiatants and Licenced Practical Nurses are – they are perceived of low value. That view of their value has been changed by this pandemic.

Additionally, these workers were placed at heightened health risk themselves because most LTC facilities had no pandemic action plan, nor immediate access to Personal Protective Equipment to safeguard against transmission. Nor was there any provision for enhanced infection control, social distancing of residents or workers, early social distancing of family or others entering the home, or early and comprehensive testing of workers. In some jurisdictions there were not enough facility inspections. If inspections were carried out, neither follow-up nor enforcement brought about any improvement. Fines for lack of compliance are either non-existent or are not punitive enough to force change.

In order to safeguard those who live and work in LTC, and safeguard the community, licensing, pay and benefits, stringent Standards of Care, possible video monitoring and solid enforcement, including random inspections, must form part of any LTC legislation.

> **"It's time to re-evaluate the tendency to 'devalue' the work of caring for people, including children and the elderly…the devastating impacts of the pandemic on senior homes offer an opportunity to move towards a better system for caring for the elderly".**
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> *Health Minister, Patty Hajdu (CBC April 14/20)*

4. TRANSPARENCY

Our parents and grandparents built this country. They sheltered and nurtured us when we were vulnerable and now it's our turn to do the same. When we entrust them to LTC we expect them to be safe. We expect to receive the information we need to advocate for them when needed and to keep a watchful eye to ensure that they are being well-cared for in the very place we chose to shelter them. Covid-19 revealed a bitter truth. We do not always know when our loved ones in Long Term Care are at risk until it's too late.

Transparency for families and residents begins with modeling the qualities of the best LTC homes. Those qualities include, but are not exclusive to, the highest standard of care; the most stringent infection control; accessible pandemic plan for residents, staff and visitors; a realistic staff-to-resident ratio or no more than 1:3; an appropriate number of hours devoted to each resident; based on their needs transparent and realistic per resident costing of food; the appointment of an ombudsman/advocate; clear definition of whom is accountable; and absolute commitment to strong, early and timely communication with family/Attorney for Person Care at the first sign of the need for medical care. Additionally, it should be standard facility practice that in the case of death the family must be contacted within the first hour.

In order for there to be confidence in the system, provincial governments must be transparent in reporting how much is being spent on LTC in their jurisdictions.

That level of transparency must be an underlying principle of any LTC legislation. We must be able to trust that our family member is safe. Transparency can and will build that trust.

5. ACCOUNTABILITY

We must redesign the entire LTC system and how it is integrated with the rest of the healthcare system. That might make it robust enough to withstand a crisis like a future pandemic. We must hold governments accountable for the investment and management of our tax dollars devoted to LTC.

Prime Minister Trudeau has talked about the need to re-examine the state of LTC in Canada and suggested the federal and provincial governments need to come together to help improve the system.

Some provincial premiers have expressed an interest in discussing an increase in the Federal Health Transfer. They have been seeking a 25% increase for some time and are willing to discuss targeted funding (NS Premier McNeil). Perhaps an increase of that magnitude could be tied to a commitment to reducing the number of seniors unnecessarily in hospitals, and instead placing them in LTC. This could shift the focus to provincial accountability for the management of those LTC beds and the residents in them.

One of the biggest challenges is lack of accountability for LTC. There are many kinds of LTC. Studies have indicated that those that are publicly run or not-for-profit offer a higher standard of delivery than for-profit facilities *(Institute for Clinical Evaluation Science Sept. 2015)*. That is why it is necessary that ALL Long Term Care homes be, at the very least, licensed by the Public Health Agency. We must know that the government is doing due diligence before it grants those licenses and can be held accountable if those LTC facilities are not meeting the terms of their licensing agreement.

We must also know how much of every tax dollar is being spent by provincial governments on LTC and healthcare. Therefore, we must make annual public reporting mandatory in any new LTC legislation. All politicians must be held accountable to those who built Canada.

> **"…Collectively, we need to do a much better job of caring for our elders".**
> *Deputy Prime Minister Chrystia Freeland said (Globe & Mail April 24/20)*

> ***"The moral test of government is how that government treats those who are in the dawn of life, the children; those who are in the twilight of life, the elderly; and those who are in the shadows of life, the sick, the needy and the handicapped".***
> *Hubert Humphrey*
> *(Dedication Speech, Hubert Humphrey Building, 1977)*

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