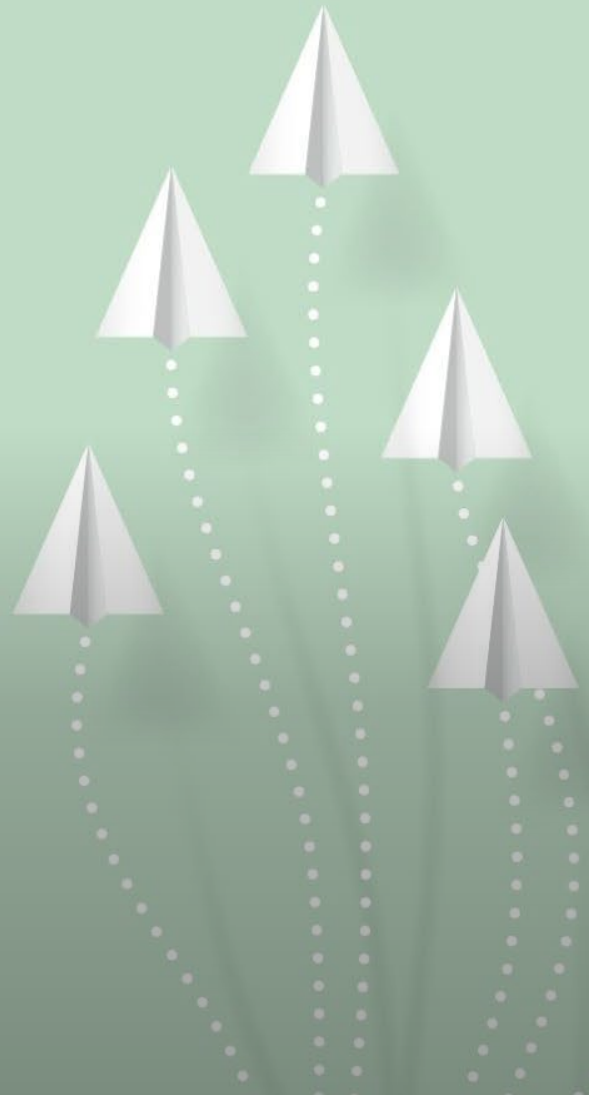

Long Term Care:

The Past, The Present/COVID-19 And The Future©

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AGENDA

LONG TERM CARE:

1. THE HISTORY
2. ONTARIO TODAY
3. COVIDE CARNAGE
4. THE FUTURE
5. RESOURCES

1. The History of Long Term Care

- Canada's system grew out of the Elizabethan Poor Law of 1601—caring for the elderly was the role of churches and charities
- Paid for by federal transfers until 1996 (Extended Health Care Services Program); replaced by Canada Health and Social Transfer which collapsed targeted federal funding for long term institutional care
- Still does not fall under the 1984 Canada Health Act—considered an extended-health service, not an insured service
- The federal government continues to have a hand in long term care through its funding of First Nations' community care and Veterans' long term care.

1. The History of Long Term Care

- No established federal standards for LTC across Canada = a patchwork of programs and variations in the availability of services, level of public funding, eligibility criteria, and out-of-pocket costs for clients and residents
- The "sexy stuff" in health care involves fixing and curing people, while long-term care has too often focused on ‘providing a bed until death’
- Most residents and staff in care facilities are female, suggesting that gender also plays a role in the **neglect of the system.**

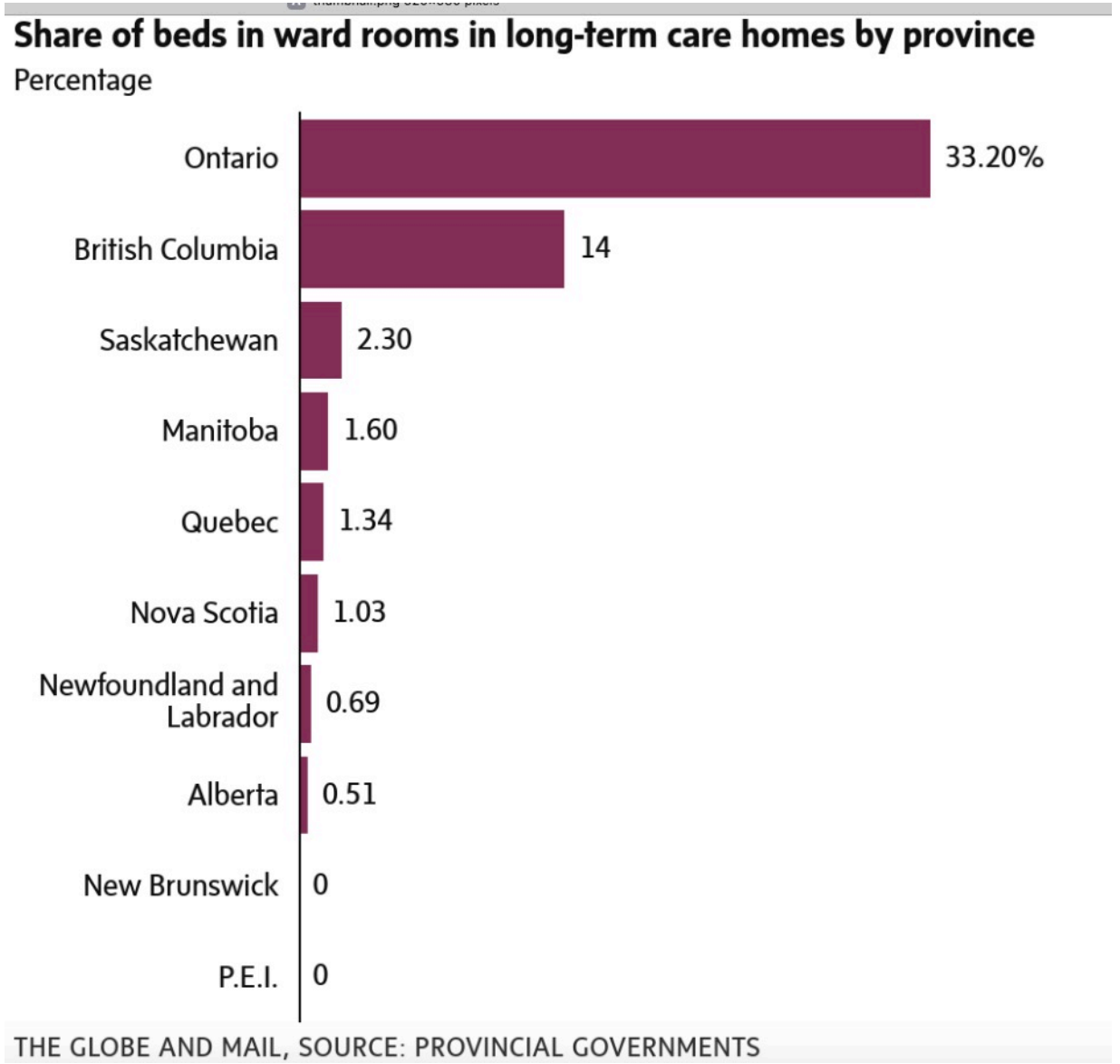
Long Term Care Today In Ontario

- One of the highest rates of institutionalization in the world (1in 3)
- 627 facilities with 78,500 beds
- 58% for profit
- 24% not-for-profit
- 16% municipally operated
- 60% of homes have 100+ beds
- Only 40% less than 96 beds
- Median survival rate: 2.2 years
- 1800+ residents have died
- Ontario has lowest hours of daily care per resident
- Government ignored recommendations made 3 months ago to improve LTC/cope with a second wave

LONG TERM CARE FUNDING ALLOCATION

	% SPENT ON NURSING HOMES	% SPENT ON HOME/COMM CARE
CANADA	87	13
OECD* COUNTRY AVERAGE	65	35
DENMARK	**36**	**64**

* Organization for Economic Co-operation and Development (OECD) countries


Share of beds in ward rooms in long-term care homes by province
Percentage
Ontario
33.20%
British Columbia
14
Saskatchewan
2.30
Manitoba
1.60
Quebec
1.34
Nova Scotia
1.03
Newfoundland and Labrador
0.69
Alberta
0.51
New Brunswick
0
P.E.I.
0
THE GLOBE AND MAIL, SOURCE: PROVINCIAL GOVERNMENTS

What Else Caused The COVID Carnage?

- Before COVID people normally cared for in hospital increasingly being cared for in care homes
- Moved long-term care into a position where it was expected to be a substitute for a higher level of acute care
- But the staffing models/physical plants have never kept pace with the complexities of resident care
- Thus COVID-19 did not create the carnage—it exploited pre-existing conditions, whether in patients or in healthcare systems
- We had a playbook—we just ignored it.

What Else Caused The Carnage?

HOMES

- Not physically designed for infection control – multiple people in rooms separated by only a curtain
- Inadequate PPE – went to government funded/equipped hospitals
- No updated pandemic/isolation protocols
- Ontario scaled back annual inspections.

What Else Caused The Carnage?

STAFF

- Homes understaffed for 20+ years – now unable to provide the bare minimum of care
- Staff mainly PSWs
  - Too little, ongoing training—did not know how prevent/stop/control spread of COVID-19
- Work on contract/poor pay, no benefits; must work in multiple homes to earn a living
- Complete cross contamination from the beginning between PSWs, families, suppliers and volunteers.

EATONVILLE CARE CENTRE
420 THE EAST MALL, ETOBICOKE, ON M9B 3Z9

1. Infection control:
   a. Isolation: COVID-19 positive residents allowed to wander. This means anyone in the facility (staff, residents, and visitors) is at risk of being exposed and passing it throughout the home; as the resident's location is not predictable, full appropriate PPE is not possible;
   b. PPE practices – resident rooms: facility staff are under the impression that if the infection between 2 residents is the same, there's no need to change their gown; and
   c. PPE practices – outside rooms: facility staff often wear PPE outside of rooms and at the nurses station.

2. Standards of practice/quality of care concerns:
   a. Reusing hypodermoclysis supplies even after sterility has been obviously compromised (e.g. catheter pulled out and on the floor for an undetermined amount of time);
   b. Poor palliative care standards – inadequate dosing intervals for some medications, some options limited based on level of staff administering medication (ex: hydromorphone injection won't be given if RN unavailable);
   c. There are no mouth or eye care orders or supplies for palliative residents;
   d. Poor Foley catheter care. CAF SNO (Senior Nursing Officer) reports poor adherence to orders, no consistent safety checks. Significant incidents of excessive sediment or abnormal discharge and bleeding with no follow on action; and
   e. Generally very poor peri-catheterization care reported. Example: Retracting penis foreskin to clean isn't happening on a widespread level. CAF have found nearly a dozen incidents of bleeding fungal infections.

3. Supplies:
   a. General culture of fear to use supplies because they cost money (fluid bags, dressings, gowns, gloves etc);
   b. Key supplies are often under lock and key, not accessible by those who need them for work (e.g. wipes for PSWs); and
   c. Expired medication. Much of the ward stock was months out of date (inference: residents have likely been getting expired medication for quite some time).

4. Ambiguity on local practices:
   a. Extra soaker pad: residents who routinely soil their bed despite incontinence products are not permitted to have an extra soaker pad or towel in bed to help protect sheets and blankets from soiling. (PSWs are afraid for their jobs on this issue) rationalization used is that an extra pad is undignified;
   b. Cohorting residents. Ministry requirement cited as reason they still have negative residents rooming with positive residents; and
   c. Unable to post information that would greatly increase patient safety and appropriate care. Example: an inconspicuous card above bed that stated code status, diet texture/fluid consistency, transfer status etc. was deemed to be "undignified". This

The Future

- Although the majority of Canadians want to age/die at home, many will not be able to do so for a number of reasons:
  - Frailty
  - Multiple chronic illnesses
  - Dementia
  - No family support available
  - Inadequate home/community care
- As unacceptable as many long term care homes are now, there is a growing movement across this country demanding a complete overhaul of the care continuum to allow Canadians to age at home or in a small, safe care homes.

The Future

As we move forward:

We know that long term takes up 7 per cent of public health care spending

But we don't know:

- How it gets allocated between homes
- How it's spent
- How much profit is taken
- How many staff work at a particular facility
- Their turnover rates
- If staff are permanent
- If there are enough staff to provide the care
- What kind of individual conversations or agreements are made with each of the large providers
- How much those providers pay back into political campaigns

We don't have:

- Transparency
- Accountability

The Future (Bill 161)

- A $100-million class action launched in May against Revera Retirement Living and Sienna Senior Living. Between them, the two companies own more than 130 nursing homes in Ontario
- A class-action claim launched on behalf of anyone who lived at any of Chartwell's 27 long-term care homes in the province
- A class-action claim against six long-term care homes owned, operated or managed by Responsive Group Inc.

The Future: Tough Ethical Issues

The biggest problem that all people in nursing homes have is loneliness, boredom, a lack of purpose

- So what have we done?
  - Stopped communal dining
  - stopped recreational activities
  - Restricted family visits, stopped excursions and stopped children from visiting – unethical

The role of women in long term care

  - About 95 per cent of the paid workers are women
  - 75 per cent of unpaid caregivers are women
  - Two-thirds of people with dementia are women
  - Two-thirds of people in nursing homes are women—**a highly gendered environment which must be addressed**

- The elderly have become invisible in Canada; the public needs to take off the blinders and demand what is right, demand ethical care

Long Term Care and Ontario Council: Where To Concentrate Efforts

Throne speech:

The Government will:

- *Work with Parliament on Criminal Code amendments to explicitly penalize those who neglect seniors under their care*
- *Work with the provinces and territories to set new, national standards for long-term care so that seniors get the best support possible*
- *Take additional action to help people stay in their homes longer*
- *Will look at further targeted measures for personal support workers, who do an essential service helping the most vulnerable in our communities*

Ontario Council:

- Continue to demand a commission vs. a public inquiry
- Concentrate on staffing
- Concentrate on sustainable funding
- Join CanAge, SSAO
- Help remove ageism around ageing/long term care.

Resources

- **COVID 19: Long-Term Care Preparedness - September 29, 2020**
- www.health.gov.on.ca/en/pro/programs/ltc/docs/covid-19/mltc-covid19-ltc-reparedness.pdf
- **Why Are Canadians So Upset About The Abuse, Neglect And Deaths In Our Long Term Care Homes?**

  www.ltcplanningnetwork.com. Click on COVID-19.
- **CanAge** www.canage.ca. National advocacy organization for older adults
- **Seniors For Social Action (SSAO).** A progressive force for change. www.seniorsactionontario.com
- **Living To 100** www.livingto100.com

Karen's Ageing/Long Term Care Planning And Educational Resources

- Long Term Care Planning Network
  www.ltcplanningnetwork.com
- It's never too early to start the care conversation…A Guide For Adult Children & Their Parents
- Long Term Care: A Practical Planning Guide For Canadians
- The Critical Illness/Long Term Care Planner
- The 10-Step Long Term Care Planner

Your presenter

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