

Survey: Long Term Care in Ontario

Presented to the Canadian Federation of University Women
Ontario Council

By CFUW Stratford

With the cooperation of CFUW Windsor, Kitchener-Waterloo, Oakville and
Regional Director Elana Freeman

April 17, 2021

Summary

There is certainly no lack of recognition that the state of Long Term Care (LTC) in Ontario was woefully inadequate long before COVID-19. Political parties of all stripes at both provincial and federal levels have been complicit in funding cuts, increased privatization, government neglect and indifference. While fatalities in LTC have been declining since residents have begun to receive vaccines, this survey of well over 1000 people from across the province, proves that Ontario voters believe that the state of our homes for elders presents a grave humanitarian crisis.

Staffing of our LTC facilities is considered a hugely important factor. An overwhelming majority do not believe that fully budgeting for adequate individual care should be delayed until 2024. There is also distinct recognition that trained Personal Service Workers who have full time jobs with benefits including sick days are key to improvement and recovery in this sector.

The importance of on-site, unannounced inspections is highlighted, with the strong belief that the consequences for failing to meet requirements should be meaningful. The need to review and implement provincial and national standards is seen as urgent.

While only 2% of respondents disagreed with the statement that LTC should not be profit-driven, some of the undecideds were unaware that private care homes could also be not-for-profit. A few of the respondents commented that care could be for profit as long as yet-to-be defined standards were met. Most, however, would agree with Stephen Lewis who once remarked, "We tolerate a hybrid public-private system despite the obvious moral hazard of extracting profits from society's most vulnerable."

One of the most gratifying outcomes of this survey was the tremendous participation of individuals across the province. While the survey was originally distributed to members of CFUW clubs throughout Ontario, there was a further tremendous outreach achieved by the use of social media, as well as the dedicated efforts of individual members who promoted the survey amongst their contacts and organizations.

The need for improvements in Long Term Care must not be understated or forgotten as the province turns to other critical issues during this pandemic. We are very gratified to find that three quarters of the survey respondents, would like to continue to participate in future Long Term Care advocacy actions.

Participation

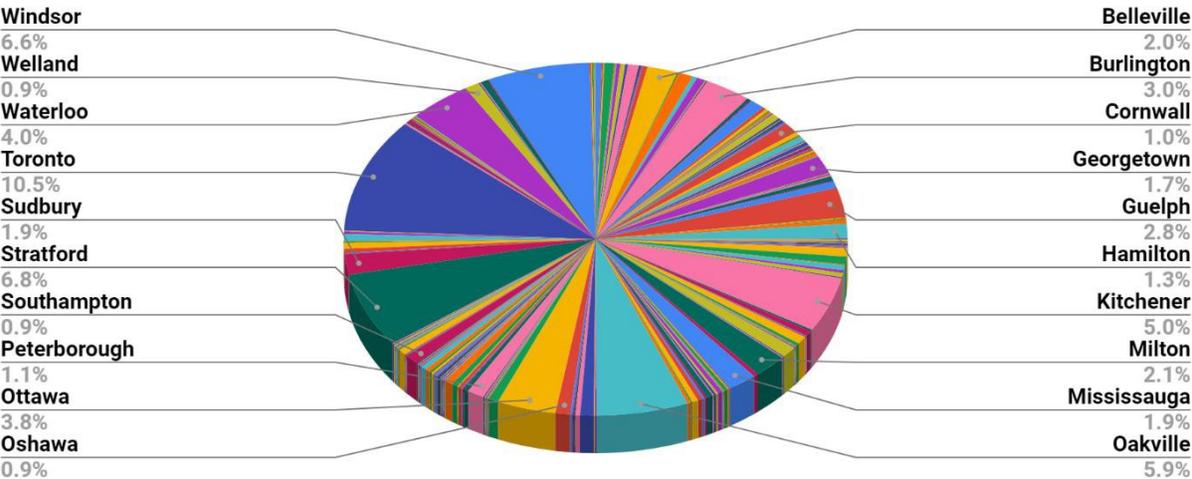
Number of Survey respondents: **1,272**

There was very strong engagement with this short survey from both men and women, from all parts of the Province of Ontario.

Number of individual Towns/Cities in Ontario represented: **195**

There was solid input from an extremely widespread area of the province covering both major cities, as well as rural and cottage areas. Obviously, the numbers were generally higher in urban centres as indicated below.

Participation of Towns and Cities



A full list of Towns and Cities which are represented in the survey may be found in Appendix 1.

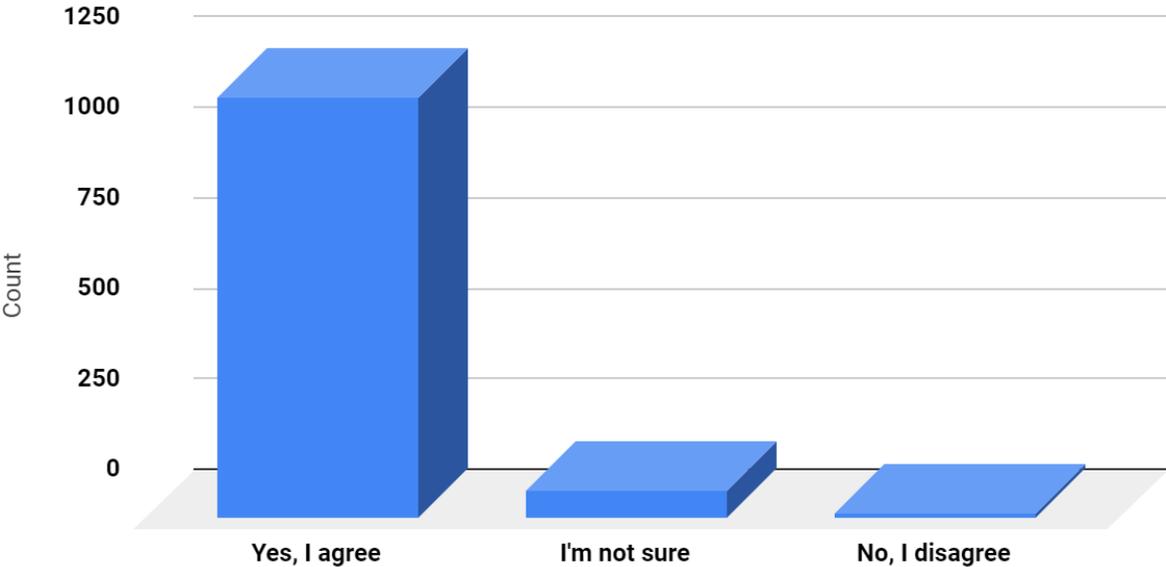
Top Participation in Towns and Cities:

Toronto, Etobicoke, Scarborough:	140
Kitchener, Waterloo	118
Windsor, Amherstburg, Tecumseh:	97
Stratford, St. Marys:	88
Oakville	75
Ottawa	48
Burlington	38

Ontario's LTC / Nursing Homes

Q1. **Over 92%** of those surveyed believed that Ontario's Long Term Care was in a "grave humanitarian crisis".

Q1. Ontario's LTC presents "a grave humanitarian crisis".



Q1. Ontario's nursing homes are in "a grave humanitarian crisis."

Yes, I agree:	1166
I'm not sure:	78
No, I disagree:	16
No answer:	11

Here are the comments:

Yes, but they have been in a grave humanitarian crisis for a very long time.

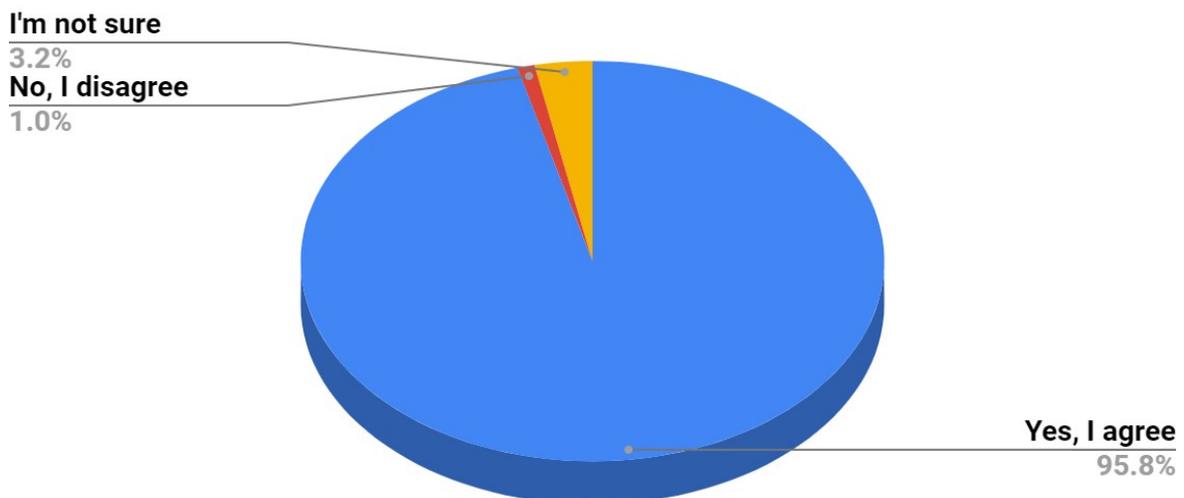
I agree the situation is grave. However, putting more \$ into this terrible warehousing model is not the way to go. We need to be looking at other models of care. There are models elsewhere in the world that we should be emulating.

Some are; some aren't. They all are not the same.

Staffing of Long Term Care Homes

Q2. 95.8% of Ontarians surveyed believe that the Ontario Government should ensure that staffing levels are adequate to provide a minimum of 4 hours of care per resident by December 2022 and not delay until 2024.

Q2. Ontario should not delay to provide minimum 4 hours care per resident.



What people said:

It's needed immediately. The 2022 timeline is arbitrary. Not sure where that comes from. Seize the urgency of this time and make that goal Dec. 2021 not 22.

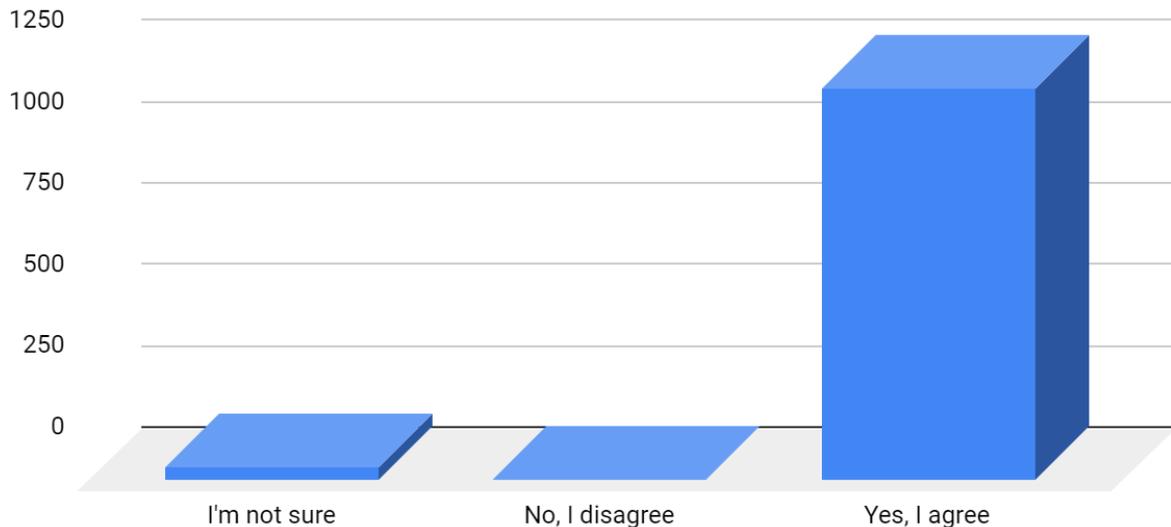
Yes, I agree more staff is needed, but I feel the whole system is really not run effectively for the human needs of elderly people. Not sure I agree that high density warehousing is the answer. Providing pastimes and daily life experiences RELEVANT to the population's values and beliefs at the time of their "last Phase of life" is important. I feel the system is run for the staff's needs, not for the residents- which is totally backwards.

I do not know enough about availability of trained staff to state a position. The earlier the better - a major effort is required. Dec. 2022 seems late now. The level of care needs to be according to need. There are levels in each LTCH. The highest need is for the totally dependent which in a lot of cases is more than 4 hours/day.

PSW Employment

Q3. **Over 96%** of respondents believed that Personal Service Workers should be full time with benefits including paid sick days.

Q3. The majority of staff, especially PSWs, in Long Term Care Homes should be Full Time with benefits including paid sick d...



Q3. The majority of staff, especially PSWs, in Long Term Care Homes should be Full Time with ben...

Comments made:

Paid sick leave is vital so they don't come IN WHEN they are sick!!

Yes, I agree and would add better training plus pension benefits.

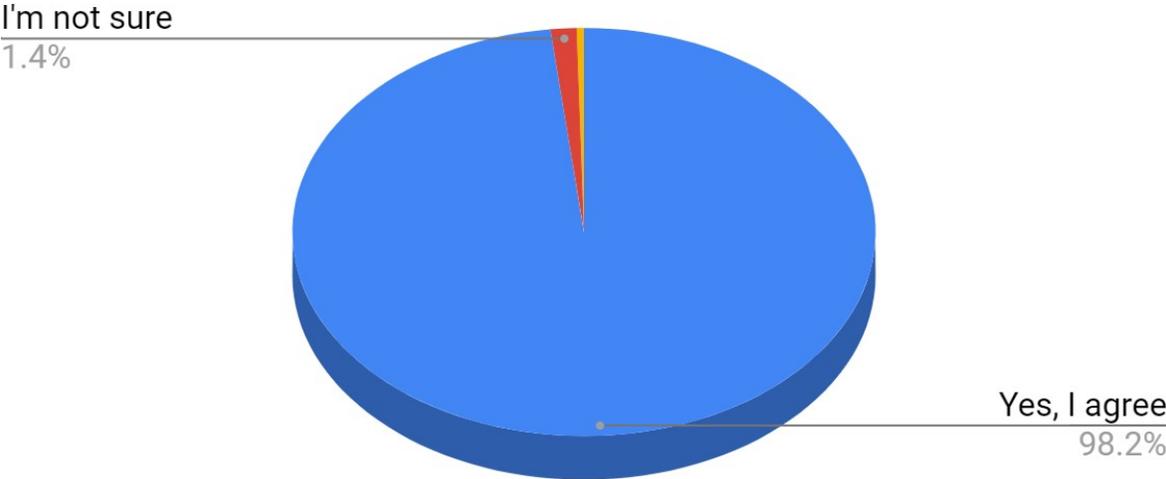
You are leading me with your comment on "full time" when maybe there are successful techniques that could/would utilize part-time just as well. Also, maybe Part Timers would be less stressed - with the right scheduling???

Do nurses have paid sick days?

Inspections

Q4. **Over 98%** of Ontarians say that annual, unannounced, on-site inspections should be re-introduced with fines enforced for violations.

Q4. Annual unannounced on-site government inspections with fines enforced.



What people said:

More frequently than once a year. Should be semi-annual.

They never should have been eliminated.

Solutions should be agreed to and funded, not just fines.

I don't think the visits were previously "unannounced". Homes had lots of time to prepare for them.

Education about how to avoid violations would also help.

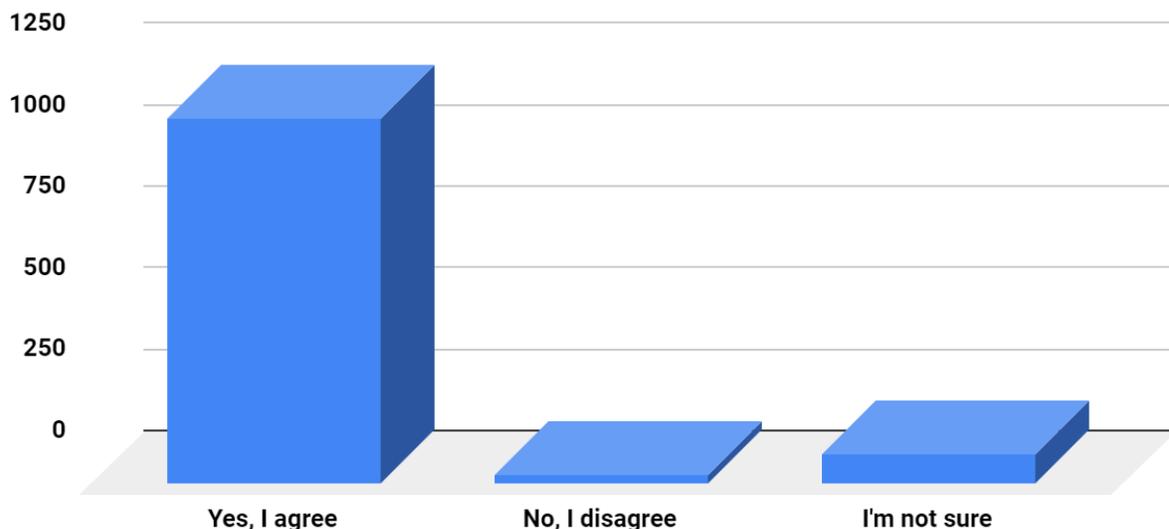
I agree but severe fines and a team to take over management until issues are resolved.

Profit in Long Term Care

Q5. A large majority, **88%** of those surveyed believed that Long Term Care in Ontario should not be profit-driven!

Very few, only 2.3% of Ontarians disagreed while 7.3% were not sure and 1.9% did not give an opinion. Of those who either disagreed or were unsure, many were confused between private/non-private and for-profit/not-for-profit.

Q5. Long Term Care is a part of Health Care. It should not be profit-driven.



Count of Q5. Long Term Care is a part of Health Care. It should not be profit-driven.

Comments:

Yes, no part of the health care system should be ...

I think there needs to be a look at private care with some controls and rules and standards. Public health care is not innovative and cannot change quickly - blended model.

The more important issue for me is that there are federal and provincial standards for LTC that are based on best health care, gerontology input and compassion. Then these standards must be precisely and clearly written, imposed, surveyed several times a year with unannounced inspections followed by public ratings of facilities and immediate imposition of significant fines for any violation. If standards are adhered to, whether the home is public, private, for profit or not will be less important when every resident is well cared for.

Appendix 1

Full List of Participation by Town / City:

Ajax Alliston Alton Amherstburg Ancaster Arnprior Aurora Ayr Baden Barrie Barry's Bay	Caledon Callander Cambridge Camlachie Capreol Carrying Place Chatham Kent Clarksburg Cobalt Cobourg Collingwood	Erin Espanola Essex Etobicoke Fenelon Falls Fenwick Fergus Fonthill Gananoque Georgetown Georgina	Harrow Hillsburgh Holland Landing Hornby Huntsville Iroquois falls Jordan Station Kanata Kemptville Keswick Kincardine
Bayfield Beeton Belle river Belleville Bowmanville Bracebridge Brampton Brantford Brechin Brighton Burlington	Comber Conestogo Consecon Copper Cliff Cornwall Dundas Dunrobin Eganville Elmira Ennismore Erieau	Goderich Grand Valley Gravenhurst Greeley Grimsby Guelph Haileybury Haliburton Halton Hills Hamilton Hannon	King Kingston Kitchen Kitchener Lakeshore Lasalle Lindsay London Long Sault Lowbanks
Maberly Mannheim Markham Matheson Mildmay Milton Mindemoya Mississauga Mitchell Monkland Mono	Ottawa Owen Sound Palmerston Paris Parry Sound Pembroke Penetanguishene Peterborough Pickering Poct Port Carling	Southampton St Joachim St. Andrews W St. Catharines St. George-Brant St. Marys St. Thomas Stirling Stittsville Stoney creek Stratford	Whitby Williamstown Windsor Winnipeg Woodbridge Woodham Woodslee Wyoming

Morrisburg Napanee Nepean New Dundee New Hamburg Newcastle Newmarket Niagara Falls Niagara on the Lake North Bay North York	Port Colborne Port Dover Port Elgin Port Hope Port Perry Priceville Puslinch Renfrew Richmond Richmond Hill Rockland	Sudbury Summerstown Tecumseh Thornhill Thorold Thunder Bay Timmins Tiny Toronto Trent Lakes	
N. Bruce Peninsula not given Oakville Omeme Orangeville Orillia Oro Oro Medonte Oshawa	Rockwood Roslin Saint Clements Sarnia Saugeen Shores Scarborough Seaforth Severn Shelburne Skead South Glengarry	Trenton Uxbridge Vineland W Wallaceburg Wasaga Beach Waterdown Waterloo Welland Wellesley Wheatley	

Appendix 2

Comments were made by those who wanted to say more than simply “yes”, “no”, and “I’m not sure”. They were not available to those who wanted to give a definitive answer.

Q1. Ontario’s nursing homes are in “a grave humanitarian crisis”

Yes, I agree:

This has been a problem for many years. This government has an opportunity to do something to improve the situation now.
It is grave situation for those without money and family advocates.
I agree the situation is grave. However, putting more \$ into this terrible warehousing model is not the way to go. We need to be looking at other models of care. There are models elsewhere in the world that we should be emulating.
"Many" Ontario nursing homes are in "a grave humanitarian crisis".
They weren't prepared for a Pandemic.
Yes, but they have been in a grave humanitarian crisis for a very long time.
Understaffed, underpaid, inadequate space.

I'm not sure:

Some certainly are.
Some are.
Some are. Some may be better than others.
I don't know as I'm not visiting - but when I did visit, staffing needed scheduling/planning to be successful.
Some are; some aren't. They all are not the same.
Some are some are not.

No, I disagree:

Seniors are in grave humanitarian way.
The situation is serious, but it is not a humanitarian crisis.

Q2. The Ontario Government should ensure that there is sufficient PSW staffing for the minimum 4 hours per resident by Dec. 2022 and not delay until 2024.

Yes, I agree:

Start now!
It's needed immediately. The 2022 timeline is arbitrary. Not sure where that comes from.
Yes, but not enough trained.
It would be even better if it could happen by December 2021.
I think that the minimum 4 hours per resident should be initiated now, not wait until 2022.
Seize the urgency of this time and make that goal Dec. 2021 not 22.
More nurses are also required.
Without this ratio care suffers.
Just bodies isn't good enough. They need training.
Not able to train that quickly is a concern.
Not sure it is a realistic goal but 2024 is too far.
By December 2021.

Yes, I agree more staff is needed, but I feel the whole system is really not run effectively for the human needs of elderly people. Not sure I agree that high density warehousing is the answer at all and I definitely feel that providing pastimes and daily life experiences RELEVANT to the population's values and beliefs at the time of their "last Phase of life" is important. I feel the system is run for the staff's needs, not for the residents which is totally backwards.

I think 4 hours is far too little... try at least 5 if not 6.

4 hours seems too little.

Immediate action should be taken.

I'm not sure:

I do not know enough about availability of trained staff to state a position. The earlier the better - a major effort is required. Dec. 2022 seems late now.

With short staffing, underpay, excessive charting, mandating before there is a plan to get it to be better than just more money. Some time may be needed. Work should be monitored so it is moving forward.

I want standard of education for the name of PSW.

Where does the 4 hrs come from?

That is very dependent on the availability of PSW workers. They are not easy to hire for this type of job.

Fiscally there may not be a choice other than to do a priority based roll out

4 hrs/resident/day?

Very difficult to have hard and fast rules when situations are unique and PSW's only working certain hours.

There are too many other factors to consider, to give a definite answer.

No, I disagree:

Four hours seems like a lot.
There should be more PSW availability. Difficult to schedule as need arise.
Perhaps 3.3 hrs per day by Dec 31,2021!!
A responsible needs assessment for every resident.
Very Difficult to mandate 4 hrs/day per resident. Many residents will not need 4 hrs and if they have to take it - it may diminish their own capabilities. 4 hrs/day also could mean that people are having to have personal care during visiting times.
The level of care needs to be according to need. There are levels in each LTCF. The highest need is for the totally dependent which in a lot of cases is more than 4 hours/ day.
Not every resident needs 4 hours.
I prefer a standard similar to the ones we use for day care services. Some people do not need 4 hours of care.
I believe that the time should be decided by individual person and the PSWs input should be taken into consideration when the decision is made. The use of graphs or metrics have no place when measuring a person's day to day functions.

Q3. The majority of staff, especially PSWs, in Long Term Care Homes should be Full Time with benefits including paid sick days.

Yes, I agree:

A set number of sick days per annum also health care workers in Long term care homes should have to accept the flu vaccine or in this case Covid to work.
All PSW's should have access to Full Time and always have paid sick days but if you limit it to ONLY Full Time those that have to work part time for whatever reason will be left out. Not enough PSW as is.
Particularly in the for profit homes!
YES! adequate supervision and on the job REGULAR teaching is the key.
As long as there are provisions for staff who want to work part time and they are not forced to work full-time.
You are leading me with your comment on "full time" when maybe there are successful techniques that could/would utilize part-time just as well. Also, maybe Part Timers would be less stressed - with the right scheduling ???
But with limits on amt of sick days, otherwise I have seen some who take whole summer off etc.
+ Pension benefits
Yes, I agree and would add better training.
...should also be vaccinated
Paid sick leave is vital so they don't come IN WHEN they are sick!!

I'm not sure:

Do nurses have paid sick days?
I am not sure about the part time focus- you could have very good part time staff, even more renewed to come to work and do a good job, so don't agree with full time qualification but yes remuneration for sick days is sensible I suppose.

No, I disagree:

(there are no comments)

Q4. Annual unannounced on-site government inspections should be reintroduced, with fines enforced for violations.

Yes, I agree:

Inspections should be done every month.
Should be semi-annual.
They never should have been eliminated.
Absolutely and done by kind supportive with some power to follow up on required changes.
Solutions should be agreed to and funded not just fines.
Sure - but you really should look at other important tools and ways of monitoring - body IR cams - room IR cams ... to name a couple. The more tools available, the better the review processes can be (internally and externally).
There should be inspections but not if it is causing more stress and harm.
I agree but suggest inspections at least twice a year.
Most definitely.
Absolutely!
Education about how to avoid violations would also help.
I agree but severe fines and a team to take over management until issues are resolved.
At all facilities especially privately owned ones.
More frequently than once a year.

I don't think the visits were previously "unannounced". Homes had lots of time to prepare for them.

At least twice yearly especially for private ones.

Until situation improves, inspections should be more frequent.

These inspections should be for management and shareholders following the guidelines and providing support for workers so they can do their jobs.

I'm not sure:

Is annual enough? How about inspections should be based on complaints or failure to pass last inspection?

No, I disagree:

I disagree with enforcement from outside. You cannot enforce humanistic care. That needs to be inspired and supported in front line staff and LTC home managers.

I think fines should be last resort and monthly mandatory inspections with violations noted for reinspection and fines if not corrected.

Q5. Long Term Care is a part of Health Care. It should not be profit-driven.

Yes, I agree:

And support should be available for long term care people who want to remain in their homes!

Yes, no part of health care or links to hospitals, CHA

It is, but can we afford it?

if it is profit driven then the residents and staff must come first.

It could be part of Health Care and profit-driven, if regulations were enforced.

I'm not sure:

<p>I totally agree, but I am conflicted. Perhaps a not-for-profit model might work. Maybe a private public partnership. It is my understanding that some of the government LTC's are pretty atrocious.</p>
<p>I am not sufficiently well informed to know if for-profit facilities are uniformly inadequate</p>
<p>Depends!</p>
<p>Is it? I'm not sure. That's another leading question that tugs for an emotional response. Take emotion out of it - look at cost/savings/ways to make it more efficient ... find the tools like they did in industry (like software, hardware and robotics for improved efficiencies. What does long term care need?</p>
<p>Although I am not sure that the for-profit driven institutions have done a bad job during covid- not all of them- so this is simplistic to me. I think regulations and requirements of care could be the parameters that controlled profit mongers within the system, rather than blank rules like this. My mother-in-law in a profit /private system, had very excellent care during covid- so it is not this simple.</p>
<p>There is room for both not-for-profit and for-profit, as long as the outcomes are appropriate.</p>
<p>Unfortunately, with government funding limited and underpaid and overworked employees more funding is required which can't be sustained with the miserly amounts given.</p>

No, I disagree:

<p>Can be privately owned but ONLY with inspections and fines imposed for violations.</p>
<p>The more important issue for me is that there are federal and provincial standards for LTC that are based on best health care, gerontology input and compassion. Then these standards must be precisely and clearly written, imposed, surveyed several times a year with unannounced inspections followed by public ratings of facilities and immediate imposition of significant fines for any violation. If standards are adhered to, whether the home is public, private, for profit or not will be less important when every resident is well cared for.</p>
<p>Maybe occasionally a private high-end facility but definitely not for the average resident.</p>

There are some excellent homes (ie Shleigal run homes) that I would like to see continue but subject to high standards.

I disagree as long as there are updated standards of care and inspections for both types.

It can be run by a business. Stricter controls and unannounced visits.

I think there needs to look at private care with some controls and rules and standards. Public health care is not innovative and cannot change quickly - blended model.

At minimum quality benchmarks should be achieved even with some profit.

Not profit "driven", but private management is OK.

The issue is more one of enforcing standards. Much of the public health care system is already privatized and "profit driven" so this sector is not different.

It could be managed in such a way that privately owned LTC are fine.

Earning a profit and providing quality care are not mutually exclusive. Dentistry, ophthalmology, chiropractic therapy, to name a few are all successfully delivered outside the OHIP model. The difference is oversight and attention to the patient's wishes.