



CFUW Ontario Council Submission
to the
Standing Committee on the Legislative Assembly
concerning
Bill 37, Providing More Care, Protecting Seniors,
and Building More Beds Act

November 25, 2021

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Chair, Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock and members of the Standing Committee on the Legislative Assembly

Re: Bill 37 Providing More Care, Protecting Seniors, and Building More Beds Act

INTRODUCTION

CFUW (Canadian Federation of University Women) Ontario Council, in conjunction with three of its chapters from Kitchener-Waterloo, Oakville and Windsor welcome the opportunity to discuss our concerns for *Bill 37 Providing More Care, Protecting Seniors, and Building More Beds Act*.

The 4,800 members of CFUW Ontario Council throughout Ontario are committed to quality, regulated Long-Term Care for our families, for our friends and later, even for ourselves.

COMMENTS

In 2020, CFUW and its member organizations adopted two motions concerning “universal, accessible, regulated, respectful, and quality long-term care” with “common evidenced-based standards that ensure all vulnerable Canadians can live in safety, comfort and dignity and have access to high quality, affordable long-term care (LTC)”. The motions go on to list several standards that should be met.

Following the adoption of these motions, four chapters, Kitchener-Waterloo, Oakville, Stratford and Windsor, distributed a survey in Spring 2021, [Long Term Care in Ontario](#), of 1272 respondents covering 195 towns and cities in Ontario. Trained Personal

Support Workers who have full time jobs with benefits including sick days, staffing levels adequate to provide a minimum of 4 hours of care per resident by December 2022, and on-site unannounced inspections were the main recommendations from this study. These are key to the improvement and recovery of the Long-Term Care sector.

These above actions inform our concerns.

Positive changes we have found in Bill 37:

- a. Reinstated proactive inspections instead of relying on patient-driven complaint inspections but lacks unscheduled, on-site inspections
- b. Eliminating the voluntary plan of correction for regulation infractions
- c. More authority to additional inspectors commencing in October 2022
- d. Renovating and building Long Term Care (LTC) beds
- e. Enhanced professional development opportunities in long-term care, through the Supporting Professional Growth Fund.

Deficiencies and concerns with Bill 37:

a. The insertion of the words “mission driven”

The current Long Terms Care Homes Act, 2007 commits the government to promoting non-profit long-term care only. In the new Bill 37, that clause within the Preamble is changed to include “mission driven organizations” – a term that is not defined in law and, that has been used to cover an array of for-profit long-term care chains, including those that are responsible for high death rates and a substandard level of care.

The awarding of beds to “for-profit” organizations is counter to Canada’s universal health care system. Public funds provide capital and operating funds for LTC. During the pandemic the for-profit homes had more illness and deaths compared to non-profit and municipal homes. The profit motive appears to compromise resident care.

This proposed change is about facilitating the privatization of more long-term care homes. The interests of for-profit long-term care homes cannot again be allowed to supersede the public interest. This change should not have been put into the new legislation. At the very least it must be subject to fulsome debate and public input. With over 26,000 beds up for renewal before 2025, this will become essential.

b. Four hours of care is not a requirement for individual licensees

Four hours of care is a “target” not a requirement for individual homes. Care work hours provided by RNs, RPNs, PSWs is divided by total number of resident days “in all homes”. The average should be for individual homes to promote individual home accountability. This could allow operators to substitute personal support assistants or resident assistants as care providers and rely on provincial averages. “Work hours”, not “paid hours”, should be used for the average.

While staffing ratios of RNs, RPNs, PSWs and personal support assistants are not reflected in the Bill, will the Regulations reflect the increasingly complex care needs of the residents?

c. Community care and home care is not adequately addressed

While the title of Bill 37 is *Providing More Care, Protecting Seniors, and Building More Beds Act*, it does not adequately provide a continuum of service by providing a link to the *Home Care and Community Services Act, 1994*. Community and home care is cheaper to deliver than LTC and acute care, and is in reality what most wish. The Research Institute for Aging reported that 80 to 90% of seniors will age at home.

d. Substantial fines are included in Bill 37 but the fines in LTC Act 2007 were underutilized for serious infractions

The military report 2020 documented inadequate care, dehydration and starvation but the homes have not been fined. Fines have value if utilized as a strategy for

maintaining quality care. Not only were they underutilized, parts of the 2007 Bill had not been proclaimed (Notice of administrative penalty #156.1). While fines and Administrative Penalties are part of Bill 37, they come with the ability to be reduced and with a time limit.

Other concerns:

a. Inadequate wages, benefits and access to full-time work in LTC contributes to high turnover of staff. These need to be addressed in the Regulations.

While the Fall 2021 Economic Statement addressed “fixing long-term care” with training and funding to hire, it did not speak of the low wages, limited benefits and limited access to full-time work for staff in the eldercare sector. Financial compensation paid by the government to the licensees should be adequate to attract and **retain** qualified staff.

Salaries should be similar across the continuum of care from acute care, home and community care and LTC to reflect the complex care needs of patients outside acute care hospitals.

b. Building permits are granted without reflecting the licensee’s historical quality of care. Thirty-year licence agreements are too long.

We recognize the extreme situation as explained by the March 2021 report of the [Financial Accountability Office](#) that beds are needed for the increase in numbers of seniors aged 75+ and the need to update the old homes to current standards, with [26,000 beds needing to be re-licensed](#) (Long-Term Care Home Licensing Framework, Sept. 2020). We acknowledge that the situation in some older, for-profit homes was dire. Some long-term care chains have received renewals although their COVID death rate was high, and there have been comprehensive reports of inadequate care including the Military Report 2020 and the Long-Term Care COVID-19 Commission 2021.

c. Inspections

While the legislation calls for unannounced inspections, the fundamental problem is doing it, is following through on inspections with substantial fines when necessary, and to support long-term care homes. This is essential.

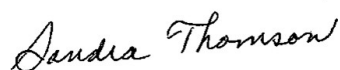
WHO WE ARE:

Ontario Council of the Canadian Federation of University Women (CFUW) is a voluntary, self-funded, non-profit organization with 48 clubs across the province, and is affiliated with the National CFUW. The three clubs involved in writing and researching these comments are from Kitchener-Waterloo, Oakville and Windsor. CFUW Ontario Council thanks them for their support, interest and concern that prompted this brief.

Our mandate is to promote education and life-long learning, to encourage the participation of members in their communities and to enhance the status of women and girls.

Our main concerns include high quality public education, universal health care, a clean safe environment, the economic security of women as well as the prevention of violence against women.

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APPENDIX 1:



SURVEY CONFIRMS CONCERNS FOR LONG-TERM CARE IN ONTARIO

TORONTO, April 29, 2021 - Trained Personal Support Workers who have full time jobs with benefits including sick days are key to the improvement and recovery of the Long-Term Care sector, staffing levels adequate to provide a minimum of 4 hours of care per resident by December 2022, on-site unannounced inspections are recommendations from a Spring 2021 survey, [Long Term Care in Ontario](#), of 1272 respondents covering 195 towns and cities in Ontario.

The survey was done by CFUW Stratford in cooperation with CFUW chapters of Windsor, Oakville and Kitchener-Waterloo. These are members of the Canadian Federation of University Women (CFUW) Ontario Council, a voluntary, self-funded, non-profit organization with 49 chapters across the province, which is affiliated with the national CFUW which has NGO consultative status with the United Nations.

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 most believed that Long Term Care should not be profit-driven, a few of the respondents commented that care could be for profit as long as yet-to-be defined standards were met.

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.

To push for reforms, CFUW will convene a National Town Hall on Long Term Care on May 4, 2021, 1-3pm EDT, registration at cutt.ly/LTC-action.

Background:

Ontario Council of the Canadian Federation of University Women (CFUW) is a voluntary, self-funded, non-profit organization with 49 clubs across the province, which is affiliated with the national CFUW, which has 100 clubs from coast to coast.

Our mandate is to promote education and life-long learning, to encourage the

participation of members in their communities and to enhance the status of women and girls.

Our main concerns include universal health care, high quality public education, a clean safe environment, the economic security of women as well as the prevention of violence against women.

Quotes from the Survey:

Understaffed, underpaid, inadequate space.

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.

We need to be looking at other models of care. There are models elsewhere in the world that we should be emulating.

For more information, please connect with

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