



Ensuring the Care Is There

Meeting the Needs of Ontario's Long-Term Care Residents

2016-17 Provincial Budget Priorities

Ontario's long term care homes serve an extremely vulnerable population with very complex care needs. Residents and their families are relying on the provincial government to ensure that homes have enough staff with the proper training to provide the needed care and resources to create quality, home-like environments. Our member homes, municipal and not-for-profit, are doing the best they can but care needs have gone far beyond what can be provided at current funding levels.

The Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS) believes investments in the 2016-17 Provincial Budget focused on the following **four priorities** will move the sector much closer to where it needs to be:

- 1** Staffing increases to achieve a provincial average of 4 hours of care per day for Ontario's long term care residents over the next two years.
- 2** Dedicated teams in every long term care home with specialized skills in caring for residents with dementia and moderate responsive behaviours.
- 3** More designated behaviour units to ensure safe and proper care for residents with more severe responsive behaviours.
- 4** Increased funding to ensure quality food.

4 Hours of Care

Staffing increases to achieve a provincial average of 4 hours of care per day for Ontario's long term care residents over the next two years.

OANHSS has long supported the need to strengthen staff capacity to better care for Ontario's long term care residents. The recommendation for annual funding to achieve a provincial average of 4 hours of care per resident per day¹ was first put forward in 2008. Eight years later, we still have a long way to go. Residents are currently receiving an average of 3.4 hours of direct care per day. While a half-hour difference may not seem like much, the cost is not insignificant given that there are 627 long term care homes in the province.

This is an urgent need. The complexity and level of care that residents require is higher than ever before, and it is only increasing. Research evidence clearly shows that more staffing will mean better quality care, better resident outcomes and greater resident safety. More staff will also mean more time for care – more time to know each resident and provide personalized support.

¹ Sharkey, S. (2008, May). People caring for people: Impacting the quality of life and care of residents of long-term care homes. A report of the independent review of staffing and care standards for long-term care homes in Ontario. Ministry of Health and Long-Term Care

In-Home Behaviour Teams

Dedicated teams in every long term care home with specialized skills in caring for residents with dementia and moderate responsive behaviours.

Seniors living with dementia are a large and growing proportion of the 78,400 residents in long term care homes, and they need and deserve specialized care. Six out of every 10 residents suffer from some form of dementia – over 47,000 residents in all homes – and that number is increasing at a rate of 2.5% per year.

One of the greatest challenges of caring for residents with dementia is the behavioural issues that can occur (otherwise known as responsive behaviours). These behaviours can pose a huge risk to resident safety and well-being, both for the individuals suffering from them and for the other residents who live with them in the home.

We believe the best approach to dementia care is dedicated teams in every long term care home with specialized skills in caring for residents with responsive behaviours. This would help to ensure that escalating behaviours are dealt with quickly and by personnel who are familiar with the resident(s) involved.

Designated Behaviour Units

More designated behaviour units to ensure safe and proper care for residents with more severe responsive behaviours.

Within the population of residents with dementia, there is an increasing number with aggressive behaviours. On average, about 46% of residents exhibit aggressive behaviours and approximately 9% are considered severely aggressive. There is tremendous pressure on staff to provide the level and intensity of care that these residents require.

Over recent years, Local Health Integration Networks (LHINs) and the Ministry of Health and Long-Term Care (MOHLTC) have funded six designated behaviour units to provide more intensive care but this is inadequate to meet the need. At a minimum, OANHSS recommends that the MOHLTC fund an additional twelve 16-person units for residents with severe responsive behaviours.

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Adequate Funding for Food

Increased funding to ensure quality food.

The current daily food budget of **\$8.03** per resident is **simply inadequate**. OANHSS is recommending a 62 cent increase per resident.

Food and the eating experience are tremendously important to the physical, social and emotional well-being of long term care residents. With the current daily food budget of \$8.03 per resident per day, homes are extremely challenged in their ability to serve a variety of enjoyable, nutritious meals that also meet the therapeutic dietary needs of each resident.

Over the past five years, this daily food budget has increased by only 10%. Over this same period, food costs in Ontario have increased by 17.7%. Further, this inflation figure hides some major increases in more healthful foods that should be enjoyed by residents. For example, over the 2010 to 2015 period, the cost of fresh meat has increased by 31%, fresh fruits by 26%, and fresh vegetables by 30%.

Catch-up funding is urgently needed in this important area. OANHSS is recommending a 7.7% increase to the food per diem, which is an increase of about 62 cents per resident.

Community Services Funding Not Keeping Pace

Funding for community services varies significantly across the province and LHINs and is not keeping pace with demand or cost. This is causing inequities for service providers and clients. The range of seniors' services that are impacted is considerable and includes supportive housing, respite programs, meals on wheels, adult day programs, and caregiver support services, along with many others.

Government investments over the past number of years have tended to target new programs. Organizations that have been providing community services the longest are typically receiving the lowest funding rates. As a result, many are finding it economically impossible to continue to provide services and are considering pulling out, despite proven records of providing high quality care and services.

OANHSS continues to urge the MOHLTC to develop a funding framework that will ensure fair and consistent funding across the province for home and community services.

Access to Services

Access to care and services – whether long term care, supportive housing, home care or community services – is a large and growing problem for Ontario's seniors and their families. All across the care continuum, waitlists are long and getting longer. We simply do not have the capacity in our system to meet current and future demand.

We are encouraged that the MOHLTC has begun capacity planning for the sector and that this will include ensuring that “we have the right number and right type of long-term care beds now and in the future”² along with other much needed services. But the need is immediate, and further investments will be required to meet the growing number of seniors who will need care in the very near future.

² Damerla, D. (2016, January 11). Mandate letter progress: Long-term care and wellness. Retrieved on January 15, 2016, from <https://www.ontario.ca/page/mandate-letter-progress-long-term-care-and-wellness>.

Summary of Recommendations

The following is the full set of OANHSS recommendations for the 2016-17 Provincial Budget. For further details and analysis, please refer to our submission, *Ensuring the Care Is There: Meeting the Needs of Ontario's Long Term Care Residents*, available at www.oanhss.org.

LTC Staffing Levels, Care and Care Outcomes

RECOMMENDATION 1:

That the MOHLTC set and fund over the next two fiscal years (i.e. 2016-17 and 2017-18) a system target of a provincial average of 4.0 paid hours of direct care per resident day; an increase of approximately 30 minutes per resident per day.

RECOMMENDATION 2:

That the MOHLTC facilitate access to the appropriate training and education programs for all care staff on a regular and recurring basis.

RECOMMENDATION 3:

That the MOHLTC provide funding to the Behavioural Supports Ontario program to fund the creation of dedicated in-home behaviour teams in all provincial LTC homes.

RECOMMENDATION 4:

That the MOHLTC fund and implement 12 more designated behaviour units across the province to ensure the safety of all residents and staff.

RECOMMENDATION 5:

That the MOHLTC, through the Provincial Dementia Strategy, develop a formal research program aimed at measuring the demand for, cost of, and optimum staffing models for specialized units. That research program should include a formal formative and summative program evaluation of new and existing specialized behaviour units in LTC homes.

Other Funding Issues in Seniors' Care

RECOMMENDATION 6:

That the MOHLTC fund an increase of 2.8% in the Nursing and Personal Care (NPC) and Program and Support Services (PSS) envelopes.

RECOMMENDATION 7:

That the MOHLTC budget for a 7.7% (\$0.62) increase to the raw food per diem to compensate for variance between actual food costs and funding levels over the past five years.

RECOMMENDATION 8:

That the MOHLTC develop a separate, case specific funding mechanism for the provision of cultural and religious meals.

RECOMMENDATION 9:

That the Ministry budget for a 1.6% increase to the Other Accommodation (OA) envelope in order to maintain the physical integrity of the LTC homes as well as other OA pressures.

RECOMMENDATION 10:

That the MOHLTC budget for an increase in the Accreditation per diem from its current \$0.33 per resident per day to \$0.46 per resident per day.

RECOMMENDATION 11:

That the MOHLTC, through the Roadmap to Strengthen Home and Community Care, develop a funding framework that will ensure balanced and fair funding across the continuum of home and community services. That funding framework should include a review of the balance of funding across acuity levels as well as across programs to ensure that consistent funding levels for the same services are provided across the province.

Maintaining the Physical Infrastructure

RECOMMENDATION 12:

That older homes built prior to the 1998 capital program, that were classified as an older "A" because they met the program's design standards, be allowed to access redevelopment funding currently available for "B" and "C" homes.

RECOMMENDATION 13:

That the MOHLTC enable access for LTC homes and Community Support Service (CSS) providers to the Health Infrastructure Renewal Fund (HIRF) to which hospitals and Community Health Centres now have access for capital needs under \$1.0M.

ABOUT OANHSS

OANHSS is the provincial association representing not-for-profit providers of long term care, services and housing for seniors. Members include not-for-profit long term care homes (municipal, charitable and non-profit nursing homes) seniors' housing, supportive housing, and community service agencies. Member organizations serve over 36,000 long term care residents annually and operate over 8,000 seniors' housing units across the province.

