

Executive Summary

In December of 2015, the Ministry of Health and Long-term Care (MOHLTC) published “Patients First: A proposal to strengthen patient-centred health care in Ontario”¹. The proposal indicates that draft legislation will be introduced in the spring of 2016 to update laws including the *Local Health System Integration Act, 2006* and the *Community Care Access Corporations Act, 2001*, as the government seeks to expand the role of Local Health Integration Networks (LHINs) to improve healthcare access and consistent care.

The Ontario Medical Students Association (OMSA), which represents the views and concerns of the province’s 3500 medical school students from all six universities, believes that this reopening of health-care legislation provides the MOHLTC with an opportunity to ensure that seniors have improved access to long-term care. This issue was identified as important by students through a province-wide survey, and is an increasingly prevalent health care concern for an aging Canadian population. As future doctors, we believe that improving seniors access to health care is essential for maintaining our healthcare system and should be addressed urgently.

The following recommendations seek to address the needs of seniors and their families in the context of improving long-term care.

Recommendations

1. That the MOHLTC develop a comprehensive wait times strategy in consultation with appropriate stakeholders to address system challenges for long-term care placement.
2. That the MOHLTC improve the *Enhanced Long-Term Care Home Renewal Strategy (ELTCHRS)* to provide timely, regular and predictable funding for the renovation of long-term care homes that do not meet current regulatory standards, and set a timeline of five (5) years for completing these renovations.
3. That the MOHLTC maintain and support the role of case managers to coordinate services in both home care and long-term care settings, especially through the transition period of implementing new healthcare legislation.

¹ Ministry of Health and Long-Term Care (2015). *Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario*. www.health.gov.on.ca/en/news/bulletin/2015/docs/discussion_paper_20151217.pdf.

Background

Long-term care in Ontario

Long-term care homes provide adults with 24-hour nursing and personal care for those who require constant supervision and frequent assistance with activities of daily living, and is a key component of seniors' health care. Those who use long-term care services are required to pay for accommodation costs (room and board), but all nursing and personal care is covered by the government. Maximum accommodation rates are set by the MOHLTC, while subsidies are available for those who cannot afford long-term care. Current standards for Ontario's long-term care homes are specified in the *Long-Term Care Homes Act, 2007*².

As of 2015, Ontario has 626 long-term care homes, with 76 569 long-stay beds³. Nearly all residents have two or more chronic diseases such as arthritis, about two thirds have dementia, and a third have severe cognitive impairment. The MOHLTC is responsible for the regulation of long-term care homes, which can be for-profit or not-for-profit; each long-term care home is responsible by law for delivering quality and consistent care. Admission to long-term care homes are currently managed by case managers through the local community care access centres (CCACs).

To access long-term care, clients must meet eligibility requirements, which include being 18 years or older, being part of the Ontario Health Insurance Program (OHIP), and requiring health care needs such as 24-hour nursing care and on-site supervision that cannot be met in community-based services and can be met in a long-term care home. These applications are currently assessed by the CCACs. Then, individuals may apply for a maximum of five long-term homes. The CCACs forward applications to the long-term care homes, which can reject clients or choose to place the client on their waitlist. When a bed becomes available, the client's application is re-evaluated by the long-term care home, taking into account any significant changes in the patient's eligibility since the initial submission. If accepted, the client may then choose to either accept or reject the offer, effectively closing their application to wait for their other long-term care home choices. These steps, from start to finish, make up the wait time for long-term care homes.

Improving the long-term care waitlist

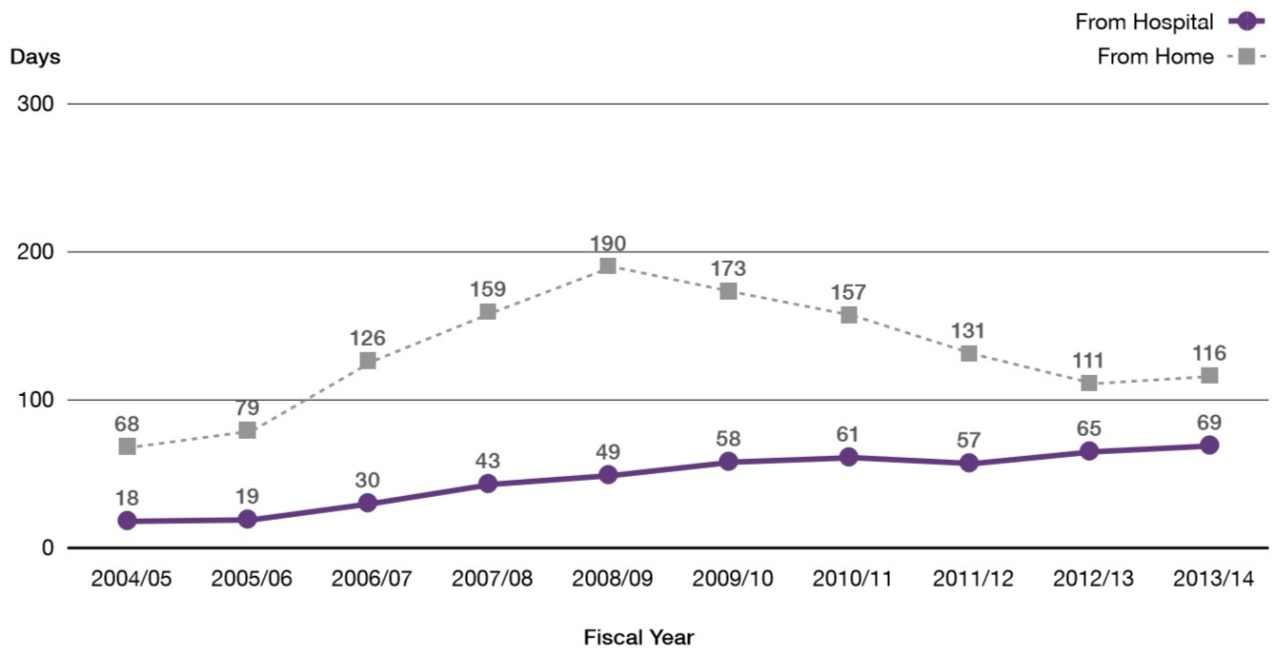
Ontario's waitlist for long-term care beds in May 2015 had 23 443 individuals, which includes clients in hospitals and at home³. The time spent waiting for a long-term care bed results in stress for seniors and their caregivers, and may lead to the development of health complications. A report from Health Quality Ontario shows the trend of average wait times from 2004 to 2014, where the most recent median wait times are 69 days for hospital patients and 116 days for patients at home⁴. However, these numbers can dramatically vary by LHIN region, including a 197 day median wait time for hospital patients in Mississauga Halton. In Toronto Central, there is a 57 day median wait time for hospital patients, but for home clients, the median wait time is 243 days⁴.

² Government of Ontario (2015). *Long-Term Care Homes Act, 2007, S.O. 2007, c. 8*. www.ontario.ca/laws/statute/07l08.

³ Ontario Long Term Care Association (2015). *Facts and Figures*. www.olca.com/olca/OLTCA/LongTermCare/OLTCA/Public/LongTermCare/FactsFigures.aspx.

⁴ Health Quality Ontario (2015). *Measuring Up 2015*. www.hqontario.ca/portals/0/Documents/pr/measuring-up-2015-en.pdf

Median number of days to admission to a long-term care home from hospital or home, in Ontario, 2004/05 to 2013/14



Data source: Client Profile Database, provided by the Ministry of Health and Long-Term Care.

Reproduced from Health Quality Ontario's annual report, *Measuring Up 2015*⁵.

While progress has been made in reducing wait times among clients from home since 2008, OMSA is concerned about:

- a) the ongoing trend in increased wait times for hospital patients (increasing from 18 to 69 days over the last decade)
- b) the overall increase in admission time among clients from home over the last decade (from 68 to 116 days), despite recent decreases in admission time in the last five years
- c) the disparity of wait times between different LHIN regions and between hospital and home clients

Many factors contribute to longer wait times, including clients' right of choice, accommodation of crisis applicants (such as spousal reunification), and out-of-date waitlists, which may include clients who no longer desire or qualify for long-term care. The number of seniors seeking long-term care beds is expected to increase, and the Ontario Association of Non-profit Homes and Services for Seniors (OANHSS) estimates that left unchecked, the number of individuals on the waitlist will double to 48 000 in six years⁶.

⁵ Health Quality Ontario (2015). *Measuring Up 2015*. www.hqontario.ca/portals/0/Documents/pr/measuring-up-2015-en.pdf

⁶ Ontario Association of Non-profit Homes and Services for Seniors (2015). *Wait Times Strategy and Other Recommendations*. www.oanhss.org/MediaCentre2/PositionPapers/July_2015_OANHSS_Submission.aspx

Thus, OMSA believes **(1) that the MOHLTC develop a comprehensive wait times strategy to address system challenges for long-term care placement.** This strategy may include elements such as active waitlist management, incentives to balance the disparity between waitlists among regions and client groups, and a needs-based assessment of current long-term care homes to better allocate future infrastructure spending and staff resources. This wait-times strategy should be made **in consultation with appropriate stakeholders**, including the LHINs, CCACs, and Ontario's long-term care home associations.

The future of long-term care in Ontario

In July 2007, the MOHLTC announced the *Long-Term Care Home Renewal Strategy*, aimed at the redevelopment of 35 000 long-term care beds in Ontario. By 2014 however, only 5000 of the 35 000 beds were renovated^{7,8}. In response, the MOHLTC introduced the *Enhanced Long-Term Care Home Renewal Strategy* (ELTCHRS) in the fall of 2014. The ELTCHRS aimed to provide updated incentives for the renovation of the remaining 30 000 long-term care beds to improve resident privacy, security, and comfort⁷.

These standards, set by the *Long-Term Care Homes Act, 2007* and reinforced by the *Long-Term Care Home Design Manual 2015* include substantial updates, such as resident bedrooms that "must have one or two beds but not more than two beds per bedroom"⁹. Many older long-term care homes still have three or four-bed wards, which not only limit residents' privacy but places them at risk. Particularly, people with dementia are more likely to become upset and aggressive if they perceive invasion into their personal space¹⁰. Safety measures including infection control standards and fire sprinkler systems also need to be updated¹¹.

In a 2013 report, the Canadian Medical Association indicated that limited municipal and provincial funding limited the ability of long-term care homes to bring their building standards up to code, particularly affecting disabled and obese residents¹². The Ontario Association of Community Care Access Centres stated that the lack of appropriate facilities for potential clients was the primary reason for long-term care homes to decline an application¹³.

Redeveloping these 30 000 beds represents 40% of Ontario's long-term care beds, and is central to the province's future long-term care home strategy, especially as "new LTC beds are not being authorized at this time"⁷. However, the Ontario Long-term Care Association (OLTCA) describes several challenges including high cost and lengthy licensing processes that are limiting redevelopment of these beds. In a report released January 27, 2016, the OLTCA noted that since the

⁷ Ministry of Health and Long-Term Care (2015). *Enhanced Long-Term Care Home Renewal Strategy*. www.health.gov.on.ca/en/pro/programs/lcredev/docs/eltchrs_faq.pdf

⁸ Ministry of Health and Long-Term Care (2015). *Long-Term Care Home Renewal Strategy*. www.health.gov.on.ca/en/pro/programs/lcredev/ltchrs.aspx

⁹ Ministry of Health and Long-Term Care (2015). *Long-Term Care Home Design Manual 2015*. www.health.gov.on.ca/en/public/programs/lc/docs/home_design_manual.pdf

¹⁰ Ontario Long Term Care Association (2016). *Action for seniors*. www.oltca.com/OLTCA/Documents/Reports/2016OLTCABudgetSubmission.pdf.

¹¹ Ontario Long Term Care Association (2015). *OLTCA budget submission*. <https://www.oltca.com/oltca/Documents/Reports/PreBudgetSubmission2015-2016.pdf>

¹² Canadian Medical Association (2014). *The Need for Health Infrastructure in Canada* www.cma.ca/Assets/assets-library/document/en/advocacy/Health-Infrastructure_en.pdf

¹³ Ontario Long Term Care Association (2015). *Why Not Now?* www.oltca.com/oltca/Documents/Reports/WhyNotNowFULL_March2012.pdf

ELTCHRS was introduced, only 22 applications were submitted by long-term care homes, and only six projects have been approved¹⁴.

At a press release on April 4, 2016, the MOHLTC highlighted Ontario's commitment to long-term care, noting that more than 300 long-term care homes would be able to access construction funding subsidies to facilitate upgrades over the next nine years¹⁵. Yet, the statement lacked specific funding objectives. In addition, the nine-year timeline, which stretches over two provincial elections, does not address the urgent need for long-term care home renovation.

To improve long-term care services, especially in the context of an aging population with complex needs, OMSA recommends **(2) that the MOHLTC improve the ELTCHRS to provide timely, regular and predictable funding for the renovation of long-term care homes that do not meet current regulatory standards**. In particular, a **clear source of funding** should be set aside explicitly for long-term care home renovations; OMSA suggests that the MOHLTC review federal and provincial infrastructure investments as a potential source of funding. OMSA also recommends that the MOHLTC **set a timeline of five (5) years for completing these renovations**.

The ELTCHRS should also be able to adapt to the needs of different long-term care homes, from urban centres that face high land costs to small, rural homes that have construction and operational challenges. Furthermore, the lack of new long-term care beds may prevent long-term care homes from renovating at optimal efficiencies of scale, as practical construction and expansion may not be cost-effective if no new long-term care beds are licensed¹⁶. Ongoing consultations with the ELTCHRS Stakeholder Advisory Committee will ensure that various perspectives and systemic challenges are identified.

Addressing these concerns will help facilitate the renovation of long-term care homes to meet the standards set by the *Long-Term Care Homes Act, 2007*. Maintaining long-term care facilities is an urgent problem actively affecting 40% of current long-term care residents as well as future users of these services. The disparity between these older beds and newer long-term care facilities also complicates the long-term care home selection process that has many implications for wait times. Therefore, OMSA recommends that efforts to improve the ELTCHRS should be discussed and implemented as soon as possible.

The role of case managers

Case managers help to provide home care and manage long-term care home placement as a "core service of the CCAC". Their roles also include informing clients of available services, from ambulance transport to the Ontario Drug Benefit, and determine and assess their eligibility and need for each service. The responsibilities of case managers are further outlined in Chapter 6 of the CCAC Client Services Policy Manual¹⁷.

¹⁴ Ontario Long Term Care Association (2016). *Action for seniors*.

www.oltpca.com/OLTCA/Documents/Reports/2016OLTCABudgetSubmission.pdf.

¹⁵ Ministry of Health and Long-Term Care (2016). *Ontario Renovating More Than 300 Long-Term Care Homes*. news.ontario.ca/mohltc/en/2016/04/ontario-renovating-more-than-300-long-term-care-homes.html

¹⁶ Ontario Long Term Care Association (2015). *OLTCA budget submission*.

www.oltpca.com/oltca/Documents/Reports/PreBudgetSubmission2015-2016.pdf

¹⁷ Ministry of Health and Long-Term Care (2007). *CCAC Client Services Policy Manual*. www.health.gov.on.ca/english/providers/pub/manuals/ccac/ccac_mn.html

Case managers have served as a key contributor to improving patient care and outcomes. Their role in coordinating multidisciplinary care helps to integrate the healthcare continuum. As the government considers dissolving the CCACs and transferring their services to LHINs, OMSA asks **(3) that the MOHLTC maintain the role of case managers to coordinate services in both home care and long-term care settings, especially through the transition period of implementing new healthcare legislation.**

In addition, clients should have timely access to case managers, including through any transitions in service delivery. Case managers should also be able to continue accommodating culturally diverse populations, including indigenous peoples, Francophones, immigrants, and refugees.

Comparing Ontario to other provinces

Tables 1 and 2 below compare Ontario's long-term care performance with that of other provinces. Alternate level of care (ALC) refers to patients who remain in an acute care bed despite having completed the acute care phase of their treatment, or whom due to the lack of a more appropriate care setting are admitted instead into an acute hospital bed. Most of these patients would be better suited to live in their own home with appropriate supports or in a long-term care facility¹⁸.

Compared to other provinces, 7% of Ontario's hospitalizations are ALC related -- the highest in the country. In terms of percentage of acute care beds used for ALC, Ontario also ranks fourth highest at 11.4%, with 2,590 acute care beds used for ALC patients who are waiting to be transferred to more suitable settings. OMSA believes that Ontario can and should do better in its long-term care efforts. By **developing a comprehensive wait time strategy** and **renovating long-term care homes**, patients can be transferred to long-term care in a more timely fashion, allowing these 2,590 acute care beds to be freed up and allocated more appropriately to acutely ill patients.

Table 1: Hospitalizations related to ALC by province¹⁹. Manitoba and Quebec are not included due to lack of data.

	% of hospitalizations that were ALC related
Ontario	7
Newfoundland and Labrador	7
New Brunswick	5
British Columbia	5
Nova Scotia	3
Alberta	3
Prince Edward Island	2
Saskatchewan	2

¹⁸ Canadian Medical Association (2013). *CMA Submission: The Need for Health Infrastructure in Canada*. www.cma.ca/Assets/assets-library/document/en/advocacy/Health-Infrastructure_en.pdf

¹⁹ Canadian Medical Association (2013). *CMA Submission: The Need for Health Infrastructure in Canada, Appendix A*. www.cma.ca/Assets/assets-library/document/en/advocacy/appendices-to-cma-infrastructure-submission-en.pdf

Table 2: Acute care beds used for ALC by province^{20, 21}. Manitoba and Quebec are not included due to lack of data.

	Number of acute care beds	Number of hospital beds used for ALC	% of acute care beds used for ALC
Nova Scotia	2703	460	17.0
New Brunswick	2425	340	14.0
Newfoundland and Labrador	1589	180	11.3
Ontario	23251	2590	11.1
British Columbia	8188	910	11.1
Prince Edward Island	459	30	6.5
Alberta	8471	520	6.1
Saskatchewan	2913	150	5.1

²⁰ Canadian Medical Association (2013). *CMA Submission: The Need for Health Infrastructure in Canada, Appendix A*. www.cma.ca/Assets/assets-library/document/en/advocacy/appendices-to-cma-infrastructure-submission-en.pdf

²¹ Canadian Institute for Health Information (2014). *CMDDB Hospital Beds Staffed and in operation 2013-2014*. www.cihi.ca/en/spending-and-health-workforce/spending/health-spending-data/cmd-db-hospital-beds-staffed-and-in

Tough Questions

Does OMSA have a position on *Patients First*?

- The OMA has responded to Patients First, raising various concerns on merging the LHINs and CCACs, also stating that “changing the structure for home care delivery from CCACs to LHINs should be a separate and comprehensive discussion”²²
- OMSA so far has not stated a position and should redirect questions back to our recommendations, which apply to any organizational shift in health care administration

What does the 2016 Budget discuss regarding long-term care?

- “The government will invest an additional \$10 million annually in Behavioural Supports Ontario to help long-term care home residents with dementia and other complex behaviours and neurological conditions.”²³
- Behavioural Support Ontario works with LHINs to improve services for older adults with conditions including dementia, mental health, and addictions in the community and in long-term care. Activities include building health care system accountability and sustainability for these patients, hiring and training staff to have the required specialized skills and sensitivity, and ensure safety for staff, patients, and their families.
- While this funding is welcome, dementia residents remain at risk if long-term care infrastructure is not maintained and upgraded to recent standards (i.e. maximum 2 beds per room)

Ontario launched a new plan for home care in 2015, including an increase to home care nursing service hours as part of the 2015 Budget. This commitment allocates an additional 80,000 hours of nursing care to home and community care. **What is OMSA's position on home care and why does OMSA think Ontario should focus on long-term care instead?**

- While home care is an important source of support for those who still has the capacity to live and function at home, it is not an option for many seniors whose more serious medical conditions prevent them from living at home safely.
- These seniors, who require more continuous care, rely on the province's long-term care homes to live safely and age with dignity.
- This is why OMSA believes Ontario should not solely focus on home care, but also address the needs of seniors and their families in the context of long-term care

²² Ontario Medical Association (2016). *OMA Submission: Patient First Discussion Paper*.

www.oma.org/Benefits/pmcpresources/Documents/PFDiscussionPaperOMAResponse02-25-2016.pdf

²³ Government of Ontario (2016). 2016 Ontario Budget. www.fin.gov.on.ca/en/budget/ontariobudgets/2016/bk8.pdf