

Solving Ontario's Long-Term Care Crisis

Ontario's Long-Term Care Homes Are in Crisis

The recent homicide of a 72-year-old Ontario long-term care (LTC) resident by another resident is a tragic symptom of a care system in a state of crisis. In 2005 a coroner's inquest into a similar incident put forward 85 recommendations for improving the quality of care in our LTC facilities. Eight-years later many of these recommendations have still not been acted on.

In fact, the same recommendations are being made year-after-year by a coroners committee composed of Ontario's leading geriatricians and health experts. A key coroner's recommendation to increase staffing levels and thereby increase resident care levels in nursing homes has been virtually ignored by the Ontario Liberal government.

This despite a Liberal commitment in 2003 to bring-in a minimum care standard under law. In the meantime, cases of resident-on-resident violence have gone up as staffing levels and training have failed to keep pace with the increasingly complex care needs of residents.

- More than 25,000 people are on wait lists for LTC beds across Ontario.
- Care has been downloaded onto LTC facilities as hospital beds have been closed.
- Between 1992 and 2007 there has been a 29.7 % increase in the acuity level of LTC residents.
- 73% of LTC residents in Ontario suffer from some form of Alzheimer's or dementia.
- A CUPE survey of nursing home workers found that 81% had dealt with resident on resident violence.
- A 2001 report from PriceWaterhouseCoopers found that Ontario provided only 2.04 hours of direct care per resident each day, well below the minimum staffing standard of 4.1 hours recommended by geriatric experts.



Residents Deserve a Minimum Care Standard

The provincial Liberals' 2007 Long-Term Care Homes Act failed to enact a minimum standard of care for Ontario's nursing home residents — even though the 2005 coroner's inquest, CUPE, the Ontario Health Coalition, Ontario Nurses Association and the Registered Nurses Association of Ontario recommended this.

There is extensive evidence that a care standard can result in increased staff levels, which translates into improved quality of care for residents. The only way to ensure government funding is going directly into hands-on care for LTC residents and improving their quality of life is through a legislated minimum care standard.

- The most detailed and reputable study of minimum care standards recommends 4.1 hours of direct care per day. Additional studies show that staffing levels of 4.5 to 4.8 hours significantly improve quality of care.
- Ontario axed its legislated care standard in 1996, 37 U.S. States have established minimum staffing standards, and 16 U.S. states have increased their staffing standards between 1999 and 2001.
- Minimum care standard legislation in Florida increased nursing home staffing levels, and legislation in California resulted in fewer resident deaths.
- Actual care levels in Ontario's nursing homes are stagnant. Between 2006 and 2007 resident care need increased by 3.5% while the level of care increased by only 0.04%.

"There are not enough hands to effectively, and with dignity, feed these residents as they deserve to be fed. There are not enough hands to provide the care these elderly residents deserve."

CUPE Member, *There Are Not Enough Hands: Conditions in Ontario's Long Term Care Facilities (2004)*

What needs to change?

1. An amendment must be made to the Long-Term Care Homes Act (2007) for a legislated care standard of a minimum 4.1 hours per resident each day adjusted for acuity level and case mix;
2. Public funding for LTC homes must be tied to the provision of quality care and staffing levels that meet the legislated minimum care standard of 4.1 hours;
3. Ensure funding accountability by making public reporting of staffing levels at each Ontario LTC home mandatory;
4. Immediately provide funding for specialized facilities for persons with cognitive impairment who have been assessed as potentially aggressive, and staff them with sufficient numbers of appropriately trained workers;
5. The province must stop closing complex continuing care beds and alternative level of care beds to end the downloading of hospital patients with complex medical conditions to long-term care homes.

For More Information about the "Time To Care" campaign go to www.cupe.on.ca