

Shining A Light

ON SENIORS' CARE
LONG TERM & CONTINUING CARE

SENIORS CANNOT WAIT

Covid-19 has changed all of our lives and we find ourselves not only facing health risks but many other challenges on a daily basis. But we know the greatest danger of all, is the risk our vulnerable seniors face. 81% of all deaths in Canada have been in long-term care.¹ Obviously, this is an area of enormous concern. As long-term care and elderly housing providers for more than 100 years, members of the Long Term & Continuing Care Association of Manitoba are speaking out to Shine a Light on Seniors' Care in Manitoba. We understand the capacity and support needed for safe care. We understand first hand, that SENIORS CANNOT WAIT!

We work closely with other provincial long-term care providers and we have seen how other provinces are announcing assurances of funding for seniors' care, especially for the unparalleled costs related to Covid-19.

Costs to implement and maintain the Public Health Orders and Directions from Shared Health and the

Regional Health Authorities are unprecedented. These additional costs are crippling our residences in their enormity.

We acknowledge that when the pandemic began in March, the Regional Health Authorities together with Shared Health, created a strong support, education and information hub for long-term care operators. However, the Manitoba Government and the Regional Health Authorities have not committed to funding any Covid-19 related incremental costs incurred due to the guidelines, directives and public health orders that Supportive Housing has been mandated to follow.

For more than 50 years, appeals for operational and infrastructure funding to upgrade and improve the physical care environment, especially for dementia care, infection prevention and control, and safety have been submitted and largely ignored.



Long Term & Continuing Care
Association of Manitoba

L'Association de soins continus
et à long terme du Manitoba

¹While Canada's overall COVID-19 mortality rate was relatively low compared with the rates in other OECD countries, it had the highest proportion of deaths occurring in long-term care. LTC residents accounted for 81% of all-reported COVID-19 deaths in Canada, compared with an average of 42% in other OECD countries (ranging from less than 10% in Slovenia and Hungary to 66% in Spain).

Canadian Institute for Health Information. Pandemic Experience in the Long-Term Care Sector: How Does Canada Compare With Other Countries?. Ottawa, ON: CIHI; 2020. Go to www.roadtocare.ca for the full report.

WHAT CAN BE DONE?

The size of Manitoba's aging population continues to grow. Now is the time to strengthen long-term care in preparation for what will be the largest group of seniors our province has ever seen. Members of the Long Term & Continuing Care Association of Manitoba believe that the opportunity to expand on our foundation of excellent care and service, within a cost-effective model, can address the challenges seen in terms of both capacity and financial pressure. However, our ability to continue to serve Manitobans both now and in the future is wholly dependent on a stable, well-planned, and predictable environment.

Seniors' housing must be appropriate, easily accessible, and safe, and it must take into account the rising care level that is required as needs increase. Currently, Manitoba offers a number of different care and living options for seniors. More needs to be done, however.

We are looking for your support in the following key areas...

① Safety

In the past few years, a number of new housing builds for seniors—called independent living with services or assisted living, have begun to offer a variety of environments, some with services similar to a personal care home. The average age of seniors residing there, is 86 years. These buildings are offering a high level of care to vulnerable seniors without a relationship with health. During the Covid-19 pandemic, we found these residences were largely forgotten by the health system. They relied heavily on their associations for assistance, personal protective equipment (PPE) and information.

▶ **We are asking Government to ensure all residences where services and care are provided to seniors are afforded the supportive health related safeguards appropriate to the services and care level offered.**

What can you do? **WRITE YOUR MLA TODAY**

If you support the transformation of long term & continuing care: funding for infrastructure, improvements in staffing, reliable, predictable & sustainable funding on going, as outlined here: www.roadtocare.ca/SHINEALIGHT

Complete the online form and a letter of support will be sent on your behalf to MLAs in MB.

② Infrastructure Funding

Federal funding exists for housing where care for seniors is not provided. This funding, however, does not include seniors' housing, such as personal care homes, and Supportive Housing, where care is provided even though this is their home.

The majority of the current personal care home infrastructure is more than 50 years old. The physical layouts are obsolete, especially in terms of treating individuals with dementia, which puts both residents and staff at risk. These outdated designs feature two to three beds in ward-like rooms, shared washrooms and bathing facilities, crowded dining rooms, narrow hallways, and noisy, hospital-like nursing stations that are in close proximity to residents' rooms.

We estimate that 60% of the personal care homes in this province and across the country, have shared accommodations and shared washrooms. As Covid-19 has taught us, this environment can be deadly when infection prevention and control cannot be maintained.

Crowded areas, noise, and confusion, can also lead to increased anxiety, and responsive behaviors. A 2015 report completed on "Existing conditions PCH infrastructure for the 39 PCHs in Winnipeg showed that almost 50% were categorized as in "poor condition, issues identified should be addressed ASAP as funding allows". In the majority of cases little change has occurred.

► **Currently \$40 Billion in federal funding is available for seniors housing where care is NOT provided. LTCAM is asking you to lobby for change in the federal funding criteria for seniors' housing to include seniors' residences where care is provided.**

④ Funding Personal Care Homes

Over the past fifteen years, funding increases in long-term care have been almost non-existent. In the Winnipeg region alone—where more than 50% of the personal care home beds reside—personal care homes have absorbed rising costs in all areas of their operations. This includes food, medical and surgical supplies, transportation, maintenance, and other areas that contribute to the quality of care and services to residents.

Along with rising costs, funding has decreased, while care and service level requirements have increased. There are greater expectations, but no funding to support the ever-increasing need.

Covid-19 has only served to make these circumstances even more dire.

- a) **We are asking Government to fund the COVID-19 expenses caused by Public Health Orders and Shared Health Directives as other provinces have, and to do so as quickly as possible. We acknowledge that Government has stated once reconciliation, adjudications and auditing is complete, funding will flow for Personal Care Homes only.**
- b) **We also need a commitment to a stable and predictable funding environment for personal care homes going forward, to ensure our seniors have the quality of life they so deserve.**

² "Over the past two decades, ratios of regulated nurses to care aides have dropped steadily to contain costs and in the belief that richer staffing mixes were not required. Canadians in nursing homes may also have little access to comprehensive care including medical, health and social services and therapies. Such comprehensive care requires staffing and resources such as physicians, mental health care, palliative resources, physical therapists, occupational therapists, speech/ language therapists, recreation therapists, dietitians, pharmacists, pastoral care, psychologists, and social workers." Restoring Trust: COVID-19 and The Future of Long-Term Care June 2020 The Royal Society of Canada Working Group on Long-Term Care www.roadtocare.ca for the full report.

③ Staffing

In Manitoba, staffing in personal care homes is legislated at 3.6 hours of care per resident day with the care provided by nurses—both RNs and LPNs—and healthcare aides in a prescribed formula. The term used for this is "medical model of care" as its focus is medicinal. These seniors are living in their own home, but their home more often closely resembles a hospital. What is needed is a balance between the medical model and the more holistic social model of care. Boredom, loneliness, and sadness are three major problems that seniors face. A social model of care looks at the entire spectrum of the residents' quality of life. It employs exercise to promote healthy living, fun and stimulating activities, and opportunities to engage in social interactions.²

LTCAM is asking you to invest in resident quality of life by re-focusing the emphasis on the social model of care. Our seniors need to be engaged and active. They could, with the assistance of occupational therapists, physiotherapists, social workers, rehabilitation and recreational staff in long-term care enjoy a much higher quality of life.

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④ Funding (cont'd)

Supportive Housing

There are approximately 800 supportive housing suites in the province. In Winnipeg, Supportive Housing is staffed by the owner with tenant companions, who are well-trained laypeople. Home Care provides health care services to clients in Supportive Housing who require it. Outside of Winnipeg, Supportive Housing is often staffed by the regional health authority, which uses home care personnel.

Supportive Housing is an environment that provides a high quality of life for residents who cannot safely stay at home but do not need to be in a personal care home. It is the most cost-effective care option for our health system as the client pays for the service package and rent. There are some subsidies and rent geared to incomes spaces.

Just like personal care homes, there are greater expectations with no funding to support the ever-increasing needs of our aging population. In 2006 approximately 15% of Supportive Housing clients needed Home Care services. Today it is closer to 50% of the clients. Many need these services upon admission. This places such a huge burden on Home Care, that statistics show 30- 50% of visits are not completed.

The profound impact of Covid19 has exacerbated this situation. While Supportive Housing have been subject to the same Public Health orders and many of the same Shared Health Directives, they have been given no financial support.

- ▶ a) **We are asking for a commitment from Government to immediately fund the COVID-19 expenses caused by Government Health Orders and Shared Health Directives, as other provinces have.**
- b) **We are asking for your support to modernize the Provincial Supportive Housing Program in structure, capacity, staffing, and funding in order to adequately meet the needs of our aging population and to enhance the sustainability of this valuable care and living option.**

ABOUT THE LONG TERM & CONTINUING CARE ASSOCIATION OF MANITOBA

For over 60 years, the Long Term & Continuing Care Association of Manitoba, a non-profit, membership-based organization, has been a valued adviser and partner in the promotion of safe care and living options for seniors living in Manitoba.

Incorporated in 1959, our mission has always been to improve the quality of care provided to residents. We introduced standards of care well before the provincial government outlined official standards. Each day, we care for Manitoba's most vulnerable seniors, many of whom reside in our residences. We also work closely with provincial long-term care providers across Canada through the Canadian Association for Long Term Care, and we continue to share information and education that uses the best national evidence available to improve quality of care for residents throughout the province. Today we have more than 100 members.



CARE & LIVING OPTIONS | DEFINITIONS

Independent Living with Services, Retirement Living, Assisted Living

Independent Living with Services or a Retirement Residence, sometimes referred to as Assisted Living, is a private senior living building where you rent your own suite and pay for a service package. The residence may offer various services such as housekeeping, meals, and recreation. Many offer much more. It is not associated with the Health Care system.

Supportive Housing

Supportive Housing is the right choice for people who require access to 24 hour supervision and some assistance managing with physical limitations, or ongoing health conditions such as mild dementia. Clients receive support and cueing with activities of daily living such as bathing, dressing, and medication reminders. Admission is controlled by the Regional Health Authority and based on established criteria.

Personal Care Home

A Personal Care Home (PCH) is sometimes referred to as a 'Nursing Home' where 24-hour nursing care and services are available and provided by healthcare personnel in a secure environment. Admission is controlled by the Regional Health Authority and based on established criteria.

Thank you for your time today and for your interest in Seniors' Care and Living Options.



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