

Living Longer, Living Well Recommendations

1. Promoting Health and Wellness

- The Government of Ontario, through its Seniors' Secretariat, should actively portray and promote healthy aging and the benefits of staying active in one's older age through physical activity, volunteer work, continuous learning, and meaningful employment.
- The Government of Ontario should encourage and support the development of communication systems to ensure that older Ontarians, their families, and their caregivers are aware of the diverse range of programs and services available within their communities and can access information in accessible ways.
- The Ministry of Health and Long-Term Care should support its Local Health Integration Networks (LHINs) to develop more positive and collaborative relationships with their respective Municipal Councils to increase the number of and strengthen the role of Elderly Person Centres (EPCs) in Ontario.
- The Ministry of Health and Long-Term Care should increase the availability of accessible exercise, falls prevention, and health promotion classes across the province.
- The Government of Ontario should support efforts to ensure all eligible older Ontarians receive the retirement and age-related benefits to which they are entitled by maintaining its current and future commitments to financially support low and moderate income older Ontarians.

2. Strengthening Primary Care for Older Ontarians

- The Ministry of Health and Long-Term Care should promote and develop mechanisms in accordance with legislative/regulatory frameworks to advance the goal that all older Ontarians who want a primary care provider will have one.
- The Ministry of Health and Long-Term Care should ensure that its development of Quality Improvement Plans in Primary Care and Health Links support a core focus around the care of older Ontarians – with an emphasis on supporting primary care access for older adults and focusing attention on areas of care that influence the health and well-being of older adults.
- The Ministry of Health and Long-Term Care should mandate that care coordinators from Community Care Access Centres (CCACs), Community Support Services (CSS), and Community Mental Health agencies providing care or service coordination support must identify and notify a patient's primary care provider of their name, their role, their contact details, and the services being coordinated for the patient/client.
- The Ministry of Health and Long-Term Care should maintain and improve funding levels to support the provision of house calls by primary care providers.

3. Enhancing the Home and Community Care Services

- The Ministry of Health and Long-Term Care should at least maintain its commitment to increase home and community sector funding by 4 per cent for this current year and the next two years

and is encouraged to invest future budget increases and savings achieved through efficiency gains into its home and community care sector.

- The Ministry of Health and Long-Term Care should support the LHINs, their CCACs and Community Support Services [CSS] agencies to formalize a Standardized Collaborative Care Model that can allow acuity-based waitlist and **care coordination assignments between CCACs and select CSS agencies**. This will allow both sectors to provide publicly-funded personal support services in each LHIN. This will allow both sector organizations to play to their strengths and better address client needs.
- The Ministry of Health and Long-Term Care should **explore** the implications of developing an **income-based** system towards the **provision of home care and community support services** based on the experiences and learnings of other jurisdictions. Framing this exploration with the goal of a system that can prioritize the principles, of access, equity, choice, quality, and value will be integral to this process.
- The Ministry of Health and Long-Term Care should **enhance access to clinic based physiotherapy services** in every LHIN especially for those on limited incomes who often forgo this therapy when prescribed due to their financial means.
- The Ministry of Health and Long-Term Care, in partnership with the Ministry of Municipal Affairs and Housing and the Ministry of Community and Social Services, should encourage the development of **more Assisted Living and Supportive Housing** Units as alternatives to Long-Term Care Home placement for those who would benefit most from these environments.

4. Improving Acute Care for Elders

- The Ministry of Health and Long-Term Care, in collaboration with Local Health Integration Networks (LHINs) and local municipal Emergency Medical Services (EMS) programs should explore the development and **expansion of Community Paramedicine** programs across Ontario, especially in northern and rural communities. These programs could better support high-users of EMS to avoid emergency department (ED) visits and hospitalizations and potentially delay entry into a long-term care home as well.
- The Ministry of Health and Long-Term Care, with LHINs collaboration, should support the development and **launch** of the **Hospital at Home** model in Ontario. A successful proof of concept of this model in Ontario will provide the information required to further implement this model across the province if deemed successful.
- The Ministry of Health and Long-Term Care, in partnership with the LHINs, should continue to **promote** the adoption of **Senior Friendly Hospital principles through its accountability agreements** with hospitals to aid them in the development of more enhanced care environments for hospitalized older adults that deliver better patient provider and system outcomes.
- The Ministry of Health and Long-Term Care and its LHINs should support hospitals across the province to adopt, implement, and strengthen models and processes of care that deliver better patient and system outcomes for older adults through the implementation of a **collaborative coaching** program model in partnership with leading hospitals, based on peer support and knowledge transfer and exchange.

- The Ministry of Health and Long-Term Care should continue to work with Health Quality Ontario (HQP) to expedite the **implementation of the care transitions standards** and processes and their associated outcome and process indicators, as recommended in the Avoidable Hospitalization Advisory Panel's report Enhancing the Continuum of Care.

5. Enhancing Ontario's Long-Term Care Homes Environments

- The Ministry of Health and Long-Term Care should undertake the development of an evidence informed **capacity planning** process to meet the needs of current and future eligible long-term care (LTC) populations and others who could be better supported in supportive housing, in assisted living residential environments, or in their own homes with home care.
- The Ministry of Health and Long-Term Care should develop new LTC home based service models to maximize capacity, increase programs to support older adults living in the community longer, and enhance programs to meet the needs of short and long-stay residents. This could be more specifically accomplished by:
 - a) Increasing short-stay respite and convalescent care program capacity in LTC homes.
 - b) Enabling LTC homes to provide higher levels of care to individuals with complex care needs.
 - c) Exploring the ability of **LTC homes to serve as community-care hubs** that could provide community-oriented services, including home care that may further assist local residents to age in place.
- The Ministry of Health and Long-Term Care should improve flow to and from LTC home long stay and **short-stay services** by reviewing the existing application and transfer processes and policies to:
 - a) consider increasing the number and type of homes selected, and
 - b) better support potential residents – and when necessary, their substitute decision makers and care coordinators – in the selection process.
- The Ministry of Health and Long-Term Care should support mechanisms to maximize the knowledge and skills of long-term care home staff with additional training opportunities and support them in releasing their time to care through **quality and process improvement** initiatives through programs such as Residents First, the Behavioural Supports Ontario (BSO) Initiative, the Long-Term Care Best Practice Guideline Coordinator Initiative, and the new Centres for Learning Research and Innovation and Long-Term Care.
- The Ministry of Health and Long-Term Care should enhance the utilization of **Nurse-Led Outreach Teams into LTC Homes** to expand the capability of these homes to effectively meet the care of patients with more **complex conditions** and proactively identify emerging acute or sub-acute health issues that could subsequently lead to an unscheduled transfer to an emergency department (ED) and hospital admission.

6. Addressing the Specialized Care Needs of Older Ontarians.

- The Ministry of Health and Long-Term Care and its LHINs should establish a provincial working group of geriatricians, care of the elderly family physicians and specialist nurses, allied health

professionals, and others to help develop a common provincial **vision for the delivery of geriatric services** and a prioritization plan to guide local staffing and funding of care models as resources become available.

- The Ministry of Health and Long-Term Care should support their LHINs to leverage the partnerships, momentum, and successes of their Behavioural Supports Ontario (BSO) Program to help **define** what **core community geriatric mental health and addictions services** need to be funded and delivered. Additionally, a standard approach to assessment, referral, and service delivery models needs to be developed and implemented within and across LHINs.
- The Ministry of Health and Long-Term Care should continue to support its LHINs in **broadening the range of palliative care settings** available in their regions, including within a patient's home, hospice, and institutional care settings as well.
- The Ministry of Health and Long-Term Care should encourage the inclusion of questions regarding continence, sexual, oral and nutritional health, and the frequency of falls in all informal and formal **tools** used **to assess the health of older adults**.

7. Medications and Older Ontarians

- The Ministry of Health and Long-Term Care should identify trends regarding inappropriate combinations of drugs and develop best practice guidelines and knowledge transfer mechanisms to improve prescribing practices and reduce the harmful effects of **medication interactions** in older adults.
- The Ministry of Health and Long-Term Care should conduct a full **review** of its **MedsCheck Program** to understand how effective it has been and how this service can be improved to
 - a) better support patients managing with multiple medications and
 - b) provide more added value.
- The Ministry of Health and Long-Term Care should continue its work of reforming the **Ontario Drug Benefit** (ODB) Program to more directly **link benefits to income** rather than age, and thereby consider expanding this coverage for all Ontarians.

8. Caring for Caregivers

- The Ministry of Health and Long-Term Care should improve the awareness of services and supports available to unpaid caregivers with **improved single points of access**. In particular, the Ministry should ensure that these single points of access recognize the unique identity and needs of unpaid caregivers that may require information to be presented differently.
- The Ministry of Health and Long-Term Care, in conjunction with the Ministry of Finance and the Ontario Seniors' Secretariat, should promote the **awareness** and uptake of various **programs** (for example, financial benefits and tax credits supporting the financial burdens of unpaid caregiving).
- The Ministry of Health and Long-Term Care should encourage the **standardization** of services and supports offered through the **Alzheimer Society's First Link program** and fully support the implementation of this program in every LHIN across Ontario. This will help ensure that this vital

support program and service for older adults and unpaid caregivers affected by dementia is available to all.

9. Addressing Ageism and Elder Abuse

- The Government of Ontario, through its Seniors' Secretariat, should adopt a process to ensure that legislation or policies which permit age to influence the access of older Ontarians to any specific service should be identified and reviewed in liaison with older user groups.
- The Government of Ontario should continue its current commitments to its Strategy to **Combat Elder Abuse** through the supporting partnership of the Ontario Seniors' Secretariat, Ontario Victim Services Secretariat, Ministry of the Attorney General, and the Ontario Network for the Prevention of Elder Abuse (ONPEA) to support work that
 - a) Seeks to raise public **awareness** about the abuse and neglect of older adults
 - b) Provides **training** for front-line staff
 - c) **Coordinates** community services to better assist victims of elder abuse in communities across the province.

10. Addressing the Unique Needs of Older Aboriginal People

- The Ministry of Health and Long-Term Care, in partnership with Ontario's Seniors Secretariat and the Ministry of Aboriginal Affairs, should commit to a process to meaningfully **engage** on and off-reserve Aboriginal people and their organizations across Ontario in the **development** of an **Aboriginal Seniors Strategy**.

11. Supporting the Development of Elder Friendly Communities

- The Government of Ontario should support its communities and citizens to ensure they have access to a variety of programs and supports that will enable them to **adapt** their **residences** to accommodate their evolving functional needs so that they can continue to age in place whenever possible and for as long as they desire.
- The Ministry of Health and Long-Term Care, in partnership with the Ministry of Transportation and through partnerships with Local Health Integration Networks (LHINs), Municipalities and Community Support Sector agencies, needs to further **enhance** the development and availability of non-profit, safe, dignified, and consumer-oriented **transportation systems** for older Ontarians across urban and, wherever possible, rural communities as well

12. Necessary Enablers to Support a Seniors Strategy for Ontarians

- The Ministry of Health and Long-Term Care, in collaboration with the Ministry of Colleges, Training and Universities, should support the preparedness of all future health and social care providers to meet the evolving care needs of older Ontarians. **Core training** programs in Ontario for physicians, nurses, occupational therapists, physiotherapists, social workers, pharmacists, physician assistants, paramedics, personal support workers, and other relevant health and social care providers should **include relevant content and clinical training opportunities in geriatrics**.

- The Ministry of Health and Long-Term Care should finalize the development of its recently introduced Alternate Funding Plan (AFP) to support geriatricians in Ontario in a way that doesn't restrict their numbers, or provide disincentives to those wishing to practice geriatrics.
- The Ministry of Health and Long-Term Care should provide more support to its Personal Support Worker (PSW) workforce by strengthening its new PSW Registry by requiring mandatory registration, requiring a common educational standard for all future registrants, and developing a complaints process that can protect the public and the profession.
- The Ministry of Health and Long-Term Care and its Local Health Integration Networks (LHINs) should require that health, social, and community services providers streamline their assessment and referral processes to
 - a) avoid duplication and burden for patients and clients, and
 - b) to promote greater efficiency in the delivery of services.

13. Establishing the Mandate, Implementing the Strategy

- The Ministry of Health and Long-Term Care's Implementation Branch, in partnership with the Ontario Seniors' Secretariat, should hold overall responsibility to oversee the implementation of the Government's Seniors Strategy. It should be required to report to the Minister quarterly on the progress, challenges, and opportunities being seen through the implementation of the Strategy and develop an annual report that can be shared with the public.
- The Ministry of Health and Long-Term Care should require each Local Health Integration Network (LHIN) to
 - a) appoint a member of its executive team to oversee the implementation of the Seniors Strategy
 - b) establish a steering committee with a broad base of representation from local health, social, and community care providers, including public health and paramedical providers, local municipal officials, designated French Language Health Planning entities, patients, and caregivers, to help discuss and plan opportunities to further develop and implement services for older Ontarians in their regions.