



# A Closer Look at Long-Term Care

## Ontario Health Coalition Briefing Note

May 20, 2014

### What is a Minimum Care Staffing Standard?

Like Day Cares have staff-to-infant ratios and some school classes have limits on class sizes, a minimum care standard is a way of ensuring that there is enough care given to meet the needs of residents in long-term care homes.

We are proposing that Ontario adopt a mandatory average minimum care staffing levels of 4-hours daily hands-on care for each resident.

### Ontario Used to Have a Minimum Standard

In 1996, Ontario's Conservative government withdrew the regulation that provided for a minimum care standard and stopped inspecting long-term care homes. Care suffered and media reports of horrible deaths due to bed sores and neglect led to some improvements. But a care standard was never re-instated. Since then, more than 10,000 hospital beds have been cut and patients discharged with more and more acute and complex conditions. But care levels have not increased to match the increase in complexity and acuity among long-term care residents. We are insisting that the government reinstate a care standard to make long-term care homes safer for both residents and staff and to improve quality of life for residents.



### Long Waits for Long-Term Care

Access to long-term care facilities is poor and has been declining over the last half-decade while hospital chronic care patients continue to be downloaded from hospitals onto long-term care wait lists. There is a severe and chronic backlog of Ontarians waiting for access to long-term care homes that has numbered more than 20,000 for well over a decade. With wait lists numbering over 20,000 and extremely low vacancy rates, there is no capacity for long-term care homes to offset any planned new hospital cuts. Ontario's Health Quality Council reported in 2011 that median wait times for long-term care were 5 months for people waiting at home and 2.5 months for patients waiting in hospitals.<sup>1</sup> Average waits across the board for a LTC bed tripled between 2005 and 2011 to three months.



<sup>1</sup> Health Quality Ontario 2011, pages 3 & 16.

## Patients' Rights

In order to cut and close hospital beds, some patients have been coerced either by being told that they must pay exorbitant fees for their hospital bed or by being forced to go to a long-term care home that is not of their choosing. According to a report by the Advocacy Centre for the Elderly, hospitals often have policies requiring applicants to long-term care to make one of the following "choices": accept the first available bed in any LTC home; return home to wait for their home of choice; go to a retirement home to await their home of choice; or pay a very high rate for their hospital bed. However the legislation is clear that this is not legal.<sup>2</sup> In fact, in a statement by Sheamus Murphy, Director of Communications for the Minister of Health and Long-Term Care, "The primacy of choice and consent" is entrenched in the Long-Term Care Homes Act and that the government has no plans to remove applicant choice.<sup>3</sup> However, this is not enforced as it should be. Instead, hospitals face ever more pressure to move patients out, whether appropriate care is in place or not.

## Ontario Long-Term Care: BY THE NUMBERS

As of September 2013, there were 77,707 long-term care beds in Ontario in 628 homes. (Ministry of Health data.)

Eligible people on the wait list 21,834 (as of September 2013, the latest Ministry of Health data that is public.)

In a recent report, it was disclosed that Ontario's long-term care homes use antipsychotic drugs at more than double the rate of U.S. nursing homes. On average 33 percent of residents are prescribed these drugs. Homes, often short-staffed, use the drugs to calm, restrain, and reduce wandering and agitated residents. (Toronto Star, Use of antipsychotics soaring at Ontario's nursing homes, 2013.)

Average number of residents per long-term care home: >120.

Only 40% of Ontarians waiting for a long-term care placement get their first choice of long-term care home.

Manipulating the wait lists: Recently, hospital staff report to the OHC that they are being told not to give patients long-term care as an option. This is an unlawful attempt to lower the wait lists by depriving people of needed care. Ontario's chronic care (complex continuing care) hospital beds have been cut in half since 1990, amounting to a closure of more than 5,600 beds. In addition, 12,300 acute care and other hospital beds have been cut.

Long waits are a chronic problem that needs to be addressed: In 2001, the Ontario Health Coalition reported long-term care homes wait lists of 25,000, based on Ministry of Health data at the time. In 2011, wait lists for long-term care total 36,000 with 24,000 waiting for a placement plus 12,000 waiting in a long-term care facility not of their choosing for a transfer.

## Some facts and figures

Ontario LTC Wait Lists By Region	
Local Health Integration Networks	Total Long Stay Wait List w/Transfers
Ontario wide	21,834 35,481
Erie St. Clair	725 1,312
South West	1,472 2,749
Waterloo Wellington	981 1,659
Hamilton Niagara Haldimand Brant	2,002 4,007
Central West	434 884
Mississauga Halton	1,429 2,519
Toronto Central	1,864 2,790
Central	2,654 4,286
Central East	4,248 6,253
South East	895 1,334
Champlain	2,161 3,368
North Simcoe Muskoka	1,187 1,678
North East	1,167 1,753
North West	615 889

<sup>2</sup> "Discharge from Hospital to Long-Term Care: Issues in Ontario." Jane E. Meadus, Advocacy Centre for the Elderly. July 2013.

<sup>3</sup> Ibid.