



February 17, 2022

Re: 22-HLTC002

Ministry of Long Term Care
400 University Avenue, 6th Floor
Toronto, ON M5G 1S5

Ontarians are looking to the MOLTC, with the support of the Premier and his government to once and for all make the required investments to provide dignity to all who call a long term care residence home. The current state of care is, by all reports, the long neglected and shameful face of a strained health care system in Ontario. To emphasise that point, 95% of our members report they would not want to send their family members to a Long Term Care home, nor want to live in an LTC home themselves.

On behalf of our 220,000 members in Ontario and the volunteers of our fifteen community-based Chapters, the Canadian Association of Retired Persons (C.A.R.P.) is pleased to respond to the proposed Phase 1 Regulations of the Fixing Long-Term Care Act, 2021.

We must strongly disagree with the Ministry of Long Term Care's (MOLTC) **Analysis of Regulatory Impact** of these proposed revisions.

While the Ministry states that the proposed regulations will provide, "*improved quality of life and care for residents of long-term care homes*," C.A.R.P. argues that without insisting, through regulation, that the foundational principles contained in the preamble of the **Fixing Long-Term Care Act, 2021** be implemented, these proposed changes will not, in practice, improve the quality of life for LTC residents.

The fundamental principle contained in the first lines of the Act, states that an LTC home must be **"operated so that it is a place where they (residents) may live with dignity and in security, safety and comfort and have their physical, psychological, social, spiritual and cultural needs adequately met."**

However, the proposed Regulations focus almost exclusively on meeting the physical needs of the resident, while leaving the other aspects of quality care to the good will of the LTC provider and not binding them to the fundamental principle through regulation. Commissions of inquiry and many other reports previously submitted to government tell us that good will has not, to this point in time, provided the care we expect for our loved ones in Long Term Care institutions. We see scant reference in the regulations that address the psychological, emotional, social, spiritual, and cultural needs of residents; which are just as, if not more important, than their physical needs - and deserve to be recognized within the Regulations.

C.A.R.P. recommends that the MOLTC address this oversight in consultation with the **Ontario Centres for Learning, Research and Innovation in Long-Term Care**, which is co-funded by your Ministry; and provide measurable standards and practices of care, in the regulations, that will promote consistency in approach by the homes and assist inspectors to fairly assess the application of these principles and assist homes to adapt learning plans to close the gaps.

The Regulations, as written, will reinforce the institutional model of care which has failed residents past and present and has caused the MOLTC to admit that the LTC system in Ontario is "broken".

Nowhere in the Regulations is "home-like environment" addressed, as promised in the foundational statement. The Regulations list requirements on physical structures such as doors, windows, elevators, but they do not address the foundational structures that support the psychological and emotional needs of the resident. Quality of care means replacing institutional multiple bed units with smaller, home-like environments;



where staff are empowered to “know” the resident and care for them with compassion. These person-centred models of care must be codified in the regulations and not just aspirational statements contained in the preamble.

Specific to some of the draft Regulations, we point out:

Continuous Quality Improvement measures under **Regulation 166** call for establishing a committee and developing reports. In order to promote consistency; standards, best practices, and evidence need to be built into the Regulations so that quality can be achieved. The absence of identifying quality criteria measures, that incorporates those “softer” parameters related to emotional care, can lead to neglect, depression, and other symptoms of lack of “well-being” for the resident.

Within the Act there is provision for a Long-Term Care Quality Centre which will advance and share research on innovative and evidence-informed-person-centered models of care. There is no mention of developing a plan to implement quality measures or what those measures might be. In addition, the Regulations do not mention any specifics as to how to collect data, and what data to collect. This regulation needs further revision.

Regulation 250: Hiring of Administrators and Directors of Care speaks to the need to seek out persons who have demonstrated leadership and communication skills. What is missing is “visionary” in this criterion. A visionary attribute is about not being averse to trying new things based on evidence and opens the door to continuous quality improvement if the leadership is open to new proven ideas which will improve quality of care for residents and improved staff satisfaction.

Regulation 256: Screening of staff focuses on police record checks. Adding the criteria of choosing candidates who demonstrate suitability, or emotional intelligence, for working in a LTC home will promote retention of new staff who are matched to the work. Emotional intelligence is about the capacity to be aware of, control, and express one's emotions, and to know that our reactions can affect those around us. Emotional intelligence can guide our thinking and behaviour so that we can label feelings and emotions appropriately. This is so important when working with residents, especially those with dementia.

Regulation 262: Additional training for direct care staff. Several areas are included in this recommendation. The first five are mandatory skills that would be embellished with the addition of #6, 7 and 8.

1. Falls prevention and management.
2. Skin and wound care.
3. Continence care and bowel management.
4. Pain management, including pain recognition of specific and non-specific signs of pain.
5. For staff who apply physical devices or who monitor residents restrained by physical devices, training in the application, use and potential dangers of these physical devices
6. Empathy training: the ability to understand and share feelings of others. It is the ability to put yourself in someone else's shoes.
7. Diet and food presentation to promote nutrition and adequate hydration. Cold food is consistently on resident survey satisfaction surveys as one of the lowest scores and also reports of leaving food/drinks at the bedside of residents' incapable of independent consumption. Additionally, adequate nutrition is mandatory for proper wound healing. Providing tasty food, non boring meals - in a family setting, that is HOT when it is supposed to be hot is all part of emotional care.
8. Early recognition of responsive behaviours: behaviours that often indicate, (a) an unmet need in a person, whether cognitive, physical, emotional, social, environmental, or other, or (b) a response to circumstances within the social or physical environment that may be frustrating, frightening or confusing to a person.



A Word on Staffing

The Fixing Long-Term Care Act, 2021, Section 80 (1) states *"In order to provide a stable and consistent workforce and to improve continuity of care to residents, every licensee of a long-term care home shall ensure that the use of temporary, casual or agency staff is limited in accordance with the regulations"*. Sufficient appropriate staffing is key to meeting QI criteria and taking our LTC homes, finally, out of this ongoing "emergency" situation. Staffing patterns should support at least 70% full-time staff, and wages must be sufficient to attract and retain quality employees. Four hours of direct care must be implemented as soon as possible. Legislating that level of care tells us that the government understands that is the minimum required for dignified care. Waiting two more years to implement the policy, says that today's residents must continue to suffer with less than dignified care for another two years.

In addition, the MOLTC implies that these new regulations will provide **"greater protections for long-term care homes to optimize resident safety and enhanced sector preparedness in the event of an emergency."**

We see no improvements in regulation that would address the specific concerns of a volunteer in our Association. In their case, a power failure in an Ontario long term care home, that did not have sufficient back up power, lead to the death of a loved one, who's in-room electrical outlets were not connected to the backup generator. If all power outlets that operate life-giving equipment are not, by regulation, required to have back up power, then resident safety is not yet optimized.

We sincerely hope that our concerns as outlined herein will be heard. C.A.R.P. continues to advocate for current and future LTC residents, and in memory of all those who perished due to short sighted plans and lack of investment, that should never have been allowed and would never have passed an honest and detailed inspection.

In conclusion, we submit that there is much work to be done before these proposed regulatory changes are finalized. Nothing short of a transformation in the entire culture of care is required.

C.A.R.P. looks forward to continuing dialogue at the Strategic Long Term Care Advisory Table, with the Ministry of LTC and Ministry of Health.

As Premier Ford said at the C.A.R.P. Annual General Meeting on February 11, 2022, "Believe me, I think (patient centred care like the butterfly) is a great model, myself, and it makes a world of difference." It's time that we made a world of difference to the LTC residents of Ontario.

Sincerely,

Anthony J. Quinn
Chief Community Officer
C.A.R.P.