Session II: Long-term Care in Ontario

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Overview

- Ontario’s & Canada’s Health System
- Long-term Care Sector Description
  - Types of services, organization, delivery and ownership structure
- Service Users & Workers
- Sector Reviews
- Bright Lights / Dim Lights
Health Care in Ontario

• Decentralized decision-making & funding
• Regionalization
  - 14 Local Health Integration Networks (LHINs)
    • Plan, fund & integrate health services
    • Responsible for:
      - Hospitals
      - Mental Health & Addictions Services
      - Community Health Centres
      - Community Care Access Centres (CCACs)
      - Community Support Services
      - Long-Term Facility Care
LTC: Canadian & International Contexts

• In CHA, LTC = extended health care service
  - Wide-provincial Variation
• Not addressed in the Romanow Report recommendations
• LTC services are included in the terms of the Trade Agreements
Types of Services

• **Home Care**
  - Nursing and therapies
  - Personal support (e.g. baths, dressing)

• **Community Support Services**
  - Voluntary services (e.g. meals, visits, transportation)
  - Homemaking

• **Long-term Facility Care**
  - Supportive Housing
  - Retirement Homes
  - LTC Homes (nursing homes)
Organization of LTC Services

- **Centralized local access** to services
  - Community Care Access Centres (CCAC)
  - Home care case management & needs-based assessments
    - Budget based allocation of service
  - Manage placements for LTC homes
    - waitlists
  - Referral to community support organizations & services
    - Direct people to make contact with community organization or municipal program
Delivery of Services -- 1

- **Decentralized delivery** of services with mixed ownership of provider organizations:
  - **Home care**
    - 14 newly amalgamated CCACs orchestrate the managed competition RFP process
      - A few large multi-national for-profits
      - some local for-profits
      - Large non-profit organizations
  - **Community Support Services**
    - Approx. 800 agencies
    - Typically small local non-profit organizations, and municipal programs
    - Sector not about competition
- LTC homes
  - approx 600 homes
    - For-profits:
      » large multi-nationals &
      » Small independents
    - Non-profit
      » charitable &
      » religious
    - Municipalities
Staffing + Ownership

- **Staffing intensity**: Studies link higher RN staffing levels to better resident health outcomes \(^4, 5, 6, 7\)
  - fewer hospitalizations, fewer pressure ulcers, less problems with skin trauma, less weigh loss, fewer infections, decreased patient resistance to care, and improved functional status

- **Ontario’s non-profit & municipal LTC homes**
  - Higher staffing intensity
  - Similar in other provinces \(^1, 2\)

- **For-profit homes**
  - care for more patients with high acuity needs, and more 85+ year olds, but with the lowest RN intensity levels \(^3\)
## On the Frontlines: Users

### Home Care (2005/06)
- 649,244 clients
  - Children (10%)
  - Adults 18 -64 (32%)
  - Adults >65+ (58%)

### LTC Homes (2008):
- 75,000+ residents
- More than three-quarters are women
- Average age = 82

### Issues
- Majority of users are elderly women
- High demand for service and spaces
  - Exceeds current system capacity
- LHINs tasked to improve continuity for users
- Aging in place strategy
## On the Frontlines: Workers

<table>
<thead>
<tr>
<th>Home Care (2005/06)</th>
<th>Issues</th>
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</thead>
<tbody>
<tr>
<td>- 5 million visits/hours</td>
<td>- Low pay</td>
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<tr>
<td>- 45,000 FTEs</td>
<td>- Lack of job security</td>
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<tr>
<td>- Female-dominated workforce (90%)</td>
<td>- High rates of illness, injury and violence</td>
</tr>
</tbody>
</table>

- **Issues**
  - Low pay
  - Lack of job security
  - High rates of illness, injury and violence
LTC Sector Reviews

• Home Care
  - Realizing the Potential of HOME CARE (Caplan Report - 2005)

• LTC Homes
  - People Caring for People: Impacting the Quality of Life and Care of Residents of Long-Term Care Homes (Sharkey Report - 2008)
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<thead>
<tr>
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<tbody>
<tr>
<td>Increase funding</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Increase # of workers</td>
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<td>+...</td>
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<td>Stabilize the home care / LTC home workforce</td>
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<tr>
<td>Establish minimum staffing standard in LTC homes</td>
<td>-</td>
<td>x</td>
<td>x</td>
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<tr>
<td>Address “client” rights</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Address “worker” rights</td>
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<tr>
<td>Specifically address gender issues</td>
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<tr>
<td>Change sector’s organization</td>
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<tr>
<td>Change sector’s service delivery</td>
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<td>Increase system oversight and monitoring</td>
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<td>Improve public transparency</td>
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<tr>
<td>Implement continuous quality improvement initiatives</td>
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<td>Clarify organizational roles</td>
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<tr>
<td>Improve RFP transparency</td>
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Accountability & Monitoring

- **Ontario Health Quality Council**
  - Measuring and public reporting of Home Care & LTC Homes

- **MOHLTC Reports on LTC homes**
  - Verified Complaints
    - Violations of 540 Criteria (standards)
  - Inspection Findings:
    - 75 Regulations
Bright Lights

• Additional Funding may help match users assessed need with service allocation
• $$ to increase wages, and job stability
• Improved mechanisms being implemented for public reporting
• $$ for community support services
• Gender issues in LTC are not frequently acknowledged at the policy level
• Workplace culture not conducive to reporting illness, injury, violence or poor working conditions
  – Workers and residents remain vulnerable
• Workers spend more time being “compliant with paperwork” than “caring”
• No minimum staffing standard implemented
Selected References

9. A. Banerjee, (2007) An Overview of Long-Term Care in Canada and Selected Provinces and Territories *Women and Health Care Reform*
10. E. Caplan(2005) Realizing the Potential of HOME CARE
11. S. Sharkey (2008) People Caring for People: Impacting the Quality of Life and Care of Residents of Long-Term Care Homes