

**RESPONSE TO DRAFT REGULATIONS
LONG TERM CARE HOMES ACT 2007, BILL 140
By
Eastern Branch, Ontario Association of Social Workers
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Introduction:

The Eastern Branch of the Ontario Association of Social Workers (OASW-EB) represents 430 social workers who live and or work in eastern Ontario. Because of the role that social workers play in assessing the needs of and identifying resources for their clients in hospitals and other community settings, the provisions that the Ontario Government makes for long term care are of great importance to our members. For this reason, we submitted our comments on Bill 140 in January, 2007, when consultations were being received on the draft bill. After the Act was passed, we were pleased to learn that the act did include, as a fundamental principle, the statement that *the physical, psychological, spiritual, cultural and social needs of residents in long term care* would be met. We were, however, disappointed to find that some of the other important changes we had called for, such as minimum staffing standards, had not been included in the bill; others, such as provisions to protect the rights of vulnerable residents of long term care homes, had been inadequately addressed. We now look to the regulations on the Long Term Care Homes Act (LTCHA) to incorporate provisions that will meet the responsibility of the Ministry to provide for conditions in all government funded long term care homes that will assure adequate care and quality of life for the residents and safe conditions, not only for the residents, but also for those who work in those facilities. Thank you for this opportunity to submit our comments on the draft regulations.

As we have been reviewing the draft regulations to the LTCHA, we have become aware of the response of other organizations with expertise regarding long term care homes. One of these is the Ontario Health Coalition (OHC), which has made a study for the past several years of conditions and the changes needed in long term care homes in the province. We have reviewed the comprehensive response of the OHC and fully endorse their suggestions for changes and inclusions in the regulations. Their approach to the regulation of long term care homes is based on sound knowledge of the problems that exist in that sector and on the belief that a “best practice” standard must guide government in providing a framework for the care of vulnerable elderly people in long term care homes.

We urge that the comments and recommendations of the Ontario Health Coalition regarding the draft regulations for the LTCHA be given very serious consideration in this review by the Ministry of Health and Long Term Care.

Comments on the Draft Regulations:

In light of the extensive review of the draft regulations by the OHC, we shall limit our comments to a number of points for emphasis or to provide additional information.

We are troubled, as is the OHC, that the recommendations of the Casa Verde Inquest (2005) have not been adopted in the draft regulations. The deaths of two residents in a North York long term care home at the hands of another resident with dementia who had just been admitted was a tragedy of such magnitude that every effort should be made to prevent similar tragedies from occurring. Surely, failure to take these recommendations into account in developing regulations for the LTCHA will be seen as dereliction of duty on the part of the Ministry by those who entrust their loved ones to long term care, in the event of further deaths of this nature.

We call for the recommendations of the Casa Verde Inquest to be adopted as part of the regulations for the LTCHA.

Minimum standards of care have been promised since before the election of this government to office, yet this promise has not been fulfilled in either the LTCH Act or the draft regulations. Many studies point to the need for minimum standards in order to provide adequate and safe care to residents of long term care homes. A recent study¹ has provided strong evidence that adequate staffing is necessary also to reduce the unacceptably high incidence of violence against long term care workers. “What we do know is that the high levels of violence experienced by Canadian long-term workers are consequences of *current working conditions that force caregivers to do too much, too fast, with too few resources, and with limited autonomy*. What we also know is that good working conditions are linked to good living conditions for residents.”² The study emphasizes the need for appropriate minimum care standards to ensure that personal support workers in long term care homes have adequate time and additional training to equip them to provide the care required by residents in a humane manner, without undue risk to their own personal safety.

We recommend the inclusion in the draft regulations of minimum care standards.

An issue that has not been addressed in the LTCHA or the draft regulations is that of the ratio of basic and preferred accommodation in long term care homes. The ratio of beds that must be held for basic ward accommodation has been reduced over the years, with the result that there are longer waiting lists for basic beds than for preferred beds in Ontario.

We recommend that the ratio be revised to more adequately meet the need for basic beds in long term care homes.

Regulations 28 and 29 pose a particular concern to social workers in the hospital setting. As part of their regular duties, social workers in hospitals facilitate a patient-

¹ Banerjee, Albert, Daly, Tamara, Armstrong, Hugh, et al, "Out of Control": Violence against Personal Support Workers in Long-Term Care, 2008.

² Ibid., p.22.

centred process of discharge planning from admission to discharge, either to home or to care facilities, including long term care, according to the patient's needs, finances and available resources. This service is viewed by hospital administrations as not only efficient, but as an opportunity to provide much needed support for patients and families when faced with difficult decisions. As they stand, draft Regulations 28 and 29 do not support the long-standing practice of delegation of the planning process to well qualified hospital discharge planners by CCAC. A change, such as that which is implied by these regulations, would result in an unnecessary repetition of the planning process, causing confusion and frustration for patient and family. Requiring the placement coordination to be carried out solely by CCAC personnel would also result in delayed discharge and longer hospital stays in acute care beds due to the CCAC backlog and the additional time required to complete the process.

We recommend that the wording of Regulations 28 and 29 be changed to include the ability of the CCAC placement coordinator to delegate the work of long term care placement planning to hospital social workers and discharge planners, in keeping with the practice currently in place.

The results of the investigation into Ontario Long Term Care Homes by the Ontario Ombudsman, which have not yet been released, will provide very valuable insights and recommendations. It would be a serious oversight to finalize regulations for the LTCHA before this information is made available for study by government and by the public.

We recommend that the draft regulations not be taken forward for cabinet approval until after the report and recommendations of the Ontario Ombudsman have been received and considered for inclusion, and the public has had further opportunity to respond to the resulting changes in the draft.

In conclusion, we trust that our recommendations will be of assistance in the development of regulations for the Long Term Care Homes Act that will provide the framework for safe, adequate and humane care for residents of long term care homes by staff who have adequate time, training and resources to provide such care.

Respectfully submitted,

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