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and Long-Term Care**

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Sessional Paper No. P-68

Petition relating to Amending the Long-Term Care Homes Act 2007 (Sessional Paper No. P-68)
Mr. McDonnell (Tabled October 22, 2014)

Response:

Ontario's hospital-based complex continuing care beds

Since 2006, the Local Health Integration Networks (LHINs) have been responsible for planning, funding and integration of prescribed health care services.

LHINs collaborate with local stakeholders to identify and address the health service needs of their community. When the LHIN, in consultation with its community, determines that service needs have changed, it has the authority to adjust local capacity. Service adjustments should not be considered in isolation. For example, while LHINs have made the decision to reduce the number of classified Complex Continuing Care (CCC) beds by 16% (6,716 to 5,619) between 2003-4 and 2013-14 the number of new designated rehabilitation beds have increased 9% and investments in home care has increased 99% over that same period.

Further, the roles and responsibilities of CCC have also changed significantly over the past 20 years. The sector has evolved from largely longer-term residential-style continuing care for persons with chronic debilitating conditions to a sector where patients are more medically complex, technology dependent and who stay in CCC for only a brief time. Patient length of stay in CCC beds have been reduced markedly because of community and rehabilitative care investments over this time.

Long-Term Care Homes

The Ministry of Health and Long-Term Care (ministry) is committed to ensuring that Ontarians who need long-term care (LTC) have a high quality life and receive quality of care as residents of LTC homes. We have enhanced, and continue to enhance, the quality of care and services provided to residents of LTC homes.

The *Long-Term Care Homes Act, 2007* (LTCHA) is the single legislative authority for safeguarding residents' rights, improving quality of care, and improving the accountability of LTC homes for the care, treatment and well-being of more than 77,000 residents.

The LTCHA introduced comprehensive staffing requirements for LTC homes to improve care and safety for residents. This included enhanced requirements relating to staffing plans and staff training to better support a growing population within LTC homes with challenging and complex behaviours (often called responsive behaviours).

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The LTCHA and Regulation require every LTC home to have an organized program for nursing services and personal support services which includes a written staffing plan that ensures a staffing mix that's consistent with residents' assessed care and safety needs and that meet the requirements set out in the LTCHA and Regulation.

The LTCHA requires all LTC homes to provide ongoing training to their staff to meet the needs of residents with responsive behaviours. This includes:

- training in techniques and approaches related to responsive behaviours;
- training on mental health issues, including caring for residents with dementia; and
- training on how to minimize the restraining of residents.

Beyond this legislation, the ministry continues to enhance the amount, and quality of care and services, available to residents in LTC homes. This includes:

- Implemented Regulatory amendments that allow more timely access to LTC home beds and more time to be spent on resident care, by qualified staff, in appropriate surroundings.
- Over \$57 million in new base funding announced in September 2014. This funding will provide a 2.0% resident care needs increase as committed in the 2014 budget.
- Funding to train LTC home staff to improve resident safety, quality of care and abuse prevention for LTC home residents with complex needs (one-time funding of \$10 million in 2012-13 and \$10 million 2013-14). See below Training Investments section for more information.
- \$40 million in 2012-13 for new behavioural staff resources to be deployed locally to support Behavioural Support Ontario (BSO) and \$3.5 million in additional base funding into BSO to support the recruitment and training of Personal Support Workers (PSW) by LHINs in 2013.
- The creation of three Centres for Learning Research and Innovation to contribute towards enhancing quality of life and care of residents through research, education, innovation and knowledge transfer

These initiatives build on previous Ministry investments, including funding initiated in 2008 to create 2,500 PSWs positions and more than 900 nursing positions.

As part of the ministry's goals to achieve greater transparency, accountability, and excellent care for all Ontarians, Health Quality Ontario (HQP) is mandated under the *Excellent Care for All Act, 2010* to monitor and publicly report on the health care system, among other initiatives.

HQP publically reports on 11 LTC indicators at the provincial level:

1. Median number of days to long-term care home placement
2. Percentage of residents with worsening bladder control
3. Percentage of residents with increasing difficulty carrying out normal everyday tasks
4. Percentage of residents whose language, memory, and thinking abilities have recently decreased
5. Percentage of residents with pain that recently worsened
6. Percentage of residents who had a recent fall
7. Percentage of residents who had a pressure ulcer that recently worsened
8. Percentage of residents who were physically restrained
9. Number of residents prescribed a drug that should never be used among the elderly per 100,000 residents aged 65 years or older, per year
10. Number of injuries per 100 long-term care workers per year
11. Percentage of residents with one or more infections

HQO also provides individual home-level results on falls, worsening incontinence, worsening pressure ulcers and use of daily physical restraints

Behavioural Supports Ontario (BSO)

The ministry created the BSO Project to help people with challenging and complex behaviours wherever they live – at home, in LTC homes, or elsewhere. BSO also supports families, healthcare professionals, and the healthcare system.

Through BSO, a provincial framework of care was implemented across 14 LHINs which integrates new, locally appropriate service models, including the establishment of LTC home specialized behavioural units.

The LTCHA allows a licensee to request approval to establish "specialized units". These specialized units are designed to serve residents with "specialized" needs.

One example of a 'specialized unit' is a Behavioural Support Unit, designed to deliver specialized care and services for residents with dementia and responsive behaviours.

As of July 2014, the Ministry has approved the establishment of the following BSUs:

Home Name	# of Beds designated for BSU	BSU Pilot Period
Cummer Lodge	16	September 1, 2012 to March 31, 2015
Baycrest Jewish Home for the Aged (HFA)	23	September 1, 2012 to March 31, 2015
Hogarth Riverview Manor	24	December 1, 2012 to December 31, 2014
Peter D. Clark Centre	12	April 1, 2013 to March 31, 2015
Sheridan Villa	19	September 7, 2010 to September 30, 2014
Linhaven HFA	17	October 1, 2013 to March 31, 2015

Between 2011/12 and 2012/13 the ministry invested approximately \$59M through BSO to support the redesign of service delivery across the province and hiring of new health human resources (HHR).

LHINs receive \$44M in base funding every year to ensure they can sustain their BSO HHR capacity.

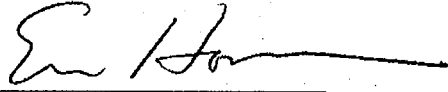
Training Investments

The ministry provided LTC homes with a \$7.3M, or \$0.26 per diem of base funding (across all the funding envelopes), for costs related to training and orientation programs when the LTCHA was proclaimed in 2010.

The ministry announced additional investments of \$10M in both 2012/13 and 2013/14, to support the training and development of LTC home staff that focus on improving resident safety, preventing abuse and neglect, and advancing quality of care for residents with responsive behaviours or other specialized care needs, including the prevention of wound development.

LTC homes are required to report back to the ministry on the use of both investments. With the 2012/13 investment, homes reported the following:

- Approximately 47,000 individuals received training and development opportunities, an average of 77 staff per home. The vast majority of these staff worked in nursing and direct care.
- More than 7,000 resources were purchased to support training and development.
- More than half of homes have updated their annual training and orientation plans with this funding.
- More than one-third of homes took advantage of training resources developed through the BSO initiative.



Honorable Dr. Eric Hoskins