# The National Advisory Council on Aging demands improvements to Canada's long-term care institutions

There are in Canada many exemplary models of long-term care institutions. Yet, as many Canadians are only all too-aware, there are serious issues and problems in facility-based long-term care. Further, great variation exists between jurisdictions in the delivery of institutional long-term care, resulting in significant disparities across the country.

The **Canadian Healthcare Association (CHA)**, in its 2004 Policy Brief, *Stitching the Patchwork Quilt Together: Facility-Based Long-Term Care within Continuing Care – Realities and Recommendations*, describes in detail some of the problems facing long-term care facilities in Canada. The CHA proposes a policy framework aimed at addressing these problems so that long-term care systems across Canada can be flexible enough to meet regional realities, while delivering comparable services. **The National Advisory Council on Aging (NACA) supports the CHA analysis and its recommendations to improve the lives of seniors living in long-term care facilities.**

What follows is a brief description of some of the major inadequacies in facility-based long-term care in Canada as identified by the CHA, together with some proposed remedies.

## Lack of public funding and affordability in institutional long-term care

Facility-based long-term care is not a publicly insured service under the *Canada Health Act*. As such, it encompasses different services (at widely varying rates) in each province and territory of Canada. Inadequate public funding of facility-based long-term care means that seniors are less likely to access quality, affordable and comparable facility-based long-term care. Out-of-pocket costs vary widely, depending on where one lives: for example, they average $18.00 per day in the Yukon (2004); $74.00 per day in Nova Scotia (2005); and $137.00 per day in New Brunswick (2005). New Brunswick conducts an income and asset test in order to determine the resident's out-of-pocket expenses. The New Brunswick income/asset definition – the most severe in the country – can result in the family of a resident being depleted of almost all their assets in order to pay out-of-pocket expenses for a family member in long-term care facility: the principal residence, a vehicle, $500.00 personal allowance, registered education funds and prepaid funeral expenses are the only exemptions when determining what assets can be depleted.

### CHA proposals

- ***The federal government should introduce federal funding for long-term care institutions, linked to pan-Canadian principles (e.g., similar to those contained in the Canada Health Act) and developed in collaboration with federal, provincial and territorial governments.***
- ***Health services (personal care and health care services) in long-term care facilities should be publicly funded.***

## Lack of quality care in institutions and accountability by care providers

Quality is the foremost issue in the minds of Canadians. Poor quality care may mean settings are too 'institutional,' staff are inadequately trained or do not have sufficient time to devote to each resident.

### *CHA proposals*

- ***Improve collection of information on staffing ratios, level of care being delivered, admission waiting lists, discharges, deaths, health of residents and quality of care. Better information makes it easier to compare facilities and pinpoint problems.***
- ***Conduct research and education within long-term care facilities to evaluate and improve care.***
- ***Widely implement practices that have been shown to result in high quality care.***
- ***Develop and promote minimum standards of care through accreditation and appropriate licensing of long-term care facilities. Accreditation means that facilities have to meet certain standards for environment, programming and developing home-like atmospheres. Licensing will help protect vulnerable citizens from receiving care in unregulated facilities and prevent cases of abuse/neglect.***

## Lack of dignity and choice

Long-term care facilities are often 'institutional' in nature and residents are often offered little choice in their daily schedules. Privacy (e.g., entering a resident's room without permission) is often not respected and autonomy – control over one's daily life decisions – is often removed arbitrarily. End-of-life care needs to be provided more consistently so that residents do not experience a disruptive move to hospital prior to death.

### *CHA proposals*

- ***Facilities should be required to be home-like (e.g., allow personal belongings, plants, furniture, etc.). Dignity and self-determination of residents (e.g., privacy, autonomy, flexibility, managing one's own levels of risk) should be fundamental values.***
- ***Provide appropriate and consistent end-of-life care in the facility to residents who have life-threatening conditions or who are terminally ill.***

## Respect volunteers and families

There are many community members who want to volunteer. Involvement of family members and friends can improve residents' quality of life. Yet, too often, volunteers are used to do the work of paid staff; sometimes family members end up feeding or providing basic care to relatives rather than being able to provide support and companionship.

### *CHA proposals*

- ***Determine the optimal use of volunteers by recognizing their talents and interests without using them to replace paid staff.***
- ***Allow for families and friends to be involved in the lives of residents as they choose (e.g., family activities, companionship).***

## NACA Endorsement

The National Advisory Council on Aging (NACA) fully endorses the findings and policy recommendations contained in the Canadian Healthcare Association's Policy Brief *Stitching the Patchwork Quilt Together: Facility-Based Long-term Care within Continuing Care – Realities and Recommendations.*