

Senator Kelvin Ogilvie  
Chair, Senate Committee on Social Affairs,  
Science and Technology  
The Senate of Canada  
Ottawa, Ontario, K1A 0A4

November 4, 2011

**Re: Senate review of the 2004 Health Accord**

Dear Senator Ogilvie,

Thank you very much for the opportunity to provide input into the Senate review of the 2004 Health Accord.

The Canadian Alliance for Long Term Care (CALTC) is a national organization comprised of provincial associations and long-term care providers that deliver publicly-funded health care services for seniors across Canada. CALTC members represent care providers responsible for delivering quality care to Canada's most vulnerable seniors each day, as well as delivering home support services and care for younger disabled adults.

CALTC views the Senate review as an important and influential part of the process to achieve a new Accord between the federal government, provinces and territories that will establish and support long-term sustainability of Canada's healthcare system. Our Alliance is focused on ensuring our health care system, and in particular the care of seniors, is centered on quality care, accessibility, research, safety, transparency and accountability. Our goal with this submission is to ensure that the next Health Accord places greater emphasis on the proper research, planning, coordination, delivery and funding of services to seniors.

Specifically, CALTC is advocating for the following measures to be addressed in a new Accord:

- **Standardization of measurement and reporting across all jurisdictions:** Progress has been made in developing standardized measurement tools for levels of care, quality, patient satisfaction etc. However there is no pan-Canadian adoption of a

single set of standardized measurements so that residents, families, caregivers and health system planners can understand how the long-term care sector is performing and identify areas for improvement. **Standardized data is essential to making evidence-based decisions throughout the health care system and across the continuum of care.**

The Inter-RAI MDS (Resident Assessment Instrument Minimum Data Set) should be adopted in all provinces and territories. A standard MIS (management information system) should also be mandated to provide comparable financial and statistical data. It is appropriate for the federal government to insist on such standardization as part of a new Accord. The benefits to the system will be similar in nature to those provided by standardizing drug approvals or hospital quality reporting. Benchmark data will drive improvements, efficiencies and best practices across the country.

- **Equal access to services as well as funding for appropriate infrastructure to meet the changing needs of our seniors:** There are currently issues of inequality across the country in access to long-term care services. There is a wide variance of access to services on a per capita basis depending on where one lives in the country. CALTC believes the federal government has a role to play in ensuring equal access regardless of place of residence.

The very nature of long-term care homes and services has changed greatly in the last twenty years. No longer are long-term care homes simply a residence for seniors. More and more, seniors are entering long-term care only when they are faced with multiple chronic illnesses or behaviour conditions (dementia and Alzheimer's) that make caring for them at home no longer a safe or appropriate option. Our long-term care homes need to be redeveloped quickly to deal with the aging – and more seriously ill – population that requires specialized care.

**Increasing access to such specialized long-term care is critical to addressing the shortages of acute care hospital beds and emergency room backlogs and wait times.** In areas where the federal government does not provide funding for direct care, it can play a role in infrastructure. There are hundreds of LTC homes across the country that require capital renewal in order to meet the changing medical needs of residents and to meet today's accessibility and even building standards. In some regions, additional LTC beds are needed to meet an increased demand for these services.

A revitalized and redeveloped long-term care sector can be a true partner in the broader continuum of care. In addition to caring for and accommodating residents with increasing medical needs, Long Term Care can fulfill a role as a hub for seniors' care within the community. Palliative and hospice care could be integrated into the long-term care sector. Day programs, community clinics and other important

services can be provided to help seniors stay in their own homes longer, and help keep our residents healthy, mobile and independent as long as possible.

Being able to meet these community needs is also vital in providing caregiver support and relief. The societal burden of caregiver stress and burnout is enormous. We believe addressing this issue is a priority for the federal government. Our members are a key part of the solution. This requires investment, but our sector is a resource with the expertise to address many issues within the system that are directly related to access and the appropriate use of long-term care homes.

- **Continued investment in health human resources training and research:** The federal government plays an important role in providing training support for the development of our important health human resources (HHR). CALTC is calling on the new Accord to recognize the need for further research to understand our system's health human resources needs today and into the future. We see an increased need for personal service workers, nurses and nurse practitioners in the long-term care sector to provide more specialized care and meet the increased demand for long-term care as the population ages.

We respectfully request that funding of universities and colleges for training remain a priority. Once research identifies the needs, investment into the HHR capacity within the sector to address aging and chronic disease impacts on the long-term care system is paramount.

- **Research:** The federal government currently supports some research into issues of service levels and quality of services provided to seniors. We believe this research funded through the Canadian Institute for Health Research (CIHR) should certainly be maintained and expanded. Today, too many decisions in Canada are based on research from other parts of the world. It is important that Canadian data be developed on the experiences and conditions of Canadian patients in order to make the most effective decisions for our system.

The system today needs increased basic research into health system and care delivery models particular to aging and chronic disease, multiple chronic conditions, the impact of mobility and independence on chronic diseases and health system costs, as well as other areas we would be happy to delineate.

- **Addressing elder abuse:** Elder abuse occurs in the home, in society at large and even within healthcare facilities. It must be stopped. The new Accord must establish collaboration with provinces and territories to address:
  - a. Research into where and why elder abuse occurs.
  - b. Intervention programs for families and caregivers to prevent the initiation of abuse.

- c. Increase awareness of elder abuse among health care and long-term care providers, such as how to identify potential victims of abuse or potential perpetrators, increase awareness of the effects of abuse and how to access prevention programs.

CALTC believes all of these areas should be priorities within the discussion between the federal government, provinces and territories toward a new Health Accord. We look forward to an opportunity to address these issues further. If you have any questions, or would like further information, on behalf of CALTC please contact Gail Paech, CEO, Ontario Long Term Care Association at [gpaech@oltca.com](mailto:gpaech@oltca.com) or (905) 470-8995.

Sincerely,

**CALTC Members:**

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