

Hello LTCAM Members,

On Behalf of Sue Vovchuk, Executive Director of the Long Term Care Association of Manitoba, we are pleased to share some important weekly updates.

Welcome back! We hope you had a rejuvenating holiday season. As we venture into a new year, it's time to dive back into our regular routine with a fresh edition of the WEDNESDAY WATCH. In this issue, we'll catch up on the noteworthy events and developments that unfolded between December 21, 2023 and January 9, 2024, ensuring you're up to speed on what you might have missed over the holidays.

Enterprise Canada Survey:

We kindly request your participation in a crucial survey by Enterprise Canada, the influential government relations firm that guided LTCAM and its members through the intricate landscape of the 2023 Manitoba Provincial Election. Your input through this 4-question survey will shape our collective strategies and endeavours. Please take a moment to share your thoughts and experiences by completing the 4-question survey through this [link](#). **Deadline for completing the survey is January 14, 2024.**

News from Dec 21, 2023 - Jan 9, 2024:

- 1. Manitoba Expects 24% Surge in Federal Equalization Transfer Payments**
Manitoba anticipates a substantial 24% increase in federal equalization payments, projecting \$4.3 billion for the upcoming fiscal year starting in April. This significant boost, the largest increase in over a decade, aims to support the province in maintaining services and tax rates akin to wealthier regions, coinciding with Manitoba's forecasted \$ 1.6 billion deficit this year. Click [here](#) for the whole article.

2. **NDP appoints outspoken ICU physician to serve as special health-care adviser**

Dr. Eric Jacobsohn, a seasoned cardiac anesthesiologist with over 30 years of experience, has been appointed as a special advisor to Health Minister Uzoma Asagwara by the Kinew government in Manitoba. His role involves facilitating direct communication between healthcare workers, government officials, and Premier Wab Kinew. Jacobsohn aims to act as a bridge between the front lines of healthcare and policymakers while continuing his clinical work at St. Boniface Hospital and the Health Sciences Centre. His appointment signifies the NDP government's commitment to incorporating frontline expertise in their healthcare agenda, which includes plans to hire new healthcare workers, establish new medical facilities, and address system deficiencies. Asagwara emphasized the value of Jacobsohn's expertise and relationships within the healthcare system for enhancing the government's approach to healthcare. Click [here](#) for the whole article

3. **What everyone gets wrong about Winnipeg, except Winnipeggers**

The common misconceptions about Winnipeg often revolve around its reputation for poverty, crime, and harsh weather. However, beyond these stereotypes lies a vibrant city with grand architecture reminiscent of Chicago, a rich arts scene, and a strong sense of community spirit. Despite its challenges, Winnipeg exudes resilience and hope, symbolized by its diverse cultural offerings, inclusive community projects, and the remarkable determination of its people to foster positive change. The city's unique blend of highbrow culture and down-to-earth charm, along with initiatives like the Canadian Museum for Human Rights and revitalization projects, signifies a place that's not just struggling, but thriving and evolving. Wab Kinew, the Premier of Manitoba and a prominent figure in Winnipeg's transformation, emphasized the significance of acknowledging historical legacies, such as the presence of residential schools in urban areas like Winnipeg. He highlighted the importance of reconciliation and understanding that the journey toward healing and progress must recognize the historical context of these locations within the city. Click [here](#) for the whole article.

4. **Improving Care Providers Competencies in IPC Practices through Simulation-Based Learning**

Earlier this year, HSO and Simulation Canada led a Health Canada-funded project directed to LTC homes, entitled "Improving Care Providers Competencies in IPC Practices through Simulation-based Learning". The project is now completed the report can be found [here](#).

5. **Health Canada's Latest Report on Palliative Care in Canada: Insights, Progress, and Focus on Long-Term Care**

Health Canada's recent report to Parliament reviewed the advancements and status of the legislated Framework on Palliative Care in Canada, presented just before the parliamentary recess. The report notably includes information about the ECHO initiative by Pallium, involving participation from CALTC, and references a Lakehead University study aimed at enhancing access to palliative care data through InterRAI assessments. While the report lacks direct statements regarding Long-Term Care (LTC), it highlights significant statistics from the Canadian Institute for Health Information (CIHI), indicating an increase in the percentage of LTC residents receiving palliative care before death in recent years. The report emphasizes the importance of education, best practices, and the necessity of gathering palliative care data, particularly for a

better understanding of approaches within home and long-term care settings. Click [here](#) for the report.

6. **Preventing and Responding to the Mistreatment of Older Adults: Gaps and Challenges Exposed During the Pandemic**

Amidst the chaos of pandemics, successes often go unnoticed while scars of losses remain. André Picard highlights society's prolonged negligence of elders as the true villain in this tragedy. The mistreatment of older adults (MOA) in Canada, affecting one in ten older adults yearly, carries grave consequences including premature mortality and increased healthcare utilization. The pandemic exacerbated MOA, intensifying isolation and dependency among older adults, thereby increasing both the prevalence and severity of MOA. Key findings indicate inadequate awareness efforts, heightened social isolation risks, increased power dynamics for perpetrators, a lack of frontline response programs, and challenges in remote service delivery. The report recommends tailored awareness initiatives, community-based response systems, and equitable access to technology to address these gaps and challenges in MOA prevention and response. Click [here](#) to read the report.

7. **The Aging in Place Project**

The CADTH is preparing for the "Aging in Place Project" and is actively seeking engagement from individuals with significant personal or professional involvement in the Canadian healthcare system. They aim to involve healthcare professionals who offer or assist in care for individuals aging within their residences, supportive care environments, and long-term care facilities (such as physicians, nurses, therapists, psychologists, social workers, administrators, and policymakers). Additionally, they are interested in individuals with firsthand experience dealing with the challenges and factors contributing to successful aging in place, including older adults, spouses, adult children, family members, and caregivers. To express your interest in this subject, please complete the brief Statement of Interest form available at [Aging in Place | CADTH](#).

8. **Canadian Coalition for Seniors' Mental Health (CCSMH) New Clinical**

Guidelines The Canadian Coalition for Seniors' Mental Health (CCSMH) is finalizing three evidence-based clinical guidelines focusing on Anxiety Disorders in Older Adults, Behavioural and Psychological Symptoms of Dementia, and Social Isolation and Loneliness among Older Adults. These guidelines aim to enhance the prevention, evaluation, and management of key mental health issues in the elderly, relying on the best available evidence and expert consensus where necessary. All three guidelines are scheduled for release by March 2024. <https://ccsmh.ca/>

9. **JN. 1 is Canada's New Dominant COVID-19 Subvariant.**

The emergence of the JN.1 COVID-19 subvariant, now the predominant strain in Canada, raises concerns about its increased transmissibility and potential additional symptoms. JN.1, a lineage of BA.2.86, evolved rapidly within the population, possibly due to a spike protein alteration, prompting warnings of continued mutations and challenges for immunity. Though JN.1's distinct symptoms remain uncertain, there are observations of potential higher gastrointestinal issues. Despite its rapid spread, evidence suggests existing vaccines should offer protection against JN.1, with health experts advocating continued adherence to personal protective measures and caution amid rising COVID-19 cases across Canada, attributed partially to poor vaccine uptake and the ongoing respiratory virus season. Click [here](#) for whole article.

10. **Nasal Sprays, Personal Massagers Recalled in Canada**

Health Canada has issued recalls for certain Life Brand nasal sprays due to a labeling error, affecting the 15-millilitre and 20-millilitre decongestant nasal sprays. The affected lots might display an incorrect drug facts table on the bottle's back panel. Consumers are urged to stop using the products and seek medical advice if they have any health concerns arising from their use. Additionally, Homedics Therapist Select Percussion Personal Massagers have been recalled due to fire and burn risks caused by overheating during charging. Approximately 41,000 units of the affected massagers were sold in Canada, and consumers are advised to contact Homedics for a full refund or credit. Click [here](#) for whole article.

11. **Premier Kinew: It's time we take a "look at that price on carbon here in Manitoba'**

After his election, Manitoba Premier Wab Kinew pledged to provide "immediate assistance" to Manitobans concerning affordability and healthcare. Host Mercedes Stephenson from 'The West Block' interviews Kinew regarding the advancement of his commitments, upcoming priorities for the new year, the carbon tax, and various other topics. Click [here](#) for the interview.

12. **Manitoba boasts lowest provincial unemployment rate in Canada: StatsCan**

Manitoba ended 2023 with a low 4.2% unemployment rate, below the national average. Chuck Davidson from Manitoba Chambers of Commerce sees this as positive for employment but acknowledges the challenge it poses for employers due to a limited hiring pool. The construction industry, employing over 56,000, faces recruitment difficulties. Health care showed growth, but there were issues, prompting the government to engage with industry partners for future job preparedness despite forecasts indicating a potential rise in the unemployment rate to 5.7% by late 2024. Click [here](#) for the whole article.

13. **Canadian Study on Medical Cannabis**

A recent study analyzed adverse events (AEs) among medical cannabis users in Quebec over three years, involving 2,991 patients. The study found that only 108 patients reported moderate or severe AEs, with dizziness, nausea, somnolence, and vomiting being the most common. Different effects were noted based on the mode of administration and cannabinoid content ratios. The research, published in Drug Safety, identified no new safety concerns but highlighted variances in AE profiles based on cannabis type and method of use. Despite a 4% decline in medical client registrations, attributed to Canada's legalization of recreational cannabis, many medical users transitioned to the recreational market. Click [here](#) for the whole article.

14. **Amendments to PPCA Definition of Abuse and Neglect - WRHA**

The Protection for Persons in Care Act (PPCA) underwent amendments regarding the definitions of abuse and neglect, effective January 1, 2024. These modifications broaden the scope of what constitutes abuse and neglect, encompassing physical, emotional, psychological, sexual, or property-related mistreatment, even if the harm caused is not severe. The changes align with best practices from other jurisdictions, eliminating ambiguity and clarifying that actions alone, irrespective of resulting serious harm, can be considered abuse or neglect. Amendments to the Protection for Persons in Care (Adult Abuse Registry) Regulation specify the criteria and circumstances necessary for an act or omission not to be considered reportable to the Adult

Abuse Registry. The altered definitions aim to enhance the protection of vulnerable individuals in care settings. See attached.

15. **Canada issues warning as Florida plan to import drugs raises fears** Health Canada reassured its commitment to protect Canada's prescription drug supply following a recent U.S. decision allowing Florida to import bulk pharmaceuticals from Canada. The ruling prompted concerns about potential impacts on the Canadian drug supply, prompting Health Canada to highlight that bulk importation won't solve U.S. high drug prices. The Canadian government reiterated its measures to enforce regulations restricting drug exports at risk of shortage and emphasized continuous monitoring of the drug supply, with readiness for immediate action if needed. While Florida's plan raises concerns about pharmaceutical resources and potential loopholes in export rules, experts believe Canada's existing regulations can effectively safeguard the drug supply, even though individual pharmacy-level actions could pose challenges. Despite widespread coverage and concerns, Health Minister Mark Holland assured Canadians that necessary measures would be taken to safeguard their access to medications. The impact of the FDA decision on Canadians is expected to be minimal if Canadian regulations are enforced effectively. Click [here](#) for the whole article.
16. **Changes in Prevalence and Incidence at the Population Level of Type 2 Diabetes in First Nations and All Other Adults in Manitoba**
The study aimed to examine the prevalence and incidence of type 2 diabetes (T2D) in First Nations Manitobans compared to the general population. Over a six-year period, T2D prevalence increased, with higher adjusted rates among First Nations Manitobans. While the incidence of T2D dropped among First Nations individuals under 30 years old, it remained stable in older age groups. Conversely, in the general population, the incidence increased in younger and middle-aged groups. The findings emphasize the need for targeted prevention and screening programs, particularly focusing on younger age groups, and collaboration with First Nations communities to address the rising prevalence and incidence of T2D among Indigenous populations. Click [here](#) for whole article.
17. **Adherence to Psychotropic Medication Before and During COVID-19: A Population-Wide Retrospective Observational Study**
This study analyzed psychotropic medication adherence during and after the COVID-19 pandemic using administrative data from Manitoba, Canada. It included individuals prescribed antidepressants, antipsychotics, anxiolytics, cannabinoids, lithium, or stimulants from 2015 to 2020. The findings showed increased adherence to antidepressants, stimulants, anxiolytics, and cannabinoids in specific quarters of 2020 compared to expected trends, while antipsychotic adherence remained unchanged. Patients previously adherent to their medications were less likely to discontinue them during the pandemic, indicating improved adherence for most psychotropic medications after public health restrictions were implemented. Click [here](#) for the whole article.
18. **Comparison of socio-economic determinants of COVID-19 testing and positivity in Canada: A multi-provincial analysis**
This study conducted in three Canadian provinces (Ontario, Manitoba, New Brunswick) aimed to understand the association between demographic factors, socioeconomic status (SES), and

social determinants of health (SDH) with SARS-CoV-2 testing and COVID-19 test positivity. Findings revealed that female sex and urban residency were positively associated with testing, while income, ethnocultural composition, and situational vulnerability showed varying associations with testing and test positivity across provinces. The study highlights diverse demographic and socioeconomic factors linked to SARS-CoV-2 testing and test results, indicating potential healthcare access barriers for certain at-risk groups that may extend to broader inequities. Click [here](#) for the whole article.

19. **Disparities in access to primary care are growing wider in Canada**

The study examines disparities in access to primary care in Canada based on income, education, dwelling ownership, immigration status, racialization, residency type (metropolitan/non-metropolitan), and sex/gender using Canadian Community Health Survey data from 2007/08 to 2015/16 or 2017/18. The research reveals persistent or widening disparities, particularly related to income and racialization, indicating that ongoing primary care policy reforms may not be addressing existing inequities. The study underscores the importance of considering and evaluating equity impacts in policy reforms to avoid perpetuating disparities in access to primary care. Click [here](#) for the whole article.

20. **Second WHO global technical consultation on public health and social measures during health emergencies, November 2023**

The second WHO global technical consultation on public health and social measures (PHSM) during health emergencies aimed to accelerate the implementation of these measures, involving 87 experts from over 30 countries. PHSM encompass non-pharmaceutical interventions aiming to decrease the transmission risk of infectious diseases, emphasizing the need for more research to understand their effectiveness and context-specific implementation. The meeting identified initial actions for decision-makers and communities, emphasizing community involvement, multisectoral collaboration, and the integration of PHSM into emergency preparedness frameworks to maximize their role alongside vaccines and therapeutics in managing health emergencies. Click [here](#) for the whole article

21. **Time is ticking for government to decide on expanding medically assisted dying**

The Canadian government is facing a critical decision about expanding medical assistance in dying (MAID) eligibility, especially including mental disorders as the sole underlying condition. Opponents worry that such expansion might lead to abuse and coercion, advocating for improved access to support systems like mental health care and housing. The Liberals are contemplating whether to proceed with the expansion amid concerns raised by disability advocates, a joint parliamentary committee's study, and legal uncertainty regarding potential Charter challenges. Supporters argue for inclusion, citing potential discrimination otherwise, while further delays are deemed a potential betrayal for individuals in desperate need of this option. Click [here](#) for the whole article.

Conference 2024 Healing Hearts and Minds:

1. **2024 Exhibitors/Sponsorship** Thank you to our dedicated Members who've registered for the LTCAM Conference on May 14, 2024. **Invoicing has started** and 45 of 89 booths are already

claimed. Secure your spot at this transformative event by registering now using the [online form](#). Join us for enriching discussions and networking opportunities. Don't miss out!

2. **2024 Awards for Excellence**

Join us on May 14th as we celebrate outstanding contributions in the long-term care sector through the Awards for Excellence. These prestigious awards honour individuals, teams, and volunteers who demonstrate exceptional dedication in various care environments, such as Personal Care Homes, Supportive Housing residences, Assisted Living, Adult programs, and Community and Seniors resource centers. Nominate someone who goes above and beyond to provide exceptional care and service to seniors in Manitoba by March 1, 2024. Three winners will be selected by an independent panel and presented with a cash prize of \$250 each at our Annual Provincial Long-Term and Continuing Care Conference. Visit [here](#) to nominate!

3. **Safety Den - Innovate Workplace Health and Safety**

Calling all innovators! Do you have an idea that can revolutionize workplace health and safety in the long-term care sector? Safety Den welcomes your innovative ideas in two categories: Workplace Safety Innovation and Commercial Safety Innovation. Pitch your ideas to our "Dragons" for a chance to win cash prizes and recognition. Category 1 invites ideas from workplaces providing care and services to seniors, while Category 2 welcomes ideas from organizations. Submit your innovative safety ideas by March 15, 2024, detailing the concept's impact, benefits, and improvements in workplace safety. Don't miss this opportunity to make a difference! Apply [here](#) and prepare to pitch to our esteemed panel at the conference.



Health, Seniors and Long-Term Care

Licensing and Compliance Branch
Protection for Persons in Care Office
300 Carlton Street, Winnipeg, Manitoba R3B 3M9
T 204-788-6366 Toll Free 1 866 440-6366 F 204-775-8055
protection@gov.mb.ca

January 3, 2023

To Health Care Facilities,

RE: Amendments to the Definitions of Abuse and Neglect within The Protection for Persons in Care Act

The definitions of abuse and neglect within [The Protection in Persons in Care Act \(PPCA\)](#) have been updated.

[The Vulnerable Persons Living with a Mental Disability Amendment Act \(Bill 23\)](#) received Royal Assent on May 30, 2023, and its provisions relating to the definition of abuse and neglect came into force on **January 1, 2024**. It amends the definitions of abuse and neglect in both The Adults Living with an Intellectual Disability Act (ALIDA) (formerly The Vulnerable Persons Living with a Mental Disability Act) and the PPCA and applies to all new referrals of abuse and neglect received on or after this date.

The new definition of “abuse” identifies conduct that is physical, emotional, psychological, sexual or property abuse, but removes the requirement that the conduct must cause serious physical or psychological harm to be considered abuse. The new definition of “neglect” identifies acts or omissions that cause physical or psychological harm, even if the harm is not serious.

The changes align the definitions of abuse and neglect with leading practice in other jurisdictions and remove any ambiguity and room for interpretation, making it clear that actions alone may be deemed abuse or neglect, regardless of whether the patient experienced any serious harm as the result of those actions.

With the removal of “serious harm” from the definitions of abuse and neglect, there was a need to [amend the regulation](#) to provide clarity for reporting abuse/neglect to the Adult Abuse Registry Committee (AARC). This amendment describes the criteria and extenuating circumstances that must exist for the act or omission not to be considered reportable.

If you have any questions or concerns, please contact the PPCO at Protection@gov.mb.ca.

Please see the FAQ for more information (Appendix 1).

Sincerely,

Ron Oberlin
Executive Director

Cc Louis Barré, Assistant Deputy Minister
Kelly Wozney, Director

Appendix 1

FAQ – Amendments to the Protection for Persons in Care Act

What has changed?

On January 1, 2024, the definitions of abuse and neglect were updated within [The Protection for Persons in Care Act](#). The new definition of “abuse” identifies conduct that is physical, emotional, psychological, sexual or property abuse, but removes the requirement that the conduct must cause serious physical or psychological harm to be considered abuse. The new definition of “neglect” identifies acts or omissions that cause physical or psychological harm, even if the harm is not serious.

Why was this change required?

The changes align the definitions of abuse and neglect with leading practice in other jurisdictions and remove any ambiguity and room for interpretation, making it clear that actions alone may be deemed abuse or neglect, regardless of whether the patient experienced any serious harm as the result of those actions.

In its July 2023 investigation [report](#) into the Protection for Persons in Care Office, the Office of the Auditor General recommended the PPCO update the definition of abuse and neglect in the Act and/or ensure its interpretation of the definition is in line with the objective of protecting vulnerable Manitobans in care.

How does this change impact health care staff?

The Protection for Persons in Care (Adult Abuse Registry) [Regulation](#) has been amended to define the criteria and extenuating circumstances that must exist for the act or omission not to be considered reportable to the Adult Abuse Registry.

How does this change impact health facilities?

There is no change in the reporting process. Facilities should continue to report, as defined in the Act, when there is a reasonable basis to believe that a patient is, or is likely to be, abused or neglected.

Click [here](#) to report abuse or neglect to the PPCO.

Where Can I Get More Information?

The PPCO's [website](#) has been updated to include information on the changes.

The PPCO will update and distribute its education materials soon.