

Developing New Standards for Long-Term Care: What You Can Do About It

Draft standards on Long Term Care have just been released and are open for public consultation until March 27, 2022. The federal government funded the Health Standards Organization to develop those standards. We urge you to take this important opportunity to comment on the proposed standards. It matters.

WHY SHOULD YOU CARE?

We all have a vested interest in ensuring there are appropriate standards for long-term care and that these standards are met.

Long-term care is primarily care for older women, by women, many of whom are racialized and/or newcomers. This may help explain, at least in part, why it is a long-neglected area of health services and one that is mainly outside the protections of the *Canada Health Act*. The neglect has become horrifically apparent during COVID.

In response to outcry across the country, the federal government funded the Health Standards Organization to develop new standards for long-term care. The process requires that the public be consulted. There has already been a survey, workbooks and town halls, with summaries of responses available on-line. Now there are draft standards. The report lays out six overarching foundational principles to guide and inform the development of the standards. Some 183 draft standards and guidelines follow.

WHAT'S MISSING?

As the document itself acknowledges, there's something missing... an approach that rises to "the challenges related to legislation, regulations, funding, accountability and determining who can own and/or operate LTC homes" that "are by and large the responsibility of provincial and territorial governments". The HSO's surveys, town halls, and workbooks, as well as a host of research from commissions and academics point to ways we can rise to those challenges.



We believe that these six missing pieces deserve priority attention in new LTC standards:

1. Legislation and Accountability

Legislation is required at the federal and provincial/territorial level to establish clear standards and regulations to show how these standards are to be met. This legislation would set out requirements for reporting to governments and the public, as well as means to ensure standards and regulations are met. Standards and regulations without enforcement are useless.

2. Funding

More money is required from governments. New federal government funding is critically needed, dedicated specifically to improving LTC, and based on demonstrating how specified outcomes are met. Meeting specific standards was how funding under *the Canada Health Act* was initially

developed to produce our best-loved social programme. Provinces and territories need additional financial support to fund the kinds of changes required to meet these standards. However, the funding should be conditional. Otherwise, we have no guarantee the money will go to improving long-term care across the country. As is the case with the standards in the CHA, provincial and territorial governments can and should specify how these standards are met within their jurisdictions.

3. Ownership

The evidence is clear. Legislation should include a prohibition against using new funding for the expansion of LTC by for-profit organizations. The pandemic exposed the long-standing pattern of better care in public and non-profit homes and the waste involved in money going to profit rather than to care. The issue of ownership not only applies to owning the home itself but also to contracted services such as food, cleaning, and management. There is a pattern of lower quality services, fewer resident choices, and less continuity in care with such contracting. Private agencies charge a lot more for their workers and set the stage for the spread of infection as workers move from home to home.

4. Accessibility

New legislation should include a standard to ensure access to long-term care. Such a standard is meaningless without a minimum number of places and admission criteria based on equity. Currently, there are long waiting lists for admission. In parts of the country and for segments of the population, there are no care homes and not all care homes are culturally safe.

5. Comprehensiveness

Legislation should include a standard that specifies the range of services each home must provide for residents, families, and staff. It would include a guarantee of sufficient access to a physician or nurse practitioner, specialists, therapists, recreational activities and other services critical to care. It would also include standards for appropriate staffing levels, full time employment and working conditions to ensure continuity and quality in care.

6. A Health Care Labour Force Strategy

The federal government should take the lead in developing a national health care labour force strategy that will be further developed at the provincial/territorial level. It is critically important that we have effective recruitment and retention strategies in health care including long-term care.

To download the report and submit your assessment and comments to the HSO, see

English: <https://healthstandards.org/public-reviews/long-term-care-services/>

French: <https://healthstandards.org/fr/examens-publics/soins-de-longue-duree/>

You can also request that HSO send you a hard copy so you can respond with written comments.

For more information and resources see: www.TheCareEconomy.ca