

**COMMENTS ON THE DRAFT
LONG-TERM CARE SERVICE STANDARD DEVELOPED
BY THE HEALTH STANDARDS ORGANIZATION**

**SUBMITTED TO THE
(HSO) HEALTH STANDARDS ORGANIZATION
FROM THE
NATIONAL PENSIONERS FEDERATION**



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1. Introduction

The membership of the National Pensioners Federation (NPF) is composed entirely of seniors and represents an independent voice of and for seniors in Canada. Our main goal is to protect and advocate for improvements in the health and well-being of all older adults in Canada within a national publicly funded and administered health care system.

We, therefore, welcome the draft new Long-term Care Services Standard developed by the HSO as a step forward in the transformation of Long-term care (LTC) in Canada from the way it is currently and has long been practised and governed as a no-man's land with predictably disastrous results for the residents and families of LTC during the COVID-19 pandemic.

The stated purpose of the new National LTC Services standard being developed by HSO is to “provide clear requirements and accountabilities to enable long-term care home teams, governing bodies, and stakeholders to work together to work together towards a common vision for resident-centred high quality care.” We understand the standard is a revision of a 2020 HSO LTC Services standard.

We want to situate our concern for protecting and improving the quality of life of seniors and residents in LTC in Canada within our conviction that that the institutionalization of vulnerable older adults, currently mostly women, should not be the norm in Canada. Protecting the human rights of all vulnerable seniors means providing the home care and support that will enable the majority of seniors whatever their abilities, gender or income-level to live with dignity in their own homes for as long as possible --- as opinion polls show the majority of Canadians want and hope for themselves when they grow old.

We present further comments in two sections here as General Comments and Specific Comments. Our comments are based on our experience and knowledge of LTC as it currently exists based on input from our members, three NPF/ COSCO webinars on LTC involving experts in the field in 2020, 2021 as well as a March 2022 webinar focusing on the HSO draft standard and our reading of the literature and national and international government reports on LTC.

2. General Comments

As the Canadian army revealed the appalling state of LTC in mid 2020, we were dismayed to read that our governments had consistently underfunded the public provision of LTC compared with most other OECD countries and so it was a disaster in the making.

To make matters worse, our governments have also allowed, even encouraged, LTC to become a profit-making enterprise for large international corporations that see the existing meagre LTC government funding as an opportunity to make a profit. The result is cost-cutting in the provision of essential services for residents in long term care, needless suffering and untimely deaths, and the unfair treatment of staff.

The current context in which the HSO Standard will have to function does not appear to be much changed, it's still the current state of affairs and that reality needs to be recognized at the beginning of the HSO LTC standard document.

The horrific consequences of our governments' policies for LTC have resulted in much preventable suffering and resulted in the number of number of deaths of seniors in long-term care in Canada from COVID-19 being two or three times higher than in similar OECD countries.

We see this as tragedy that is the result of a longstanding lack of respect for the human rights of the residents of seniors and the most vulnerable seniors living in LTC in particular.

We note that many acknowledged experts on long term care provision have been involved in the development of the draft LTC Services standard but we do not see this wealth of expertise reflected in the draft standard.

We are pleased that the draft standard does provide some excellent basic principles for LTC services.

We are also unclear about the ongoing role of HSO in the development of the Canadian LTC service standard, its link to the accreditation process and its international links. It would be helpful for Canadians to have these issues clarified.

We understand that HSO was involved in the development of the standard and accreditation process that led to the grim outcomes in LTC in 2020 and 2021. It seems to us that a guarantee of major change is needed.

We note that seniors' organizations representing the voices of seniors or residents of long-term care do not appear to have been involved in the development of the HSO standard.

As a model for the final iteration of HSO document on the LTC Service standard, we suggest the HSO could take a lead from the format and content of the 2015 report, *Person and Family-Centred Care*, of the Registered Nurses' Association of Ontario.

3. Specific Comments and Questions

- We note that the development of the draft LTC standard has received federal government funding but the role of the HSO as an independent Canadian entity contributing to the formation of a national standard for LTC in Canada is quite unclear.

- We believe total transparency in the funding of HSO operations and of its linked international entities needs to be provided to a) ensure the trust of Canadians and seniors in particular in the process and, b) to ensure that P/T governments respect the standard in their policy development, facilitate the implementation of the standard, and ensure oversight and accountability.
- Did the expert group develop the purpose and scope of the draft HSO Services standard?
- The HSO standard is directed to “governing bodies.” It is unclear who is included in the category of governing bodies. Does that term include owners, non-profit agencies, government agencies?
- Where does the role of existing public policy and funding levels for LTC fit into the application and monitoring of the HSO standard?
- The funding that any government allocates to hours of direct care, for example, seems likely to be key in determining the quality of life of the residents and the quality of care. It would be instructive for governments if the HSO LTC standard was more prescriptive so that defined hours of care based on best current evidence are standard across Canada. In BC, for example, the Ministry of Health Service Plan for 2022-23 is projected hours of care to remain the same as in 2020-21 and allow for only 3.6 direct hours of care when most experts recommend a minimum of 4 hours of direct care.
- On access to health care, much more specificity is needed. We would like to see guidelines, based on current science about, for example, how often a resident should receive in-person physician care, a review of medications, dental care or mental health care.
- On mental health care in LTC in BC, for example, the BC MOH service performance measure for 2021-22 shows that “Potentially inappropriate use of anti-psychotic medications in long term care... without a diagnosis of psychosis” is high and planned to continue with very little change although the document further notes “the use of these drugs without a diagnosis of psychosis may compromise safety and quality of care.” This ignores a current report of the BC Seniors

advocate stating that there has been an increase of 7% in the use of anti-psychotic drugs in LTC in BC in 2020-2021.

- Clearly, more specificity is needed in the HSO standard and guidelines on the use of chemical restraints with clear information puts the need to protect the safety and quality of life of the residents of LTC first.
- We see a lot of emphasis in the draft LTC standard on the “team” as the main instrument for implementing the guidelines but nothing on how a team is defined, constituted, and can function in different LTC ownership contexts.
- Quality of life of LTC residents is briefly defined and differentiated from quality of care and that is in our view an important distinction. however more specificity needs to be provided in guidelines on what constitutes quality of life and how to measure it on a continuing basis and on ways to measure the quality of the care provided.

Conclusion

- We suggest that some ways of measuring service standards are necessary for evaluating outcomes.
- We see the need for regular unannounced inspections of all long term care facilities to be included in the service standard.
- We suggest some more thought could be given to ethno-cultural differences.
- We suggest the HSO LTC services standard include basic principles for ensuring that Indigenous seniors in LTC receive high quality care in their own communities.
- We would like to see the purpose of the HSO service standard for LTC to be framed as the protection and furtherance of the human rights of all residents of all long-term care facilities in Canada.

The need for profound change in LTC in Canada is very clear and urgent and so our expectations of this HSO Standard may be too high. However, we are disappointed at the limitations in the scope of the proposed LTC standard and an overall vagueness and lack of specificity in the guidelines

and unclear lines of accountability. We see an apparent disregard of the lessons learned from the failures of the recent past and we fear that this new National LTC Services standard may become an opportunity lost.