

Submission to the Safe Long-Term Care Act Consultation

Dear Consultation Committee,

The Alzheimer Society of B.C. welcomes the opportunity to contribute to this consultation. Our response is shaped through direct consultation with people with lived dementia experience. We acknowledge the federal government's progress, including the \$3 billion allocation over five years to support long-term care in provinces and territories as part of Budget 2021 and the development of 'A Dementia Strategy for Canada: Together We Aspire' and its focus on long-term care. Relatedly, we recommend conducting a comparative analysis with Canada's dementia strategy to inform the development of the Safe Long-Term Care Act.

We have outlined several considerations to inform the drafting of the Act. However, without federal funds, implementing the Act – or the standards put forward by the Health Standards Organization and the CSA Group – will pose a considerable challenge across the country. We ask the federal government to recognize the need for funding increases in Canada's long-term care sector and for it to provide the provinces and territories with a targeted *Senior's Care Funding Transfer* to support each jurisdiction in addressing the priority areas outlined in the Act. With this noted, we ask that the following be considered in drafting the Act:

1. Confront the fundamental and long-standing systemic issues that impede the delivery of high-quality long-term care. These challenges include:
 - **Inadequate staffing levels:** Appropriate levels of care have a direct impact on the quality of life of people living with dementia in long-term care. Research conducted in the United States indicates that to sustain residents' health, direct care staffing levels should be set at 4.1 direct care hours per resident per day to mitigate the risk of poorer outcomes such as hospitalization¹. This same research suggests that to improve the residents' quality of life, the direct level of care hours should be at 4.5 hours per resident per day². Across Canada, there is a lack of consistency in the minimum direct care hours required and funded by the provinces. Action needs to be taken to ensure that care homes across Canada have the right number of staff and the right mix of staff (including clinical and non-clinical roles). Without research and funding in this area, residents face not only safety risks, but negative effects on their quality of life.
 - **Health-care human resources crisis:** The long-term care sector is facing a well-documented human resources crisis. Long-term care staff earn comparatively lower salaries and fewer benefits compared to their counterparts in acute care settings – this plays a role in recruitment and retention. There is also an opportunity to better utilize the skill sets of new Canadians. For example, within the last five years, only 36 per cent of immigrants with a foreign degree in nursing are

¹ Elliott-Buckley, Stephen. (2014). Long-Term Care Staffing Takes a Hit in BC. Canadian Union of Public Employees. Retrieved from <http://cupe.ca/long-term-care-staffing-takes-hit-bc>

² Statistics Canada. Findings. Retrieved from <http://www.statcan.gc.ca/pub/82-003-x/2010004/article/11390/findingsresultats-eng.htm>

working as nurses³. Furthering federal initiatives to recognize and expedite foreign credentials would help address this crisis.

- **Increasing resident needs:** In 2019, there were 380,000 Canadians in need of long-term care services. By 2031, it is expected that this number will grow to 606,000, a 59.5 per cent increase⁴. As demand increases and increase in care spaces does not keep pace, the needs of people living in long-term care will continue to increase. This will happen concurrently with growing stress on the acute care system, including increased alternate level of care days and their related costs.
 - **Outdated infrastructure:** Outdated and suboptimal infrastructure, characterized by shared resident accommodations, insufficient handwashing facilities and inadequate ventilation, continue to be a challenge in older care homes, and represents chronic infrastructure underfunding over decades. Further, the impact of climate change is felt more acutely in older care homes, many of which do not have air-conditioning.
2. The impact of the COVID-19 crisis in long-term care, specifically the separation of many people from their family members, demonstrated the challenges that can occur when safety is prioritized over quality of life. As the Act is developed, the Alzheimer Society of B.C. urges the federal government to **prioritize person-centred care and flexibility over rigid regulations**, and by doing so, honour each person's unique needs.
 3. Across the country, people living with dementia face long wait times for long-term care. In B.C. for example, the Office of the Seniors Advocate reported that in 2022, wait times increased by 40 per cent compared to the prior year. Recent data indicates that the average wait time is about 196 days, varying across regional health authorities⁵. Rural and remote communities face significant disparities. Addressing the concern of availability and access is pivotal. **Equal and timely access to long-term care services should be a cornerstone of policy.**
 4. Front-line care teams deserve to be adequately equipped and feel confident in their ability to meet the complex clinical, social and daily living needs of people living in long-term care, including people living with dementia⁶. Both Canada's *A Dementia Strategy for Canada: Together We Aspire* (2019) and the *Provincial Guide to Dementia Care in British Columbia* (2016) identify the need for increased and

³ Smith K.(December 1 2022). 'Foreign degree holders underutilized in health care: Statistics Canada' New Canadian Media. Retrieved from: <https://newcanadianmedia.ca/foreign-degree-holders-underutilized-in-health-care-statistics-canada>

⁴ Canadian Medical Association, Canada's elder care crisis: Addressing the doubling demand (2021) Retrieved from: [CMA LTC-Final Report March 5 \(1\).pptx](#) Accessed: 9 September 2023

⁵ Office of the Seniors Advocate, British Columbia, Monitoring Seniors Services 2022 Report, Accessed (9 September 2023) Retrieved from: [MSS_Report_2022.pdf](#) (seniorsadvocatebc.ca)

⁶<https://academic.oup.com/gerontologist/article/46/4/524/623899>

improved standards for the delivery of timely, safe and person-centred care across care settings. When staff are supported to use a person-centred approach in care settings, the quality of care the person living with dementia receives improves⁷. To do so requires access to ongoing education for care staff. Ongoing education is linked to an increase in job satisfaction⁸ and safer work environments⁹. Many roles directly involved in dementia care lack person-centred education – and even when it is made available, ongoing standardized training remains inconsistent. Amid a human resources crisis in the health-care system, we now have an opportunity to address these gaps. The *Act* should ensure **mandatory training for new staff members and access to ongoing education for existing staff members**, both focused on best practices in the delivery of person-centered care for people living with dementia.

5. In Canada, approximately one-third of people living in long-term care are prescribed antipsychotic medications, which contradicts the criteria outlined in the American Geriatrics Society *Beers Criteria for Potentially Inappropriate Medication Use in Older Adults*¹⁰. British Columbia consistently exceeds the national average in the increasing use of antipsychotics in long-term care. There has been a five per cent rise in people living in long-term care who are taking antipsychotic medications without a psychosis diagnosis in the past year. This is the highest level in the last five years, a 14 per cent increase compared to the rate in 2017-18¹¹. We strongly advocate for the **inclusion of safeguards within the proposed *Safe Long-Term Care Act* to ensure antipsychotic medications are employed as they are intended** and only when necessary.
6. Long-term care in Canada must reflect the needs of our diverse population. Over seven per cent of Canadians over 65 identified as 2SLGBTQIA+ and immigrants represented over 30 per cent of Canada's senior population, a number that is expected to increase. Culturally safe and accessible care is necessary to improve health outcomes and quality of life for 2SLGBTQIA+ and racialized people. A recent study found that an inability to speak English in long-term care was associated with an increased risk of hospitalization – this is particularly pertinent for people living with dementia, who often revert to their first language. A lack of culturally inclusive food options can also result in weight loss and

⁷ Assisting Cognitively Impaired Nursing Home Residents With Bathing: Effects of Two Bathing Interventions on Caregiving | The Gerontologist | Oxford Academic (oup.com)

⁸ Job satisfaction amongst aged care staff: exploring the influence of person-centered care provision | International Psychogeriatrics | Cambridge Core

⁹ Management of person with dementia with aggressive and violent behaviour: a systematic literature review - Enmarker - 2011 - International Journal of Older People Nursing - Wiley Online Library

¹⁰ American Geriatrics Society Beers Criteria Update Expert Panel. American Geriatrics Society 2015 Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. *Journal of the American Geriatrics Society* 2015; 63(11): 2227-46

¹¹ Office of the Seniors Advocate, British Columbia, Monitoring Seniors Services 2022 Report, Accessed (9 September 2023) Retrieved from: [MSS_Report_2022.pdf \(seniorsadvocatebc.ca\)](https://www.seniorsadvocatebc.ca/MSS_Report_2022.pdf)

malnourishment. Among 2SLGBTQIA+ residents, fears regarding personal safety and discrimination in long-term care can lead people to hide their identity, making them vulnerable to psychological distress.

In Plain Sight, Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care highlighted the health-care access disparities Indigenous people experience. Thirty per cent of individuals reported that their cultural traditions were not appreciated. Health-care workers reported witnessing significant stereotyping of Indigenous people, and 59 per cent of Indigenous respondents noted instances of interpersonal racism or discrimination directed towards people who are Indigenous.¹²

The *Safe Long-Term Care Act* should include a focus on **cultural safety as a critical component of high-quality care**, while also offering the provinces and territories the necessary flexibility to focus on the areas most relevant to the needs of local communities. A practice framework and training to enhance cultural competency, safety and accessibility in care is one way in which the government can support improvements in health equity for diverse resident groups, while demonstrating a system-level commitment to culturally safe and accessible long-term care in Canada. Examples of culturally accessible long-term care include the Yee Hong care home in Toronto and S.U.C.C.E.S.S. Simon K. Y. Lee care home in Vancouver, which offer culturally relevant food, celebrations, recreation activities, spiritual and religious supports and linguistically trained staff. As noted throughout this submission, it is necessary that funding is made available to support this important work and to better meet the needs of Canada's diverse, aging population.

We respectfully ask that the Committee consider the areas noted above, within the framework of the proposed *Safe Long-Term Care Act*, while acknowledging that federal investments will need to accompany legislation to improve long-term care for all Canadians, including people living with dementia.

Sincerely,



Jennifer Lyle
Chief Executive Officer
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¹² In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care, Addressing Racism Review Summary Report, November 2020, Retrieved from: <https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Summary-Report.pdf>