

January 17, 2007

Bill 140: Long-Term Care Homes Act

**Presentation to Standing Committee on Social
Policy**

January 17, 2007



Alzheimer Society
ONTARIO

Introductory Remarks

Mr. Chairman,

Thank you for this opportunity to discuss Bill 140. My name is Linda Stebbins and I am the Chief Executive Officer for the Alzheimer Society of Ontario and with me is David Harvey, our Director of Transformation and Transition Management.

As you heard recently in the legislature, last November marked 100 years since Dr. Alzheimer discovered the disease that remains one of society's most frightening diseases and about which major research efforts must continue. January is also Alzheimer Awareness month and so it seems a particularly fitting moment to have this conversation with your committee.

Our presentation today addresses four questions:

First, what is the burden of Alzheimer's disease and related dementias in Ontario and in the long-term care homes in particular?

Second, what credibility does the Alzheimer Society of Ontario have in speaking about Bill 140?

Third, what aspects of Bill 140 are distinct improvements for persons with dementia?

And finally, what should be added to or amended in Bill 140 to better meet the needs of residents with dementia?

Let me begin with our first question.

What is the burden of Alzheimer's and related dementias in Ontario and in the long-term care homes in particular?

In Ontario, 171,000 persons have dementia and this number is growing rapidly as the life span of our population increases.

Over 50% of residents of our long-term care homes have dementia and it is the major cause for admission.

The average stay of persons with dementia in long-term care homes is decreasing with some homes having a 50% admission rate in one year. People are moving in to a home when their illness is at the most debilitating stage. The growing numbers of affected persons places pressure on both the space requirements and staff capacity.

Second, what credibility does the Alzheimer Society of Ontario have in speaking about Bill 140?

Mr. Chairman, no one wants to get Alzheimer's disease, but if they do, our Society's 39 chapters are there for them, their caregivers and for health service providers in every community in our province. For nearly 25 years, we have remained true to this mission, as well as leading the way in supporting dementia research.

Mr. Chairman, no one wants to live their last years or months in a long-term care home but if they must, our Society will reach out to partners to ensure adequate staff training, informed and supported caregivers, and, to create and disseminate research on better ways to provide care.

The Alzheimer Strategy for Ontario that we, along with the Government of Ontario and our partners launched in 1998 continues its momentum. Among other initiatives, the Strategy emphasizes dementia education, physician education and advanced care planning. While more than 4,000 workers in long-term care have received dementia education over the last seven years, this remains a small segment of the total workforce.

Third, what aspects of Bill 140 are distinct improvements for persons with dementia?

Rights Orientation

The rights-based approach taken throughout the legislation will do much, we believe, to assure that all of the activities of long-term care homes have the resident as their primary focus and the Fundamental Principle set out in Part I assures that long-term care homes be operated above all as the "home of its residents".

Consent

Especially laudable is section 42, sub-section 11, paragraph d, requiring consent for admission to a specific home. You will hear at this table, stories of people in hospital who have been forced to move 60 or more miles from their home to receive long-term care. This must end.

The provisions in Section 43, sub-section 1(5), requiring consent for admission to a secure unit, are very positive.

Some may ask you to modify this provision because of convenience or ease of management. We ask that you not do that. One of the great cruelties of dementia is that its progress is uneven. One part of a person's brain may be compromised, while another part may function adequately. We cannot prejudge the impact of a secure unit on a person.

Last week, we learned of an instance where an older, fully cognizant person in hospital was almost admitted to a secure unit, not because they needed it but because it was the "first bed available". The hospital wanted the discharge, the home wanted to fill a bed and the Community Care Access Centre was there to facilitate. Mr. Chairman, despite good intentions, systemic pressures can distort our judgments. The law is needed to prevent, quite frankly, abuses such as this.

Classes of Beds

Section 178, sub-section 2(h) that calls for the classification of beds will enable small behavioural assessment units to be established in at least one long-term care home in each LHIN region, modeled on those already in operation in St. Catharines, Hamilton, and Kitchener. Such specialized assessment units would do much to reduce the likelihood of severe aggressive behaviour.

Fourth and especially important for both the Committee and the Alzheimer Society of Ontario, what should be added to or amended in Bill 140 to better meet the needs of the residents with dementia?

Consent

Because of the varying cognitive deficits of residents with dementia, we recommend that Section 3, sub-section (3) be amended to include the following:

"In instances where a substitute decision maker is acting for the resident, the rights of the resident may be acted upon by the substitute decision-maker."

This amendment will clarify the role of the substitute decision-maker within Bill 140.

Training

We commend the Bill's provisions on training but have concerns about the way Section 74 is drafted so that all persons working in the home are subject to similar training requirements. We are concerned that the training requirements may discourage volunteers by requiring a training content that is excessively complex or onerous.

Our Society advocates that section 74 be amended to identify classes of persons who require training and that the types of training are suited to each group's particular involvement with the resident population, an approach that is consistent with best practices in volunteer management. This change may also alleviate concerns of some providers about the perceived excessive training burden.

Positive Incentives

The Bill is based on a belief that inadequate care can be remedied by inspection and enforcement, but we contend that excellent care can only be encouraged through positive incentives. Bill 140 needs to give more prominence to its provisions for the Minister to recognize and reward excellence in all aspects of training, programming and management of Long-term care homes. Such initiatives as the Alzheimer Knowledge Exchange, the Registered Nurses Association Best Practice Guidelines and the proposal for 'Teaching long-term care homes', similar to teaching hospitals and health units, are initiatives through which the Minister can encourage the pursuit of excellence.

We recommend that Section 178, sub-section 2, paragraph r be elevated to form its own clause and that section 141, sub-section 2 be moved to this section. This change emphasizes the Minister's obligation and ability to foster positive incentives.

Conclusion

Before concluding, Mr. Chairman, I want to acknowledge the contribution of our working group to this presentation and our written submission. They have urged us to bring to your attention the need for public consultation of the regulations that are so important to this Bill.

As well, we cannot end before clearly stating our concern that the good intentions of you as legislators to ensure quality of care cannot be realized unless you also provide adequate resources to enable front line workers to succeed. Ontario may stand at the front of the line for policies, but without an infusion of funding, it will remain far back in actual performance.

Mr. Harvey and I are prepared to answer any questions from the committee.

Thank you.

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