Canadian Association for Long Term Care

Association canadienne des soins de longue durée

**Submission to the House of Commons Standing Committee on Human Resources Skills and Social Development and the Status of Persons with Disabilities**

**CALTC Submission: Advancing Inclusion and Quality of Life for Canadian Seniors**

October 20, 2017

**The Canadian Association for Long Term Care (CALTC)** represents the national voice of long-term care providers delivering publicly-funded health care services to seniors across Canada.

Since its inception in 2002, CALTC members have been working together to share information, best practices and evidence in order to improve the quality of care provided to residents in long-term care, no matter where they live.

Statistics Canada's 2016 census data indicated that for the first time in Canadian history, the number of person's 65 years or older outnumbered those under the age of 14.[1] Population projections show the gap between the two age groups will continue to widen, with data suggesting that the portion of the Canadian population aged 65 and older will rise by approximately 25% by 2036.[2] The number of seniors 80 and over is predicted to double between 2011 and 2036.[3] Our seniors are living longer and are entering long-term care more frail than ever before.

As the number of seniors and life expectancy in Canada rises, so will the need for improved care, more complex care and increased capacity in long-term care homes. Provinces in Canada are already wrestling with this increasing demand for care. As a result, it is clear that the federal government must play a role in helping to ensure that our seniors have the long-term care system that will meet their needs now and into the future.

CALTC is eager to partner with the federal government to ensure that our long-term care system meets the needs of our growing and aging population. The following policy recommendations lay out realistic, affordable and results-oriented actions the federal government can undertake immediately to ensure our seniors have the care they need and deserve.


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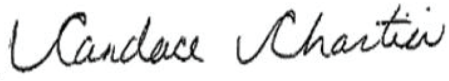

**Candace Chartier**
*Chair, Canadian Association for Long Term Care*

[1] Statistics Canada. Age and Sex Highlight Tables, 2016 Census.
[2] Statistics Canada. Canada year book 2012, seniors.
[3] Statistics Canada. Canada year book 2012, seniors.

# 1. Mandating and funding a standardized data collection solution across Canada to create a baseline from which changes can be made to improve the quality of services in long-term care.

Over the last decade, jurisdictions across the country have recognized the importance of collecting clinical and financial information to measure accountability in long-term care.

Many jurisdictions have implemented the use of Minimum Data Set (MDS), Resident Assessment Instrument Minimum Data Set 2.0 (RAI-MDS 2.0) and Management Information Systems (MIS) in order to measure and inform resource investments, assess performance, plan for demand, and improve the care provided to residents through standardized planning and assessment processes.

Despite these efforts, we believe that the information that is measured and reported must be improved.

## A. Measuring Resident's Care Needs and Quality

Minimum Data Set (MDS) consists of a core set of screening questions that examines 16 key aspects of a resident's health and clinical needs in long-term care settings. The questions provide a structured method for building a comprehensive picture of a resident's functional status in a language common to all disciplines.

The Resident Assessment Instrument Minimum Data Set 2.0 (RAI-MDS 2.0) is a comprehensive, standardized tool that contains more than 500 data elements that assess clinical and functional characteristics of residents in long-term care settings.

RAI-MDS 2.0 increases involvement of the residents and their families which enables detection of residents' strengths, preferences, needs and potential risks to inform a more holistic, interdisciplinary and individualized care plan. The data collected from long-term care facilities is typically aggregated to produce Quality Indicators (QIs) which are reported by the Canadian Institute for Health Information (CIHI).

### Use of RAI-MDS 2.0 in Canada

Currently all publicly funded facilities in Alberta, New Brunswick, and Ontario report RAI-MDS data to CIHI. A portion of facilities in British Columbia, Manitoba, Newfoundland and Labrador, Nova Scotia and Saskatchewan report, however there are no facilities reporting RAI-MDS data in Quebec. The cost of the implementation of this system can be prohibitive for facilities in some provinces and means that the reporting of these standards is inconsistent across the country. CALTC believes that approximately 25% of homes are still unable to implement this important initiative.

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## B. Measuring Funding and Ensuring Operator Accountability

Management Information Systems (MIS) is a framework that defines the standards of reporting financial and statistical information related to the daily operations of Canadian health service organizations.

Developed by the Canadian Institute for Health Information (CIHI), these national standards were created to improve effectiveness and efficiency of Canada's long-term care and other health service organizations through better information and performance measures.

### Use of MIS in Canada

A portion of facilities across Canada report MIS financial and statistical data for most health care services to CIHI for inclusion in the Canadian MIS Database.

Currently, MIS Coordinators have been appointed in most provinces to facilitate the implementation of MIS at the provincial level. However, presently not all jurisdictions are using the same version of MIS contributing to some discrepancies in reporting and making it impossible to accurately measure and compare efficiencies and best practices across the country. CALTC believes that approximately 40% of homes are still unable to implement this important initiative.

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**The Canadian Association for Long Term Care (CALTC)** is asking the federal government to mandate a standardized system for collecting residential and financial performance data in long-term care homes using RAI-MDS 2.0 and MIS across the country.

To implement these systems in facilities across Canada, CALTC is asking the federal government support the provinces by investing $13.5M to implement RAI-MDS 2.0 and $19.5M to implement MIS. Furthermore, CALTC is asking for an additional $28M annually to operate RAI-MDS 2.0 nationally.

In addition to this, CALTC is recommending the federal government enhance the RAI-MDS 2.0 system to capture behavioural needs of dementia residents, a key aspect missing from the current RAI-MDS 2.0 system.

Implementation of an updated, standardized data collection system would enhance the quality and comparability of data across the Canadian long-term care system. It would also support evidence based policy and resource allocation decisions and improve analysis of care needs and benchmarking in long-term care.

## 2. Preparing to better care for our aging population by building new long-term care homes, modernizing old homes.

The seniors we care for today are significantly different than they were a decade ago. By living longer and living at home longer, seniors are arriving at long-term care facilities at a later stage in their conditions, with more complex health issues than ever before.

Most residents in long-term care suffer from multiple chronic conditions. The prevalence of chronic conditions and cognitive impairment among residents has increased dramatically over the last six years. In addition to this, the proportion of long-term care residents with Alzheimer's disease or other forms of dementias has grown steadily, with 87% of residents affected by the disease since 2010.[4] It is expected that this percentage will increase as the projected number of Canadians suffering from dementia doubles to 1.4 million by 2031.[5]

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### Building new homes and rebuilding old homes

Changes to the volume and complexity of residents entering long-term care has meant a significant shift in the way they are cared for. Unfortunately, the infrastructure that care is delivered in has not evolved with the change in demographics.

Across Canada, long-term care homes are finding themselves increasingly constrained as a result of out-of-date infrastructure. Many facilities were built to design standards that are not suitable for today's seniors, featuring three to four-bedroom hospital like wards, shared washrooms and bathing facilities, crowded dining rooms, small hallways and nursing stations located too close to resident's rooms.

In comparison, new or renovated homes feature larger, home-like private or semi-private resident rooms. These modifications along with multiple dining areas, wider hallways to accommodate wheelchairs and walkers, spacious common areas and updated washrooms and bathing facilities allow for more privacy and better care. Modern home designs and increased privacy are particularly important for residents with dementia, who can become upset and aggressive when they are unable to get the personal space they need.

[4] Canadian Institute for Health Information (CIHI). CCRS Continuing Care Reporting System: Profile on Residents in Continuing Care Facilities 2015-2016. CIHI

[5] A new way of looking at the impact of dementia in Canada. Alzheimer Society, 2012.

[6] Canadian Life and Health Insurance Association. Improving the accessibility, quality and sustainability of long-term care in Canada. CLHIA Report on Long-Term Care Policy. June 2012.

Unfortunately, updating existing infrastructure will not be enough to meet the increasing demand as the demographic shift continues in Canada. Across Canada, jurisdictions are dealing with a long-term care bed shortage and as a result of this, seniors are occupying beds in hospitals (Alternate Level of Care beds) at a much higher cost to the health care system – approximately $842 per day versus $126 per day in long-term care.[6] Increasing long-term care capacity by building new facilities and renovating older homes will mean that we are better equipped to care for our aging and most vulnerable citizens. It will also mean that we can care for seniors who require 24/7 care in the best environment.

"*Dementia in Canada: A National Strategy for Dementia-friendly Communities*" from the Standing Senate Committee on Social Affairs, Science and Technology, called for a National Investment of $540 million in long-term care infrastructure funding.

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**The Canadian Association for Long Term Care (CALTC)** is asking the federal and provincial governments to increase capacity for infrastructure projects by allowing Health Accord funding to be used to build new and renovate old long-term care facilities across the country.

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