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Home and Long-Term Care Unit
Health Canada

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Consultation on Development of a Safe Long-Term Care Act

The Ontario Society of Occupational Therapists (OSOT) appreciates the opportunity to provide feedback on the development of a national Safe Long-Term Care Act. OSOT represents over 4,600 occupational therapist members in Ontario and some work within the long-term care environment.

Occupational therapists (OTs) provide services across the health care system - primary care, acute care, schools, rehabilitation, home care, long-term care – and have long advocated for service delivery models that are truly client-centred, ensure safety, increase independence, and improve quality of life. Ontario funding for occupational therapy services within long-term care has primarily fallen within other funding envelopes, at times falling under physiotherapy funding and currently falling under the Programs and Supports Services envelope. According to the [Canadian Institute for Health Information](#) (CIHI) we have seen the percentage of Canadian OTs working in long-term care drop from 4.7% in 2012 to 3.9% in 2021 with an Ontario specific decrease from 118 OTs in 2012 to only 86 in 2021. **As our population over the age of 65 increases at a rapid pace, we are concerned for their quality of life in the future.**

Occupational therapists are regulated health professionals who assist people to overcome or minimize barriers to managing their day-to-day tasks when health related issues or age-related changes, limit function. Occupational therapists bring a masters prepared education that focuses on both physical and mental health with unique attention to functional capacity, performance, and engagement in activities (occupations).

Occupational therapy has a relevance and importance in long-term care homes that are legislatively directed to engage a restorative care approach that promotes resident well-being and quality of life in an environment that is recognized to be their home. While occupational therapy services are directed to promote resident function and engagement, the profession also makes meaningful contribution to the prevention of risks such as falls, pressure wounds, depression, or responsive behaviours of residents with dementia.

We share our feedback in support of development of a national Safe Long-Term Care Act that ensures residents optimize their independence and quality of life. Please refer to OSOT's submission to the Ontario Ministry of Health and Long-term Care in 2020 in response to their [Long-Term Care Home Staffing Review](#) which provides more detail and evidence on how occupational therapy can contribute to the safety of residents and staff in long-term care homes.

1. Improve Quality and Safety:

It is essential to plan ahead and prepare for an increase in population over the age of 65. It is not possible to rely on one or two professions to support the aging population. We need to be innovative in our care delivery. Long-term care homes (LTCHs) are just that, homes, where individuals live, interact, engage in their community, and eventually die. Homes need to offer all opportunities for their residents and provide healthcare to promote quality of life and well-being. The cost savings to the healthcare system in terms of earlier discharges, keeping individuals at home longer, and preventing visits to the emergency department, is significant. The focus on fully integrating care throughout the continuum from hospital to community and

home is a significant and necessary step.

It is important to establish clear measures to ensure the resident and family/caregiver voice informs access to services. This recognizes that each individual is unique in their physical, cognitive/mental, emotional, cultural and functional status and deals with a unique living environment and support system. Perhaps more importantly, we need to respect that each individual find meaning and quality of life in different ways. We believe that meaningful resident engagement contributes to commitment, recovery, and problem aversion.

A national Safe Long-term Care Act must include:

1. **Flexibility:** optimizing multiple healthcare professionals working to their full scope of practice. In many cases, this can permit one provider to address multiple needs. For example, occupational therapists can complete mobility assessments, apply for funding for equipment (e.g. wheelchair), address barriers to independent feeding, and support mental health needs.
2. **Needs-based care:** Service provision must be customized to individual needs. A one-size-fits-all approach is not effective. Residents' needs are more complex requiring customized programming, individualized care plans, and access to a range of healthcare options.
3. **Collaboration:** Residents, their families, healthcare professionals, and other interested parties must have the opportunity to contribute to the development of the Safety Act. It is appreciated that the current consultation is seeking input from a variety of individuals and groups, however, consultation needs to be included in the Act moving forward and on a regular basis. Many different and divergent opinions and views will work to improve the system over time.
4. **Rehabilitation:** While long-term care has historically held a restorative focus, we need to also consider rehabilitation. Where residents are viewed as having the ability to improve their function, recover from injury, and return to previous abilities and activities. By taking a rehabilitative approach, residents are seen to be able to re-engage and participate in their community more fully resulting in increased independence, decreased need for healthcare, and increased quality of life. It will alleviate some of the pressure on healthcare providers allowing them to focus on more acute or complex issues.
5. **Investment in occupational therapy to decrease falls and prevent injury:** Evidence suggests that investing in occupational therapy fall prevention proactively can decrease falls and injury; reduce emergency department visits and hospital admissions resulting in cost savings; resulting in reduced strain on the healthcare system and better quality of life. OTs also address pressure injuries through proactive assessment of skin, surfaces, and positioning. Occupational therapists address responsive behaviours in residents with dementia resulting in a decrease in agitation and improved safety for all staff and residents.

2. Implement New National Long-term Care Standards:

The National Long-term Care Standards are a positive step towards accountability and quality care; however, each province still has the option to adopt them or not. How can we ensure the safety of our seniors across the country if we do not require minimum standards of care?

The federal government needs to require compliance or either incentivize compliance or penalize non-compliance. Should provinces choose not to adopt the standards, the federal government may wish to target individual LTCHs through financial or other rewards for compliance. Requiring reporting from each LTCH and publishing the outcome measures is also a good method to incentivize. This will create public awareness of quality homes and those not meeting the standards of care. For those not meeting the standards, have federal supports in place to assist in compliance and bridging any gaps. Encourage sharing of successes through a national network/community of practice allowing LTCHs to support each other.

3. Focus on Health Human Resources:

Policy guidance will be required to ensure safe, effective, equitable, accessible delivery of services, which is

person and family-centred. With the current care delivery structure, several barriers exist that will negatively impact the long-term care system's capacity to achieve these goals:

1. **Service provider model:** The current model of contracting for health care services is not working and has not worked effectively in decades. In the case of occupational therapy, residents who could benefit from services do not receive them because of the limited time contracted to the provider – often 5-6 hours per week for a 180-bed home.

Current issues include:

- Lack of job and wage security – due to the contract model of service delivery, contracts may be terminated at any point. Providers are not paid for sick or vacation time, overtime, or during government restrictions (as experienced during the early days of the pandemic). Providers are “volunteering” their time as they have moral obligations to the residents but are not compensated for the time it takes to ensure safety is achieved.
- Lack of benefits – no medical, dental, sick leave, long- or short-term disability coverage, no parental leave benefits, vacation pay, or pension. This creates uncertainty should a provider be unable to work or in planning for their future.
- Increasing complexity of patient needs – patients are being discharged from hospital earlier and with greater complexity as well as living longer with multiple co-morbidities. This adds to both an increase in providers' direct and indirect time, however, they are not being compensated adequately.
- Work conditions – providers are expected to work in all conditions, sometimes putting the provider at risk of injury, illness, or stress. If injured, they are not able to claim workplace injury benefits. Often contract providers work alone with no support and lack the ability to reduce risk of harm through team collaboration.
- Limited scope – occupational therapists currently practice within a very limited capacity and do not have the opportunities to use their very broad scope of practice:

“The practice of occupational therapy is the assessment of function and adaptive behaviour and the treatment and prevention of disorders which affect function or adaptive behaviour to develop, maintain, rehabilitate or augment function or adaptive behaviour in the areas of self-care, productivity and leisure” ([Occupational Therapy Act, 1991](#)).

Exploring ways to use OTs to their full potential will enable more effective, efficient service delivery. For example, OTs work in mental health and addictions; provide behavioural supports; support community engagement; and develop falls prevention strategies for both residents and staff.

2. **Capacity Building Issues:** The government has clearly stated that health services belong in the home and community. The current model of care will need to be expanded significantly to permit the shift away from hospital and institutionalized care to the community, including long-term care homes. There will be a significant increase in the number of care providers that will be needed to meet the growing demand. With the issues outlined above with the current contracted provider model, it is not currently possible to attract enough new providers to work in this sector. With an increase in future demand, we will be significantly challenged to meet the needs of our aging population. The system needs to make working in long-term care attractive to future generations of providers in all professions, and needs to reward commitment to the sector.
3. **Need for Change management:** There are longstanding roles, policies, and procedures that will need to change to allow for greater ease and fluidity throughout the health care system. A shift to a client/family-centred model of care that provides services where the client wishes is a deviation from current practice and thinking. Longstanding understanding of funding allocations, teamwork, and responsibilities will need to be rewritten and new ways of viewing these within the system will need to be forged. A considerable amount of time for these changes in basic values, beliefs, and shift in habits is required, unless there is considerable incentive or disincentive to move the process along more quickly.

4. Strengthen Transparency, Accountability and Public Reporting:

The federal and provincial governments already have databases and public facing information available (e.g., the Canadian Institute for Health information (CIHI)). By requiring long-term care organizations to report on key performance indicators and adherence to safety requirements, the public can make informed decisions for themselves and their loved ones. Comparison across organizations will act as motivation to engage in quality improvement initiatives. The public will select high performing organizations to care for their family members and this will incentivize the LTCHs to continually improve.

The public needs to see data on:

- staffing levels (ratios of providers to residents, time spent with each healthcare provider, percentage of contracted versus employed staff, etc.);
- types of services provided and their frequency;
- incidence rates (e.g., falls, outbreaks, etc.);
- number of complaints issued, investigated, resolved;
- education/training for staff; and
- resident/family reporting on care and quality of life.

Conclusion

The Ontario Society of Occupational Therapists thanks you for the opportunity to provide this feedback and is interested in participating in ongoing consultations regarding the provision of health care services in long-term care and to support the development of a new Safe Long-Term Care Act. We support person-centred care in an interprofessional care team to optimize each individual's potential through a care delivery system that provides services where and when needed.

While changes will take place over time, the change needed is significant. Our profession is concerned that the sector is presently weakened by challenging health human resource issues that need to be addressed to bolster the sector for adaptation. As mentioned previously, precarious employment and low levels of compensation over many years has left the long-term care sector in a poor state compared to other opportunities that are expanding for occupational therapists. This is resulting in high vacancy rates, challenges to recruitment, and limited access to service. The Ontario Society of Occupational Therapists would be pleased to contribute to solutions-focused discussions.

Should there be a need for clarification of any of our points, please contact Marnie Lofsky, Executive Director at mlofsky@osot.on.ca.

Sincerely,



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