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THE IMPACT OF COVID-19 IN CANADA'S LONG-TERM CARE HOMES

RECOMMENDATIONS FOR CHANGE

Our Eyes Have Been Opened to the Troubled Residential Long-Term Care System. But are Governments trying to shut our eyes now?

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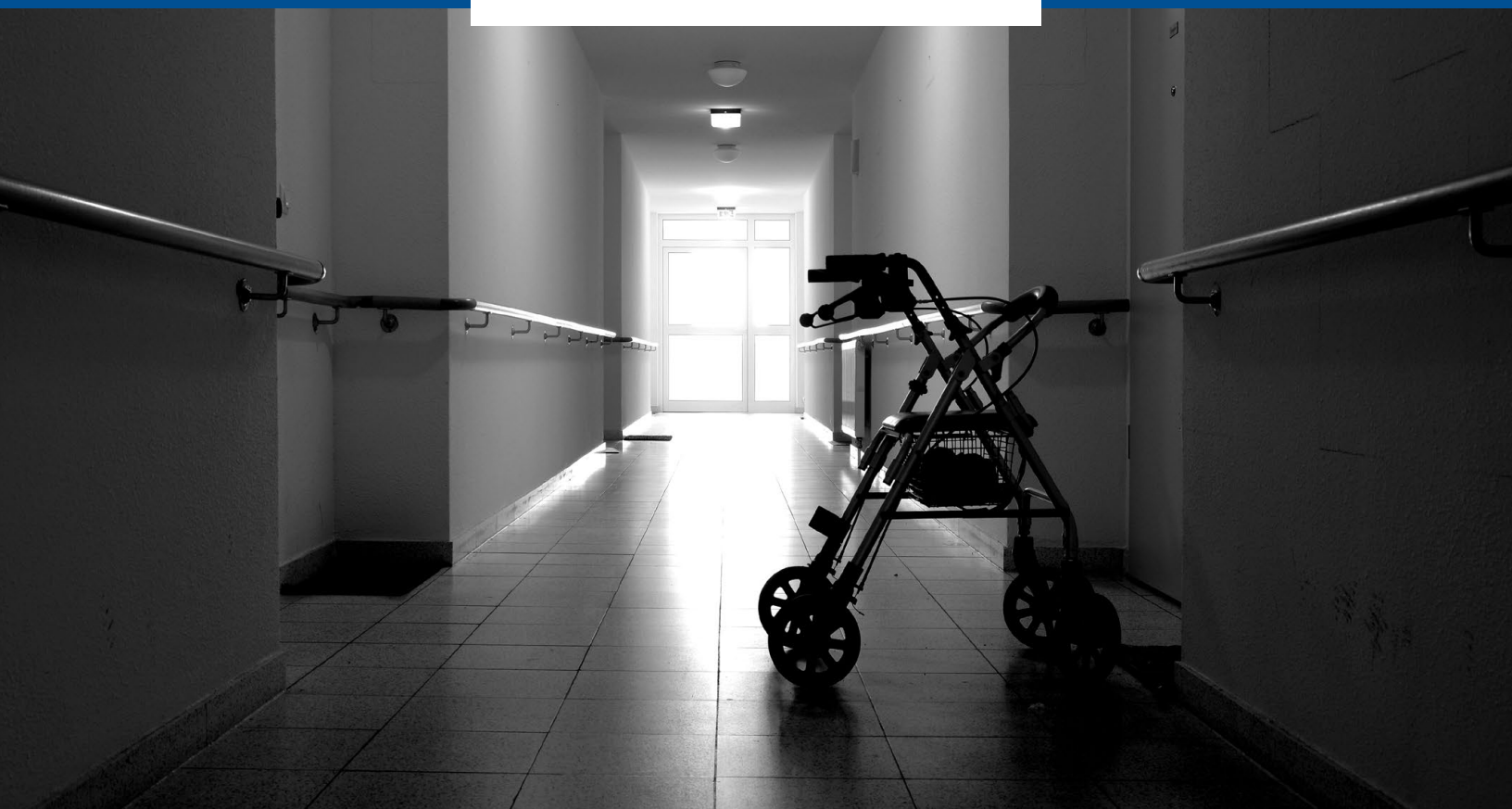

ABOUT INTER PARES

Inter Pares draws on over forty years of experience and a worldwide activist network to challenge inequality in Canada and abroad. Known for its progressive and innovative approach to international cooperation, Inter Pares supports people's struggles to build societies that are fair for all by using the power of solidarity. Inter Pares sees health as a political issue and fundamental to social justice. It advocates for strong, public healthcare systems that are integrated, accessible, and publicly funded.

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INTRODUCTION

The Impact of COVID-19 in Canada's Long-Term Care Homes and Recommendations for Change

Throughout April and May of 2020 the media alerted Canadians to the appallingly large and growing numbers of COVID-19 deaths in Canada's residential long-term care facilities.[1] Later, when Ontario and Quebec sought help for the long-term care crisis from the Canadian Armed Forces, Canadians were horrified to learn of the squalid conditions detailed in the military reports.[2] Despite what was learned about pandemic control in residential long-term care, the second wave bore even worse results. The Canadian Institute for Health Information released a report in March 2021 revealing that nursing home outbreaks increased by 62 percent during Canada's second wave. The result was a higher number of deaths than in the first wave.[3] Not only were there more deaths, but residents also suffered with isolation, fewer medical interventions and inadequate care.[4] Now we are emerging from a third wave of the pandemic. Daily media reports have focused on the growth of the infections and the resulting stress on the acute care system. There is ever increasing pressure on governments to get vaccinations into as many arms as possible. Certainly COVID-19 has lessons for all sectors of Canada's health care system. At the same time, the pandemic has exposed the reality of economic disparity in Canada; showing up in cruel ways with a hugely disproportionate impact on low-income and racialized populations.[5]

But in spite of the shift in our collective worry, we must keep a lens focussed on the long-term care system in Canada. A year's worth of

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data tells us that 69 percent of all the COVID-19 deaths took place in residential long-term care, still the worst record among OECD countries.[6] While the percentage is now lower than the numbers reported in the first four months of the pandemic, it still represents a macabre reminder to Canadians that we are failing our seniors and people with disabilities who rely on residential long-term care.

In May 2020, Canadians learned that over 80 percent of all COVID-19 deaths were in residential long-term care and that we had the shameful distinction of holding the worst record around the world for protecting the residents of these facilities.[7] More importantly, most Canadians were not happy to simply stand by and watch the death toll mount. During the time that the media was rife with the horror stories in residential care, a national poll by Abacus Data revealed that 88 percent of Canadians wanted long-term care to be governed by national legislation.[8] An Angus Reid survey also conducted at the same time revealed that a clear majority of Canadians wanted the government to nationalize long-term care facilities, making them publicly owned and run facilities.[9]

Given the age, frailty and chronic disease that exists among our long-term care residents, we know they are the most vulnerable to COVID-19 mortality. It stands to reason then that public health dictates would act to protect our seniors in residential long-term care. In Canada the opposite happened. We will see as we take a look at the Canadian experience over the last year, provincial governments' response has had minimal success. There have been some regulatory changes, the Ontario government struck a Commission of Inquiry and the government of Quebec initiated a Coroner's inquest. For its part, the Trudeau government vowed to take action to protect the residents of long-term care facilities.[10] Yet here we are one full year later and very little has changed.

Ryerson Universities' National Institute on Ageing (NIA) counts the number of deaths from both confirmed and presumptive cases in residential long-term care homes and retirement facilities.[11] According to the NIA tracker, the number of deaths in residential long-term care and retirement homes as of May 3 2021 is 15,081. Counting presumptive cases, the NIA tracker necessarily has a higher

case count than government sources. But the impact of the pandemic is clear. The proportion of deaths represents over two thirds of the total of Canadian COVID-19 deaths to date.[12]

Underneath the numbers are real people and families who have suffered a great loss. Also underneath the numbers is the story of how our governments and public health authorities failed them. The Canadian experience over one year of a deadly pandemic illustrates not only the failure to take the appropriate action, but also deficiencies in the entire long-term care system related to the patchwork of lax regulations, a mix of delivery methods, inadequate staffing and no consistent standards for care. Even the premier of Ontario noted in July 2020:

"The outbreak highlighted cracks within the system that has been broken for years. It was a crisis that was decades in the making." [13]

In fact, much ink has been spilled over the inadequacies of our residential long-term care system in both dealing with infectious outbreaks and more precisely in providing caring and healthy environments for our seniors and people with disabilities. One thing is certain. The pandemic opened our eyes to the cruel and wholly inadequate conditions in many residential long-term care homes. So much has been exposed, so many heart-wrenching stories told, that now, closing our eyes to the problem is unthinkable. In fact, more than any other time in recent history, is the right time to begin the needed reform of long-term care services both at home and in residential settings. But that is not the direction our elected governments are headed. As the sands of the virus shift, the hope is that the mass immunization of long-term care residents and staff will appease the situation and there is little on the horizon that looks like real reform.

THE CANADIAN EXPERIENCE WITH COVID-19 IS INSTRUCTIVE AS WE LOOK FOR ANSWERS TO HOW THE SYSTEM OF LONG-TERM CARE CAN BE REFORMED TO MEET THE NEEDS OF, AND OUR SOCIETAL OBLIGATION TO, THE FRAIL AND ELDERLY WHO WILL CONTINUE TO DEPEND ON RESIDENTIAL LONG-TERM CARE INTO THE FUTURE.

THE FIRST WAVE

The first COVID-19 death in Canada took place in a British Columbia long-term care home in early March, 2020.[14] Since then, the death toll in long-term care homes has ranged from 67 to 85 percent of the total COVID mortality.[15] In its early days, COVID-19 swept through many facilities like a gasoline soaked fire taking thousands of the lives of our elderly and most frail. The hardest hit were long-term care homes in Quebec and Ontario, where the virus took hold with outbreaks in over one thousand different facilities.[16] In British Columbia the government moved quickly to address the situation in residential long-term care.[17] But in Ontario and Quebec the situation became so dire the Canadian Armed Forces was dispatched to deal with the crisis.[18] And as the deaths mounted, several lawsuits were launched against nursing home corporations.[19]

"Not only did policy makers forget about long-term care in early pandemic responses, long-standing issues in residential long-term care rendered the system unable to cope with the tsunami of COVID-19."

A study released by the International Long-Term Care Policy Network (ILPN) in May 2020 compared the impact of the pandemic in long-term care homes in fourteen countries. Canada had the worst record with long-term care homes responsible for 81 percent of the COVID-19 deaths.[20] The same study was updated in June comparing 26 countries. Canada maintained its standing with the worst record for long-term care deaths, then at 85 percent.[21]

The World Health Organization (WHO) pointed out in an international study of the pandemic on long-term care, there is no correlation between high COVID-19 infection and death rates among the general population and high infection and death rates in long-term care.[22]

Some countries have been able to protect those living in residential long-term care better than others. This is instructive for Canadians because while COVID-19 is so dangerous for the frail elderly it does not mean the death of so many was inevitable. In fact, Canada was below the OECD average for the number of deaths per million, yet well above the OECD average for number of long-term care home deaths per million.[23] In other words, Canadians worked hard to stem the community-based outbreak of COVID-19 during the first wave. What we did not do as well was protect those living and working in residential long-term care with the same vigour. This conclusion was confirmed by a study comparing 12 OECD nations on long-term care morbidity against community transmission levels. The authors note that in Canada, with relatively low levels of community transmission in the first wave, poor policy responses for long-term care settings were exasperated by weaknesses in the long-term care system and together these factors led to higher mortality rates in residential long-term care.[24] Not only did policy makers forget about long-term care in early pandemic responses, longstanding issues in residential long-term care related to staffing, facility design, lax regulation and inspection rendered the system unable to cope with the tsunami of COVID-19.

A wide variety of academics, medical professionals, facility staff, unions, care givers, families and the media have weighed in on the causes of the COVID-19 tragedy in our long-term care homes. A general consensus on the causes has emerged as articulated in the peer-reviewed policy brief by the Working Group on Long-Term Care[25] and are listed here:

1. As pointed out above, early action to build pandemic preparedness was focussed completely on the acute care sector. In what appeared to be an effort to avoid the horror-stories of hospitals in Europe jam-packed with sick and dying victims of the pandemic, public health authorities acted to ensure our hospital emergency rooms and intensive care units had the capacity to deal with large numbers from an outbreak. Long-term care settings were largely ignored. (The exception to this is British Columbia where quick government action in March helped to stem the nursing home outbreaks.[26]) In some cases older adults were transferred from hospital to long-term care homes in order to open bed capacity in the acute sector.[27]

2. Many homes did not have any pandemic plans in place and neither tested nor screened for symptoms among residents, staff and visitors.[28]

3. Not only did many homes lack any outbreak plan, but they were also not able to access the masks, gowns, and gloves (PPE) required to deal with an infectious outbreak. Despite calls to the provide PPE for residential long-term care staff, no general order for staff to wear masks was made by either government or public health authorities.[29]

4. Once PPE was acquired, staff were not trained on its proper use. Many staff simply did not know how to identify the symptoms or how to stop the spread of COVID-19.[30]

5. It has been estimated over 30 percent of the staff at long-term care homes worked in more than one facility which was a large factor in the COVID-19 spread between homes.[31] During the stage one outbreak, nursing homes suffered a severe shortage of staff with many unable to work due to illness, school closures and fear.[32]

6. Finally, the physical space of many facilities made it impossible to isolate cases with multi-bed rooms, communal bathrooms and dining rooms.[33]

What is perhaps the most tragic is that every single one of these issues is a result of longstanding problems within residential long-term care in Canada resulting from years of financial and policy neglect by both provincial and federal governments. In a country known for its high quality public health care system, the situation in long-term care stands as a stark blemish.

TRAGICALLY, EVERY SINGLE ONE OF THESE ISSUES IS A RESULT OF LONG-STANDING PROBLEMS WITHIN RESIDENTIAL LONG-TERM CARE IN CANADA AND YEARS OF FINANCIAL AND POLICY NEGLECT BY BOTH PROVINCIAL AND FEDERAL GOVERNMENTS. IN A COUNTRY KNOWN FOR ITS HIGH-QUALITY PUBLIC HEALTH CARE SYSTEM, THE SITUATION IN LONG-TERM CARE STANDS AS A STARK BLEMISH.

A LOOK AROUND THE WORLD

The mortality rate for long-term care residents is high all over the world. During the first wave of the pandemic, long-term care residents represented 50 percent of the overall pandemic deaths in Europe[34] and over 40 percent of the deaths in the United States.[35] Still, these numbers were much lower than those reported in Canada. And there are a number of countries where the percentage of pandemic deaths in long-term care facilities is below 30 percent. While the numbers for Canada remain high, it should be noted that there are some provinces, (Newfoundland and Labrador, Prince Edward Island, Saskatchewan, and the Territories), where there were very few or no long-term care home deaths.[36]

The Canadian Institute for Health Information (CIHI) released a report in June 2020 comparing the COVID-19 outcomes in long-term care for Canada and 16 other OECD countries. Among its conclusions the report points out centrally organized and regulated long-term care systems experienced a lower percentage of deaths in long-term care.[37] This is particularly instructive for Canada. The CIHI report also found those countries that acted quickly with specific pandemic action for residential long-term care were better able to protect the residents and staff and as a result suffered fewer deaths in residential long-term care.[38]

The previously cited WHO report also recommends a number of key pandemic polices to ensure long-term care facilities are protected. Chief among these is ensuring the residential long-term care system is included in all phases of the national response. Here Canada clearly failed. Other failures include not providing effective monitoring and evaluation of the impact of the pandemic; not securing adequate staff and PPE; not prioritizing testing, contract tracing and monitoring of the spread of COVID-19; not ensuring effective infection prevention and controls are in place; not ensuring continuity of care, including palliative care; not providing psychosocial support; and no support for family and caregivers.[39]

THE SECOND WAVE

ILPN updated its twenty-six nation comparison of long-term care homes COVID-19 mortality on October 14, 2020. Again, Canada was among the worst actors on this measure with 80 percent of the COVID-19 deaths occurring in residential long-term care while the average among 21 nations was 46 percent.[40] Even though the pandemic affects the elderly disproportionately, international comparisons demonstrate that a high death toll in long-term care is not inevitable. But the story inside facilities told an even more grim picture than the statistics revealed. The most recent analysis by CIHI goes beyond counting deaths and looks at the full impact of the pandemic on residential long-term care in Canada. The study demonstrates that while the infections from COVID-19 were sweeping through Canadian nursing homes, residents were not getting adequate health care. In addition to the depression and ill-health suffered by many due to isolation, all across the system there were fewer physician visits, fewer transfers to hospital, more reliance on anti-psychotic drugs, and an increased use of restraints. There were more deaths from other causes this past year than is usual.[41] And as previously noted, deaths due to COVID-19 in nursing homes were even higher than in the first wave of the pandemic. While governments took measures to increasing staffing and improving infection control, COVID-19 continued to ravage residential long-term care. After a year's worth of COVID-19's harsh lessons the international average for deaths in residential long-term care remains relatively stable at 41 percent of all the COVID-19 deaths. While the percentages of overall deaths have come down, Canada continues to stand out with the highest international COVID-19 morbidity in residential long-term care at 69 percent.[42] Any review of the international comparisons raises the obvious question: why is Canada failing those in residential long-term care so miserably?

LONG-TERM CARE IN CANADA

Residential long-term care in Canada exists inside a disparate patchwork of regulation, policy, and funding for seniors' care. Every province has its own system with a mix of public, private for-profit and not-for-profit delivery for residential, community and home-based care services. There is little to no federal involvement. When Medicare was first introduced in Canada, the focus was mainly on providing service from doctors and in hospitals. Today, other than the provincially insured medically necessary services provided within long-term care facilities, residential long-term care is not covered by the principles of the Canada Health Act.[43] Prior to 1996, there was a federal transfer of funds for long-term care services with no strings attached.[44] When the Canada Health and Social Transfer was created, the funding was folded into one sharply reduced transfer to provinces and thus dedicated funding disappeared.[45] With the elimination of targeted funding and the total amount of cash reduced, provincial programs in health and social services were put into competition for scarce resources. The federal transfer for health care was re-structured again in 2004 and 2011 to deal with funding levels. Cost escalators were introduced in 2016-17 and 2017-19.[46] But in all of these changes there has been no provision for targeted funding for residential long-term care. Without federal leadership in this area, the provinces have been left to their own devices. There is no consistency across the country when it comes to staffing, safety, licensing, inspections, or facility design and upkeep, all factors leading to the high pandemic death rate in long-term care facilities.

"The impact of the pandemic in long-term care homes tells of a system where the quality and continuity of care has been short changed."

The long-term care system in Canada is also characterized by a high degree of private, for-profit delivery. Close to half of all residential long-term care facilities in Canada are private for-profit operations.[47] Over the last number of years, there has been a growth in the number of for-profit facilities, but the proportion of for-profit to not-for-profit varies by province.[48] An investigative report by the Toronto Star found four times as many deaths occurred in for-profit facilities in Ontario during the first wave of the pandemic where staffing levels in these facilities are 17 percent lower than they are in not-for-profit facilities.[49] The science table advising the Premier of Ontario confirmed a stark differentiation between for-profit and not-for-profit homes in a January 2021 report. The study found comparing both for-profit and not-for-profit facilities in outbreak, the infection spread to twice as many residents in for-profit facilities leading to 78 percent more deaths.[50]

The lower standard of care in for-profit facilities has been documented by a variety of sources with indicators such as more problems with bed ulcers and illnesses that require transfer to hospitals in for-profit than in not-for-profit.[51] Even though for-profit operators argue that all of the dollars they receive from government go directly to care,[52] in the mix of revenue sources from residents, government funding and targeting program funding, for-profit operators are able to pull profits out by meeting the bare minimum of government regulations.[53] According to research done by unions representing care workers, private nursing home corporations sent $58 billion in dividends to shareholders in the midst of the pandemic.[54] At the same time, not-for-profit facilities also suffer from staff shortages and failure to meet high quality care standards.[55] And, a major factor in the failure of residential long-term care is the little regard given to the staff.

Care for the frail elderly is important and valuable work. It is also skilled work. Yet, most care givers employed in the residential long-term care system in Canada are paid minimum wage, employed on a part-time or casual basis without access to extended benefits, sick pay or vacation pay.[56] As pointed out by many, this has forced workers to find employment at multiple facilities, leading to the rapid

spread of COVID-19 across the sector. It was also found that staff have not been adequately trained. Training and hiring additional staff have been important steps taken to control the pandemic in the short term. But what should be obvious to any observer is that the impact of the pandemic in long-term care homes tells of a system where the quality and continuity of care has been short changed.

Recent research undertaken in Nova Scotia's long-term care homes tells of an overworked, understaffed and undervalued workforce caring for the most vulnerable. The research conducted many interviews of nursing staff who told of their frustration with the fact the general public do not seem to care or value the lives of the people who depend on residential long-term care.[57] In a system replete with for-profit providers, it is a chronic problem. A long stream of research has demonstrated for-profit homes have lower staffing levels than not-for-profits and government-owned homes. In the absence of regulation to address this, cutting labour costs is an expedient way to achieve profits.[58]

However, while not-for-profit delivery of residential long-term care has seen higher staffing rations, both the not-for-profit and for-profit sectors of residential long-term care are characterized by low-wages and the casualization of staff. This has led to high turnover rates as well as training deficiencies.[59] These ongoing features have traditionally been seen to have affected the quality of care. Now it is clear these same staffing issues have impacted the very mortality of residents.

In 2019, the Canadian Health Coalition (CHC), which Inter Pares is a member, called on the federal government to implement a National Seniors' Care Strategy. CHC research showed that given the patchwork of services for seniors, access to long-term care was uneven across the country and there are many gaps in care with long waiting lists for care both in the community and in residential care.[60] Nursing homes provide round the clock care for high level needs, retirement homes provide some limited care. But with high waiting lists, many cope with inadequate support in retirement homes or in their own homes. The mix of for-profit and not-for-profit further confuses the system. Importantly, the research also found that access to quality care was further exasperated by income and racial inequality.[61] While accommodation costs for resident care are subsidized for those in need, those with money can get quicker placements with private accommodation in expensive retirement homes; some with full-time medical staff providing full-time care for those that can afford it.[62]

This picture of disparate service and care levels isn't complete without considering the unpredictable access to home care supports that allow people to age in place.[63] And, of course the wealthy can hire private nursing care. In fact, with the mix of residential settings; nursing homes; retirement homes with varying levels of care; private-for-profit care; not-for-profit care; home care and/or community supports – the living supports and health care any senior receives depends on a number of factors including location, income and the presence and ability of family members to provide care. The medical care promised under our public health care system is both limited and uneven across the long-term care sector. As a result of the confusing matrix of care and its limited availability many fall through the cracks. For seniors, health care in Canada is certainly not universal, therefore, the CHC called on the government to apply the principles of the Canada Health Act and fund a National Seniors' Care Strategy providing for quality residential care and adequate home care support to allow for aging in place healthy senior living. Were it so, it remains unknown if the residents of Canada's long-term care facilities would have been denied the care and safety they so desperately needed through the pandemic?

GOVERNMENT RESPONSE

The largest percentage of deaths in long-term care have so far occurred in Quebec and Ontario. In Quebec, the provincial Ombudsperson released a report in September 2020, citing numerous problems with the long-term care system prior to the pandemic outbreak. Staffing shortages, overcrowding, dilapidated buildings and poor training were all cited as characteristics of the failing system just as the first COVID-19 cases were finding their way into the homes.[64] The report follows on the announcement in June by the chief coroner in Quebec ordering an inquest into the COVID-19 deaths in the province's nursing homes. The inquest is narrow in focus, limited to the deaths that occurred between March 1 and May 1, 2020 and is to examine whether the deaths were the result of any violence, abuse or negligence.[65] It began its deliberations in March 2021. Also announced in June 2020, the Quebec government would provide funding to train and hire an additional 10,000 care workers for its nursing homes. The recruitment initiative promised a $26 hourly wage – a substantial increase. The first recruits into the program have since complained of salaries far below what was promised. Further investigation has revealed that the $26 per hour wage is earned only on overnight shifts and the recruits believe they have been misled by the government.[66] Then in the fall, the provincial government announced its intention to move COVID-19 patients from hospital into nursing homes to free up the hospital capacity. A move many believe will further threaten the lives of existing residents.[67] As of May 3, 2021, 7,963 residents of residential long-term care and retirement homes have died from COVID-19, representing 73 percent of Quebec's pandemic deaths.[68]

"It is crucial that we take steps to address the poor working and living conditions of residential long-term care for every Canadian."

"Canadians' eyes have been opened to this problem. We will not shut them now."

In Ontario, the first wave of deaths brought new regulations to long-term care including a restriction on staff to work at one site only as well as eliminating visitors to long-term care facilities. The provincial government also offered a $4 per hour increase in pay for care home workers. However, it did not take any action to address part-time and casual status. Despite the wage increase, many workers reported a sharp decline in income because of losing hours.[69] In May, the provincial government created a Commission of Inquiry into COVID-19 and long-term care. As the Commission began its work, the province announced an additional $540 million for residential long-term care to increase staffing and assist with PPE procurement.[70] Many advocates were critical of the fact that the government funding came late, as the province was already headed into the second wave. Additionally, the province has not provided for or mandated increased inspections of facilities.[71] A media report identified over 85 percent of Ontario's long-term care homes have been found in contravention of the laws regulating their operations but yet suffer no consequence. As a result, these homes repeat offences time and again.[72] The provincial government did relax the rules around the Commission hearing to allow for staff to testify anonymously.[73] Yet at the same time, it introduced legislation to limit the liability of nursing homes.[74]

Ontario's Long-Term Care COVID-19 Commission released its final repot on April 30, 2021. The report stated unequivocally that despite the actions taken by the province, the second wave proved to be even more deadly in Ontario's long-term care homes.[75] The Commission's report is comprehensive looking at the history, delivery models and problems that have plagued residential long-term care for generations. And its recommendations are far-reaching. If adopted they would turn the delivery of residential long-term care on its head. Of course, there are several recommendations on pandemic preparedness and infection control,[76] but the Commission goes much farther. It recommends a substantial increase in funding and in the number of beds to meet coming demand, changes in facility design, resident-centered care, greater government oversight and increased accountability as well as greater integration with the broader health care system.[77] Perhaps most significantly, the Commission makes a number of recommendations that would mean drastic changes in residential care; more nursing staff, better training for care workers and significantly a requirement that

at least 70 percent of the staff in each facility be employed on a full-time basis.[78] And finally, what has never been said by a government body, the Commission calls for reform of the delivery model for residential long-term care. Falling just short of recommending an end to for-profit delivery, the Commission calls for mission driven delivery as opposed to profit driven delivery.

Since recognition of the crisis in Ontario's long-term care homes, the province reports the long-term care case counts daily through its COVID-19 information website. As of May 3, the provincial government records 3,760 COVID-19 deaths in residential long-term care facilities.[79] The NIA tracker reports 4,420 deaths out of 7,985 Ontario pandemic deaths or 55 percent. The difference in numbers is due to the inclusion by NIA of presumptive cases as well as cases in retirement homes that offer some level of care.[80] [81] On May 3, the provincial government avoided answering questions as to what it would do with the Commission's report other than to say some of its recommendations are already being acted on. Recommendations that would result in meaningful reform were not addressed.[82]

Both Ontario and Quebec governments responded to an immediate crisis by launching inquiries. In contrast, British Columbia made quick changes to stop the spread of COVID-19 in its nursing homes. Prior to the pandemic, the long-term care sector in British Columbia was better funded, had better linkages with public health and the acute care sector, had fewer shared rooms, more inspections and higher mandated care hours; all of which combined have made the British Columbia system better able to handle the pandemic.[83] Once the pandemic was declared, the province confined workers to employment at only one facility and at the same time provided for full-time employment to address the underlying cause of multiple worksites. It also increased and standardized wages for all staff in residential long-term care.

The impact of COVID-19 in the residential long-term care sector has certainly not been evenly felt across the country. However, there are similar stories of neglect and abuse, staffing shortages, and mishandling of infectious disease preparations and management in other provinces. In Winnipeg, for example, one inner-city private, for-profit nursing home experienced 19 deaths in October 2020 amidst staff shortages, poor training on PPE, and lack of proper cleaning.[84] In Alberta, the government has announced its intention to lay off up to 11,000 health care workers.[85] The targeted workers in Alberta provide food services, laundry services and other support to patients in both the acute and long-term care sector, even though contracting out these services is demonstrated to have an impact on both the quality of patient care and infectious disease control.[86]

FEDERAL GOVERNMENT

Whether or not the federal government will make these standards mandatory through legislation or some agreement with the provinces has not been addressed in any way.

In its 2021 budget, the federal government committed to providing $3 billion over five years for residential long-term care as well as $90 million for home care services. The budget followed on promises of funding made in its October 2020 Throne Speech when the government committed to working with the provinces to set national standards for residential long-term care.[87] The Throne Speech announcement was quickly rebuked by the Quebec premier for intrusion into provincial jurisdiction.[88]

Following up on the Budget 2021 commitments to develop and harmonize standards, two standards organizations, the Canadian Standards Association (CSA) and the Health Standards Organization (HSO) began working together on March 31st.[89] The CSA will focus on safety and infectious disease control and the HSO will focus on care issues. In its announcement made when beginning the work, the HSO states that the standard it is developing will be used in future accreditation processes in Canada. The work will include consultation with family and residents, caregivers and care providers. Its website invites input, provides a sign-up for a newsletter, and promises a series of town hall meetings. But, included on the current working group are representatives from residential long-term care homes, both for-profit and not-for-profit.[90] There is no sign of any provincial government involvement. The status quo for applying health standards and receiving accreditation is purely voluntary. In fact, only 58 percent of homes in Canada are currently accredited.[91] Whether or not the federal government will make these standards mandatory through legislation or some agreement with the provinces has not been addressed in any way.

Prior to the budget, the federal government did give some indication of its intentions. On March 22, the NDP opposition introduced a motion in the House of Commons calling on the government to lead a reform of the long-term care system, phasing out for-profit care and creating national standards backstopped by $5 Billion in dependent funds on respect for the principles of the Canada Health Act.[92] The government response was to stand on its previously announced initiatives. The government chose to remain silent on the question of for-profit care, ignoring the evidence that has been placed before them. In fact, a federal Crown Corporation, Public Sector Pension Investments, owns Revera Inc., one of the largest private sector for-profit care providers in Canada. The NDP motion also called on the government to take over Revera Inc. through its Crown and convert it to a not-for-profit, public entity.[93] The government has not responded in any way to this call. The salient point in all of the debate and commentary that has taken place is that the federal government appears intent on leaving the long-term care system in the hands of the provinces. To date the government will not commit to legislation. It will not commit to a national system. It will not commit to negotiating and leading the provinces in reform to a Canadian system of comprehensive and integrated care services with high quality not-for-profit delivery. Ten provinces and three territories are acting independently and for its part, the Government of Canada is proceeding with an exercise that looks so far as nothing more than updating the status quo for improved pandemic preparedness.

OUR EYES HAVE BEEN OPENED

The uneven impact of COVID-19 across provinces should give every Canadian pause. The pandemic has exposed a failing system. Success in protecting residents of long-term care homes has been shown to be dependent on little more than political will. The historical and persistent problems in long-term care demand that we go well beyond better pandemic planning. In the longer-term, it is crucial that we take steps to address the poor working and living conditions of residential long-term care for every Canadian. The Ontario Commission has begun with some responses to these long-standing issues with its interim report. However, we must go further for Canadians regardless of which province or territory they live in, and with legislated guarantees.

The World Health Organization report not only addresses the action essential for pandemic preparedness in its recommendations but also attacks the ongoing problems in residential long-term care as a result of its organization, funding, and regulation so common in many countries:

"Furthermore, the policy brief addresses long-standing problems in long-term care systems, including underfunding, lack of accountability, fragmentation between health and long-term care and an undervalued workforce. The brief suggests ways to transform health and long-term care services so that long-term care services are readily integrated and provided as part of the continuum of care that includes health promotion, prevention, treatment, rehabilitation and palliation. It is only through these measures that people in need of long-term care can receive quality, equitable and sustainable care that allows them to live in a manner respecting their basic rights, fundamental freedoms and human dignity."[94]

Now, more than any other time before us, is the time to fix residential long-term care. According to the National Institute on Ageing, as of 2019 there were 40,000 people waiting for long-term care beds in Canada, and 430,000 seniors had unmet care needs.[95] The unmet capacity will only increase over the next twenty years as the boomer generation move into their eighties and nineties. As we have learned from the pandemic, we will need federal leadership, increased funding, improved staffing levels and conditions of work as well as improved accountability through strict regulation and enforcement.

Canadians' eyes have been opened to the problem. We cannot close our eyes now. To that end, we offer the following recommendations to enable us to see our way forward to a more caring future.

RECOMMENDATIONS:

In addition to the measures articulated previously regarding pandemic planning, outbreak prevention and mitigation, we renew the call for federal legislation and funding to bring Canada's long-term care system into our public health care system. It is time to take the profit out of care and move exclusively to not-for-profit delivery.

As the pandemic has made all too clear, the patchwork of care and supports for seniors is not serving seniors, families nor providers. Access to both accommodation and health care is too often dependent on location and the financial and time resources of the family. And, as we have seen, there is no consistency across Canada. Now is the time to honour those taken by the pandemic crisis and act boldly so that it can never happen again.

To begin, the various programs for residential long-term care, community based supports allowing for aging-in-place and healthy living for seniors need to be brought together within our health care system in a coordinated way. This will require the federal government to enact legislation to give us the guarantees of our health care system; accessibility, portability across Provinces and Territories, comprehensiveness, public administration and universality for health care delivery within long-term care settings. These fundamentals of our health care system are currently lacking in the provision of long-term care as the last year has made so patently clear. What is also clear is federal legislation must also address the quality of care with minimum standards and hours of care clearly enunciated, as well as including real accountability measures. Further, in moving forward to create a more caring future for our seniors, the government must consult with seniors groups, health care providers, health care workers' unions, and the family councils that have so much to offer in the wake of the heartbreak suffered throughout the last year. We therefore put forward the following recommendations:

1 COORDINATED NATIONAL SYSTEM

A comprehensive review and consultation aimed at creating a national, coordinated system of health care and support for seniors.

2 NATIONAL STANDARDS

National standards based upon the principles of the Canada Health Act, as well as enforceable accountability measures, quality of care, safety regulations, and inspections. The standards must address minimum hours of care.

3 CONDITIONAL FEDERAL FUNDING

Dedicated federal funding for long-term care contingent on meeting federal standards of care.

4 IMPROVED INTEGRATION OF CARE

Improved integration with other long-term care services and with acute care.

5 HUMAN RESOURCES STRAGEGY

Human resources strategy and regulations for staff training and accreditation.

6 QUALITY MONITORING

Continual data collection on quality of care in order to monitor and improve the standard of care.

7 PUBLIC DELIVERY

Transition to not-for-profit delivery for all long-term care services.

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