
NEWSLETTER

An advocacy success story

By Dan Hayes

Sadly, for many of us who have experienced the long-term care system, frustration, disappointment, and feelings of powerlessness are all too common. But here is a good news story that proves that strong and determined advocacy can sometimes have amazing results and really make a difference in the care and lives of the residents of long-term care homes in Ontario.

Chartwell Ballycliffe Lodge in Ajax is home to 100 residents. The building itself is old and tired, not up to current standards, and very much in need of

redevelopment. For many residents and their families, Ballycliffe Lodge was not a first choice. Rather, it was chosen due to its convenient location, shorter wait list, and having to deal with desperate circumstances at home or in hospital that required immediate placement into a long-term care home.

For many years, new and prospective residents and families had been told by Chartwell staff that it was their plan to build a brand new facility on the same property, while keeping the current residents in the existing building. Once the new building was completed, residents and staff would be seamlessly

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New long-term care website lacks transparency

By Kathy Pearsall

In April 2018 the health ministry announced that its website was changing as part of an effort to improve transparency in the long-term care sector. However, as it stands, families looking for meaningful information about individual long-term care homes in Ontario would be hard-pressed to find it.

The ministry is planning to provide a performance

rating on each home such as, “In good standing,” “Improvement required,” or “Significant improvement required.” That’s it.

There is no useful information that families could use when trying to choose a long-term care home, or when trying to compare one home to another. These improvements were recommended by Ontario’s Auditor General in 2015.

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transferred. This is what is known as Phased Redevelopment. Residents and families were told that Chartwell was only waiting on approval from the Ministry of Health and Long Term Care for work to begin.

As the years passed, nothing seemed to be progressing with respect to redevelopment of a new facility. The current home became more and more run down. It became clear that Chartwell was reluctant to invest in much-needed repairs to a building that was going to be replaced. In early 2016 the Ballycliffe Lodge Family Council began to take action to require Chartwell to make the necessary repairs. Complaints were filed with the Ministry of Health and Long Term Care Inspection Branch, resulting in several compliance orders being issued. The Town of Ajax filed property standards charges against Chartwell as well.

In June of 2016 the Family Council asked Chartwell to come to a meeting to address the building deficiencies and other concerns. It was at this meeting that Chartwell unexpectedly announced that it was now its intention to close and demolish the existing home as soon as possible, and to build a new, 192-bed facility. This was shocking news in light of the long-standing indications from Chartwell that there would be a phased redevelopment.

At a meeting in September 2016, Mr. Brent Binions, the founder and CEO of Chartwell, justified his decision to a large group of concerned residents, staff and families, by saying that the current Ministry funding formula for redevelopment was inadequate and that a phased redevelopment would create an additional \$3 million in costs. He said that his first responsibility was to the investors and shareholders of Chartwell. He also said that there was not adequate space on the property for a phased redevelopment of a larger facility to take place.

Chartwell provided no plan or information as to how or where the current residents would be relocated.

“The Family Council strongly opposed Chartwell’s plan to demolish before rebuilding, and urged Chartwell to honour its prior commitment to a phased redevelopment.”

Residents and families were told that relocation would be an issue for the Ministry and the Central East Local Health Integration Network (LHIN) to deal with.

One-hundred and twenty staff members, many of whom had been at Ballycliffe Lodge for 25 years or more, would be losing their jobs. Friendships and relationships between residents and staff that had developed over time were at stake.

The ability of family and friends to provide much-needed support to residents was also in jeopardy.

The Family Council strongly opposed Chartwell’s plan to demolish before rebuilding and urged Chartwell to honour its prior commitment to a phased redevelopment. A campaign of advocacy for phased redevelopment was quickly launched, some of the highlights of which included:

- making presentations to and receiving support from Town of Ajax Council, Region of Durham Council, and the Union representing Ballycliffe staff;
- communication with various media outlets and receiving front-page coverage in the local newspaper;
- initiating a letter-writing campaign to the Premier of Ontario, the Minister of Health and Long Term Care, senior staff within the Ministry of Health and Long Term Care, and the Ajax-Pickering MPP;
- receiving support from a leading expert and researcher into dementia as to the negative impact that Chartwell’s proposal would have on the health and well-being of the residents;
- receiving many letters of support and testimonials from the families of residents; and,
- conducting an analysis that disproved Chartwell’s claim that there was insufficient space to do a phased redevelopment. [Continued on next page]

The *Time to Care Act*

By Kathy Pearsall

The *Time to Care Act*, which guarantees a minimum standard of four hours of daily care for every resident, was re-introduced in the legislature in April of this year by the NDP party of Ontario. It is estimated that this will cost taxpayers an additional \$257 million per year.

Concerned Friends supports a four-hour minimum, adjusted for resident acuity. In other words, long-term care homes that have residents with higher-than-average care needs would be able to apply for additional funding.

Ideally, the four hours of care per resident per day would break down to personal support workers delivering 2.7 hours, registered practical nurses delivering 0.55 hours, and registered nurses delivering 0.75 hours.

The four hours could and should be converted into staffing ratios for each shift. For personal support workers, it would mean staffing ratios of 1:7 in the morning (7 am-3 pm), 1:7 in the afternoon (3 pm – 11 pm), and 1:15 at midnight (11 pm – 7 am).

Converting the minimum four hours of care per resident per day into staffing ratios would provide much-needed accountability, as staffing ratios would be easily observed and enforced on every shift.

Proposed wording:

“Every licensee of a long-term care home shall ensure that the average number of combined hours of nursing services and personal support services offered at the home each day is at least four hours per resident, or if a higher minimum average is prescribed, the prescribed amount.”*

* Concerned Friends has asked that those writing the regulations within the proposed legislation ensure that the words “at least four hours per resident” are not replaced by “an average of four hours per resident.”

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As a result of the assertive and consistent efforts of the Family Council, the Ministry of Health and Long Term Care did not approve Chartwell’s application for redevelopment. They worked with Chartwell to find an acceptable solution. In December 2017 it was announced that Chartwell and the Central East LHIN had reached an agreement on the redevelopment of a new, 192-bed facility. The best news of all was that a phased redevelopment would take place. The residents would be able to stay in their current home, close to friends and family. Experienced and committed staff would continue to care for them until the new building

was completed and ready for occupancy. This was a huge win for the residents, their families, the staff, and the Ajax community!

There are 300 long-term care homes in Ontario that are in need of redevelopment. The health and well-being of the residents must take precedence over costs and profits. It is our responsibility to ensure that our loved ones are the priority. Our advocacy is essential.

Dan Hayes is the chair of the Concerned Friends Advocacy Committee. He was formerly the chair of the Family Council at Ballycliffe Lodge in Ajax, Ontario.

Treating pain through multiple modalities

By Miranda Priestman

Are you in pain? Where is your pain? What is your pain score on a scale from zero to 10, zero being no pain and 10 being the worse pain ever. Describe your pain. What can I do to help reduce your pain? I am a nurse and these are some of the questions I ask when assessing pain.

It is estimated that anywhere from 25% to 75% of older adults in Canada experience chronic pain. Those estimates are higher for those who live in long-term care facilities. (Statistics Canada, 2015)

In the healthcare world, there are the usual players used to address pain. The “go to” medications consist of tylenol, morphine, hydromorphone, percocets, gabapentin, lorazepam, and the list goes on. With competing demands and busy schedules, these medications are the easy answer. They may be effective and necessary, but there is more we can do to alleviate pain. What else can we offer?

It always amazes me how much pain relief a heating pack can bring. Although many healthcare institutions won't offer heat due to the risk of burns, in some places

it is acceptable for a family member to monitor and administer this treatment. Depending on the type of pain, a cold pack could help increase comfort. Could acupuncture bring relief? According a meta-analysis of trials, acupuncture is associated with greater reductions in pain than control in all comparison studies. (Acupuncture for Chronic Pain, 2015)

Is water therapy an option? I've seen water therapy work wonders with pain. Can diet be altered or teas offered to increase comfort levels? Perhaps alternative pain medications such as medical marijuana might be helpful. A California study found that 92% of medical marijuana users agreed marijuana helped alleviate systems of serious medical conditions, including chronic pain.

Watching a loved one in pain is not easy. Living in pain makes every day difficult. Pain can be consuming and erode quality of life. It's difficult to address, and needs to be attacked through multiple treatment modalities. Although pain medication has a place, it can be more effective in conjunction with other treatments.

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In April, Concerned Friends wrote to the Auditor General, asking that she continue to monitor the recommendations made to the health ministry and, if appropriate, provide additional information to the ministry before website changes are made.

Identifying high-risk homes

The ministry is not transparent when it comes to sharing its list of high-risk homes in the province. This has been a long-standing issue for Concerned Friends, as we

receive many calls from families each year asking us to identify the problem homes for them. High-risk homes are identified by the news media, typically after a tragedy has occurred.

It was through a recent CBC news investigation that we learned that the home with the highest rate of staff abusing residents in 2016 was Earl's Court Village, London, owned by Peter Schlegel. At that time the abuse rate per 100 beds was logged at 44.53. Earl's Court was ordered to stop admitting new

residents in May 2016 and again in October 2017.

A consultant's review of the home has been completed, but the *London Free Press* was told in April 2018 that the consultant's review is not a public document. When pressured, Health Minister Helena Jaczek told the newspaper that the government puts a premium on transparency and that the consultant's review will be made public “in due course.”

We continue to follow this developing situation.

Problems plaguing northwestern Ontario

THUNDER BAY

- Hogarth Riverview Manor, operated by St. Joseph's Care Group, was so short staffed and plagued with problems that the ministry recently ordered it to hire new management. Extencicare Assist took over.
- Bethammi Nursing Home, operated by St. Joseph's Care Group, received 44 issues of noncompliance after an inspection in March 2018. Most were related to short staffing.
- Lakehead Manor, owned by Revera, was cited in a CBC investigation as having the third-highest level of staff-to-resident abuse in 2016 (15.39 reports per 100 beds). The facility has since been purchased by

Southbridge Capital and is managed by Extencicare Assist.

KENORA

- Birchwood Terrace, operated by Southbridge Capital and managed by Extencicare Assist, was cited in a CBC investigation as having the second-highest level of staff-to-resident abuse in Ontario in 2016 (17.71 reports of abuse per 100 beds). In 2015 it was accredited by Accreditation Canada with exemplary standing, and currently boasts a resident-centred quality program ensuring the highest level of care for every resident.

Personal support workers are quietly disappearing, and so is consistent care for residents

It appears that Ontario's personal support workers (PSWs) have just given up. After years of suffering in severely short-staffed long-term care facilities, they are moving on to other careers. Schools are having a hard time filling the courses.

I believe it is no coincidence that the PSW shortage comes at a time when cases of abuse and neglect of residents are rampant. Abuse between residents or by caregivers more than doubled between 2011 and 2016, according to a CBC investigation.

In response to the shortage, long-term care facilities are turning to staffing agencies to fill the gaps. This creates more problems, however. Continuity of care is lost. Errors are made. Residents don't feel safe. Further hardship is placed on an already highly exploited workforce.

Miranda Ferrier, president of the Ontario Personal Support Workers

Association, is suggesting that the ministry take a hard look at how money actually gets spent in long-term care facilities, ensuring that enough is getting to the PSWs.

The Ontario Long-Term Care Association is proposing that changes be made to the *Long-Term Care Homes Act* that would loosen restrictions on the type of staff and roles of staff in long-term care. Yikes.

Miranda's solution makes more sense. I would add that long-term care facilities should be rated (among other things) on how well they treat their PSWs. The quality indicators determined by the long-term care operators and supported by the health ministry are far from ideal.

To quote Dr. Pat Armstrong, the leader of the international project called Reimagining Long Term Residential Care, "The conditions of work are the conditions of care."



The Rant

Kathy Pearsall

Social media comments on CBC's long-term care investigation

In 2016 there were 2,198 reported incidents of staff-on-resident abuse in Ontario long-term care facilities, according to a recent CBC report. This means, on average, that six long-term care residents are abused by staff every day. Here are some of the comments found on social media in response to the CBC investigation:

- “My mother had excellent care, thanks to the remarkable staff at her facility, but many of them were growing fed up with having to compensate every day for the failure of their employers to keep staffing levels and service to something like an adequate standard.”
- “Sadly for now, concerned relatives will have to have hidden cameras and good lawyers to stop this from getting any worse.”
- “Reducing the credentials/qualifications of front line workers, the increasing number of poor or disenfranchised, the lack of effective funding for seniors care, has our elderly moving from precarious living to precarious dying.”
- “If you want a good job done you need to hire and pay well.”

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