



Long Term & Continuing Care Association of Manitoba **LTCAM**

About The Long Term & Continuing Care Association of Manitoba (LTCAM)

For over 60 years, the Long Term & Continuing Care Association of Manitoba (LTCAM)—a non-profit, membership-based organization—has been a valued adviser and partner in the promotion of safe care and living options for seniors living in Manitoba.

Incorporated in 1959, our mission has always been to improve the quality of care provided to residents of personal care homes. We introduced standards of care well before the provincial government outlined official standards. Each day, we care for Manitoba's most vulnerable seniors, many of whom reside in our residences. We also work closely with provincial long-term care providers across Canada through the Canadian Association for Long Term Care, and we continue to share information and education that uses the best national evidence available to improve quality of care for residents throughout the province.



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L'Association de soins continus
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A Growing Challenge

As the population ages, it will need more safe care and living options. Many of today's seniors are looking for independence in their care, as opposed to residential care. As long-term care and elderly housing providers for more than 100 years, we are well positioned to help Manitoba's healthcare planners understand the capacity and support needed for safe care and living options, as well as the needs and special requirements of the seniors within transitional care, assisted living, supportive housing, and personal care homes.

Working closely with other provincial long-term care providers, we have seen how provinces like Ontario, Alberta, and British Columbia are investing in operational and capital funding. The average annual base-funding increase to long-term care in these provinces is 1.6%–2%. They are investing in the future while Manitoba is falling behind.

What Can Be Done

The size of Manitoba's aging population continues to grow. Now is the time to strengthen long-term care in preparation for what will be the largest group of seniors our province has ever seen. The membership of LTCAM believes that the opportunity to expand on our foundation of excellent care and service, within a cost-effective model, can address the challenges seen in terms of both capacity and financial pressure. Our ability to continue to serve Manitobans both now and in the future is wholly dependent on a stable, well-planned, and predictable environment.

Seniors' housing must be appropriate, easily accessible, and safe, and it must take into account the care level that is required as needs increase. Currently, Manitoba offers a number of different care and living options for seniors. More needs to be done, however.

We are looking for your support in lobbying the government to take action in the following key areas:

1 Safety

In the past few years, a number of new housing builds for seniors—called independent living with services or assisted/retired living—have begun to offer an environment that is similar to a personal care home. These buildings are offering a high level of care without any regulations, licensure, or monitoring. As you know, personal care homes must abide by all of these safeguards to ensure the well-being of our seniors.

- ▶ **Ask all of the political parties currently running for election to ensure all residences where care is provided to seniors are subject to a regulatory environment appropriate to the care level offered.**

2 Infrastructure funding

Federal funding exists for housing where care for seniors is not provided. This funding, however, does not include seniors' housing—such as personal care homes—where the care is being provided in their own home.

The majority of the current personal care home infrastructure is more than 40 years old. The physical layouts are obsolete, especially in terms of treating individuals with dementia, which puts both residents and staff at risk. These outdated designs feature two to three beds in ward-like rooms, shared washrooms and bathing facilities, crowded dining rooms, narrow hallways, and noisy, hospital-like nursing stations that are in close proximity to residents' rooms. Crowded areas, noise, and confusion, can cause anxiety, which can lead to residents striking out or other protective or responsive behavior.

- ▶ **Ask all of the political parties currently running for election for their support in changing the funding criteria for seniors' housing to include seniors' residences where care is provided.**
- ▶ **Ask all of the political parties currently running for election for their support in lobbying the federal government to have the federal funding for housing include residences where care is provided to seniors.**



3 Staffing

In Manitoba, staffing in personal care homes is legislated at 3.6 hours of care per resident day with the care provided by Nurses: RNs & LPNs; and Healthcare Aids in a prescribed formula. The term used for this is the “medical model of care” as its focus is medicinal. These seniors are living in their “own homes” but their home often resembles a hospital instead. What is needed is a balance between the medical model and the “holistic, social model of care”. Boredom, loneliness and sadness are three major problems seniors face. A social model of care looks at the entire spectrum of the residents’ quality of life, employing: exercise to promote healthy living, fun and stimulating activities, as well as opportunities for engaging in social interactions.

- ▶ **Ask all of the political parties currently running for election for their support to invest in resident quality of life by placing the emphasis on the social model of care and engaging for example, Occupational Therapists, Physiotherapists, Social workers, and Recreational staff in Long Term Care.**

Human Resources

Staffing in long-term care is focused on providing our care staff with the resources, training, tools, and environments that focus on quality of life, while also ensuring provincial standards and numerous other regulations are met. Current and future labour shortages will continue unless we cooperatively develop strategies to support the labour pool, especially in rural and southern Manitoba.

- ▶ **Ask all of the political parties currently running for election to create a human resource strategy that ensures staff are available for seniors’ care.**

4 Funding

Personal Care Homes

Over the past decades, funding increases in long-term care have been almost non-existent. In the Winnipeg region alone—where more than 50% of the personal care home beds reside—funded personal care homes have absorbed rising costs in all areas of their operations. This includes food, medical and surgical supplies, transportation, maintenance, and other areas that contribute to the quality of care and services being given to residents.

Along with rising costs, care and service levels are increasing. There are greater expectations, but no funding to support the ever-increasing need.

Supportive Housing

There are approximately 800 supportive housing suites in the province. In Winnipeg, supportive housing is staffed by the supportive housing owner (tenant companions and well-trained laypeople) in accordance with the 2006 Manitoba Health Guidelines. Outside of Winnipeg, supporting housing is staffed by the regional health authority, which uses their home care personnel.

Supportive housing is an environment that provides a high quality of life for residents who cannot safely stay at home but do not need to be in a personal care home. It’s the most cost-effective care option for our health system as the client pays for services and rent. Supportive housing is also affordable. There are some subsidies and rent geared to incomes spaces. Just like personal care homes, there are greater expectations with no funding to support the ever-increasing need.

- ▶ **The government needs to commit to a stable and predictable funding environment for both personal care homes and supportive housing. The Provincial Supportive Housing Program needs to be modernized in structure, capacity, staffing, and funding in order to adequately meet the needs of our aging population and to ensure the sustainability of this valuable option.**

5 Education and Information

Currently, no comprehensive public education or information exists on seniors' care and living options, resources, tax-credits, or financial cost calculators to assist seniors with their choices. People who feel empowered make informed decisions. It benefits us all to ensure we know the facts and the choices available to us.

- ▶ **Ask all of the political parties currently running for election to invest in a comprehensive public education campaign to ensure that seniors are aware of their rights and options when it comes to long-term care plans.**

If you support us in our advocating efforts, please visit www.roadtocare.ca/letter/ and complete the form. It will be sent to every political party currently running for election and ask for their support.

Definitions

Independent Living, Retirement Living, Assisted Living

Independent Living or a Retirement Residence (sometimes referred to as Independent Living with Services or Assisted Living), is a private seniors living building where you rent your own suite and pay for a service package. The residence may offer various services such as housekeeping, meals, and recreation. Many offer much more. It is not associated with the Health Care system.

Supportive Housing

Supportive Housing is the right choice for people who require access to 24 hour supervision and some assistance managing with physical limitations, or ongoing health conditions such as dementia. Residents receive support and cueing with activities of daily living such as bathing, dressing, and medication reminders. Admission is based on criteria set by the Regional Health Authority.

Personal Care Home

A Personal Care Home (PCH) is sometimes referred to as a 'Nursing Home' where 24-hour nursing care and services are available and provided by healthcare personnel in a secure environment. Admission is based on criteria set by the Regional Health Authority.



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