

FALLING THROUGH THE CRACKS: LONG-TERM CARE AND COVID-19

February 18, 2021

Key Observations

- The COVID-19 experience has exposed many of the longstanding vulnerabilities within Canada's LTC system. Despite these deficiencies, due to Canada's ageing population, demand for LTC is set to increase. Consequently, there is an urgent need for significant investment and reform in LTC.
- Staffing in LTC is a major issue. Many LTC staff work casual hours, are not adequately trained, and are undervalued and underpaid. In addition, many LTC staff experience burnout and other mental health challenges. Consequently, providing quality care and quality of life for residents in LTC is inextricably linked to valuing the labour of LTC staff.
- The federal government has a significant role to play in reforming LTC. In particular, the federal government can set national standards for LTC, ensure LTC staff are adequately trained and compensated, and guarantee LTC facilities have the necessary resources to provide high quality care and programming to all residents. These federal resources need to be tied requirements for data collection in resident quality of care, resident quality of life, resident and family experiences, and quality of work life for staff and must provide accountability of improvements in outcomes.
- LTC facilities are also homes. It is therefore important to create an environment where residents are respected and experience a high quality of life regardless of age or ability. This is done by investing in a range of supports that consider resident's individual preferences, valuing staff labour, and partnering with family caregivers (if available) to enable their continued involvement.
- COVID-19 showcased how quickly the health system can mobilize in the face of a health crisis. A similar response is needed in the face of the LTC crisis.

Purpose of the Note

On February 18th, 2021, the MacEachen Institute hosted a panel of speakers to discuss public policy related to LTC and COVID-19. This event is the first in a four-part speaker series aimed at supporting public policy discussion leading up to the Nova Scotia provincial election.

Speakers

Dr. Kenneth Rockwood (Professor of Geriatric Medicine and Neurology, Dalhousie University and Staff Physician, QEII Health Sciences Centre), **Dr. Janice Keefe** (Professor/Chair of Family Studies and Gerontology and Director of the Nova Scotia Centre on Aging, Mount Saint Vincent University), and **Dr. David Sabapathy** (Deputy Chief Public Health Officer, Prince Edward Island). The panel was moderated by **Pauline Dakin** (Associate Director of Journalism, University of King's College).

About the MacEachen Institute

The MacEachen Institute for Public Policy and Governance at Dalhousie University is a nationally focused, non-partisan, interdisciplinary institute designed to support the development of progressive public policy and to encourage greater citizen engagement.

Author

Sasha Mosky, Master of Planning Candidate

Contact

For more information on this research, contact mipp@dal.ca

Event Abstract

COVID-19 has overwhelmed long-term care (LTC) facilities across the country, leaving Canadians shocked by the devastation. LTC facilities account for nearly 11% of COVID-19 cases in Canada and over 70% of total deaths. While the largest proportion of cases in Canada are among those 20-29, nearly 97% of deaths have been among Canadians over the age of 60.

The COVID-19 pandemic has exposed long-standing deficiencies and challenges in the delivery of long-term care in Canada. Many stakeholders are calling for national standards, but there are questions about the best approach. Should we amend the Canada Health Act to include LTC or develop new legislation? Long standing staffing challenges will also need to be addressed, such as equitable and permanent pay and benefits for care aides, mental health supports for all staff; and improved and required data collection. A coordinated approach between Federal and Provincial/Territorial Governments will be necessary.

Speaker Observations

Dr. Kenneth Rockwood

- At present, many patients who find themselves stranded in acute care hospitals, awaiting long-term care, might never have needed institutional long-term care had the acute care hospitals done a better job of treating them in ways that promote and enhance their independence. For this reason, a range of reforms are needed in how we provide hospital care. The acute care system must recognize and address its responsibility to promote recovery and return of function in patients. Many evidence-based alternatives to how we provide care now need to be adapted and adopted in Canada.
- While increasing the number of beds available in LTC facilities is a welcome option, it does not address any of the systemic issues associated with an ageing population and the subsequent increase in demand for LTC. Specifically, simply increasing the number of beds available in LTC does not address the underlying challenges associated with deteriorating health with age. Other interventions, such as taking a more holistic approach to health, designing accessible urban environments, training more specialized professionals, combatting ageism, and promoting ageing in place, require significant investment, but will ultimately lessen the burden on LTC facilities and promote healthy ageing.
- There is no “one size fits all” solution for people in need of LTC. Consequently, people in need of LTC require a range of options that work together to support quality of life. This may include formally valuing the care work performed by family members, expanding community paramedicine programs, discharging people to their homes as quickly as possible, and rethinking hospital design to better promote recovery.

Dr. Janice Keefe

- Provincial and territorial governments must evaluate and use data to appropriately regulate and accredit LTC facilities. Specifically, provincial and territorial governments must take an evidence-based approach to mandatory accreditation and use data to

regulate and evaluate LTC facilities. To achieve this, provincial and territorial governments must engage the LTC sector, particularly the people receiving care, their families, managers, and care providers. Data collected from both residents and staff must then be analyzed to evaluate the state of LTC, compare between facilities, and identify opportunities for improvement.

- LTC facilities must be staffed with a range of support personnel. Care workers (Care aides/Personal care workers continuing care assistants) play a critical role in supporting LTC residents as do LPNs and RNs and need to be valued. In addition, other support staff such as social workers, physio and recreational therapist professionals and their assistants, are also necessary in supporting quality of life to residents in LTC. A multi-disciplinary care team who are valued and adequately compensated is essential for bringing a high quality of life to users of LTC.

Dr. David Sabapathy

- Prince Edward Island has had only 1 case of COVID-19 related to LTC. This stands in contrast to the rest of Canada where half of outbreaks and nearly 70 percent of deaths have been associated with LTC. While the province's island geography and strict border control may have played a role in limiting community spread, proactively restricting staff movement between LTC facilities, limiting visitation, testing residents who must move between care facilities, and launching a recruitment campaign to ensure staffing needs are met have supported the province's success in keeping COVID-19 out of LTC.
- LTC facilities are subject to some of the most restrictive COVID-19 measures. Consequently, both staff and residents have experienced mental health challenges. A balance must be struck between keeping residents safe and promoting quality of life. Restricting all outside visitation is therefore not the right approach. Instead, facilitating safe visitation, through increased PPE and sanitation, must be prioritized. Likewise, the mental health and wellness of staff should also be considered and valued.
- Effective and ongoing communication between users of LTC, LTC staff, family caregivers, and governments is essential for promoting a healthy and safe environment for both users of LTC and staff.

Conclusion

The federal government has a significant role to play in reforming LTC in Canada. Investing in accountable data collection on residents' quality of care, quality of life, and staffs' quality of work life, expanding the range of LTC service options and ensuring staff are both adequately compensated and properly educated about the needs of the people they are providing care for are important first steps in modernizing Canada's LTC system. Other challenges, such as systemic ageism and discrimination against the ability and social needs of older adults must also be addressed through reforms in the LTC system.

More from the MacEachen Institute

The Institute is working to create resources and policy discussions focussed on the COVID-19 crisis. These include briefing notes like this one as well as panel discussions, videos and media commentary. You can find [all resources related to COVID-19 on our website](#).

Other briefing notes in this series

- The Road to Recovery for Atlantic Tourism
- [Climate Adaptation in Nova Scotia: Overblown or Underwater?](#)
- Race and Party Platforms in the Nova Scotia Election

Other MacEachen Institute briefing notes

- [COVID-19: Leaders from the Health Community Identify Lessons from the First Wave and Concerns for the Second](#)
- [Lessons Learned from the First Wave or Lessons Merely Identified? Improving Nova Scotia and New Brunswick's health system for the second wave of COVID-19 and beyond](#)
- [Health Care Issues and Media Coverage Before and During the Pandemic](#)
- [The Economy and Media Coverage Before and During the Pandemic](#)
- [Social Justice Issues and Media Coverage Before and During the Pandemic](#)
- [Environmental Issues and Media Coverage Before and During the Pandemic](#)
- [Climate Risk Governance in Light of the COVID-19 Crisis](#)
- [Observations from Toronto's Tourism Recovery Post-SARS in 2003](#)
- [Foot and Mouth Disease in the U.K. in 2001: Observations for Policy-Makers and the Rural Tourism Sector in the age of COVID-19](#)
- [Labour Issues and COVID-19](#)
- [Quarantine and COVID-19](#)
- [People with Disabilities and COVID-19](#)
- [Nova Scotia Power and COVID-19](#)