

TOPIC: LONG TERM CARE

SAMPLE LETTER TO POLITICIANS

Dear Ministers Elliott (Health-Ontario), Fullerton (Long Term Care-Ontario), Hajdu (Health-Canada) and Schulte (Seniors-Canada)

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Our elders paid taxes and supported the community in many ways for typically 60 years, and then we put them in long term 'care' homes with standards that don't protect them.

None of our elders want to go to a long term care (LTC) home. They would rather be healthy enough to stay in their own homes. But when they are not healthy enough, they get health care that is not covered by the Canada Health Act. Surely our elders deserve more respect than that.

So my 'prescription' for fixing seniors' health care (just the stuff that the coronavirus has brought to my attention, by no means a complete list):

1. **Massively expand home care.** I have personally witnessed much more effective home care under the NHS in the UK. So I think our health care system should be massively expanded to enable people to remain in their familiar surroundings at home as long as possible. As people suffer loneliness and related physical deterioration once widowed, the next step is a retirement home. But many of the current retirement homes are so large they are not like family, and they provide limited health care so people have to leave familiar surroundings *yet again* for their next stage. I think we could show more respect for elders by utilizing the Abbeyfield concept (<https://abbeyfield.ca/>), where larger neighbourhood houses are outfitted for private accommodation of up to 10 single seniors with a live-in care giver/cook. Remaining near friends they can stay in the community while having new house mates and staff support. The Abbeyfield concept is restricted to 'well' seniors, but I think a geared-up government-encouraged version should enable nursing support to come to these neighbourhood homes, so elders remain with people they know as they struggle with health challenges and avoid the disruption of another move and new surroundings.
2. LTC homes should have **standards for resident spacing**. I have visited crowded 4 bed rooms in LTC homes - no chance for 6 foot spacing - and common washrooms. How respectful is it to put people in rooms with strangers - after all it is their home? And is it healthy to have them close together and sharing washrooms? I believe we need more space so every LTC resident has a private room with washroom (if not just using more home care, or Abbeyfield style small group care, as in 1 above). To get more space quickly I believe we should look at hotels facing financial ruin from the decline in the tourist business - they might be keen to sell or give long term leases for LTC wings. We might buy and modify other types of buildings, just to get the space.
3. **Staff LTC homes for dignified care, not efficiency.** I have seen wheelchairs lined up in corridors outside group washrooms, at washroom time. If a resident does not need to go then, or can't hold it before then, his/her needs are not being respected. They are being treated as cogs in a wheel. Where is the dignity in that? Obviously more staff are needed.
4. **Staff should not need several part-time jobs to get a full workload.** Such practice is not only unhealthy for infection control, it is unhealthy for staff who have to spend extra time in travel. Since workload is pretty constant in a LTC home, there should be no reason for part-time staff. Avoiding the payment of benefits for part-time staff is a travesty for these staff. Stable full-time staff will also ensure proper training of all staff.

5. **Staff should not be commuting in their 'work clothes.'** (This practice encompasses hospitals as well.)
What happened to the former health care standard of leaving work clothes in a locker at work, so that bugs stay out of the community?
6. **Supplies should always be on site for possible outbreaks,** enough for all staff, residents and visitors, to be changed as frequently as guided by health standards. Maybe this means a large store room of supplies, but the supplies won't become stale if inventory is managed properly. This should enable even limited family visits during possible outbreaks, avoiding the jail-like disrespect we are giving elders right now.

All of the above should be set in National standards. But as we have learned in Ontario, standards are useless without meaningful inspection and enforcement. So its going to cost more. **Let taxes grow so we can respect our elders - its the cost of a society where everyone belongs.** I have no concern with private ownership of these facilities, as long as the government support is contingent upon each institution passing frequent, unplanned rigorous inspections.

Please **respect our elders** - you will be one some day.

Sincerely,

[Your name and address]