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BC Association of Social Workers

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CAN/HSO 21001:2022 Long-Term Care Services
1150 Cyrville Road
Ottawa, ON, Canada
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Email: engagement@healthstandards.org

Re: Long-Term Care Services – Public Review - HSO (healthstandards.org)

Public Review Response from the BC Association of Social Workers' Seniors Community of Practice

The Seniors Community of Practice acknowledges the valuable work of the HSO and appreciates the opportunity to participate in this Public Review of Standards for Long-Term Care Services.

We wholeheartedly support the focus "on enabling resident-centred and high-quality care, a healthy and competent workforce, and an outcome-focused organizational culture in long-term care (LTC) homes." We believe, and hope, that many of these standards are already being met in many care homes around the country. To achieve the vision that these standards represent will require new funding sources and a paradigm shift towards a more holistic model of care.

Re: Standard 3.2
"To create "home-like" environments" is vital. Even with much creativity, it will be challenging to create "home-like" settings in many of the older care homes with long corridors, four-bed rooms, and large nursing stations. Many homes look more hospital-like than home-like. There are many models for cottage style homes across Canada and the globe that are innovative, creative, and designed for older adults that also support families. And further, but perhaps beyond the scope of this review, LTC should not be the only option; people need real options that offer appropriate support for age, stage, and unique needs and abilities.

Re: Standards 5 and 6
There are numerous references to various types of supports needed and assessments that should be available but there is no reference to psychosocial supports or assessments. A focus on residents' psychosocial needs is critical and needs to be added to the standards. Residents may face many challenges related to moving and living in long-term care as well as dealing with relationship issues and other life changes including critical illness, changes in abilities, grief and loss, and end of life. Teams inclusive of those who can provide psychosocial assessment, support, counselling, and systems navigation - such as social workers - are needed to contribute to the overall quality of life for residents and families.

Re: Standard 5.1
" To provide engaging daily activities that are continuously co-designed with each resident …" is ideal and would require many more recreation/music therapy staff than the number currently available at most care homes. Ideally there would also be a sufficient number of homes for younger adults who require long-term care so that they can live among their peers and not people twice their age who are at a completely different life stage.

Re: Standard 5.15
The standard regarding transportation may not be realistic if a community does not offer a range of transportation options. There may be only private services that cannot meet the demand. This may raise unrealistic expectations on a care site. Perhaps health authorities/provinces need to consider reliable and feasible publicly-funded/run transportation options for all sites.

Re: Standard 5.2
"The organizational leaders measure the quality of life, health, and well-being of residents at a minimum annually and use this data to support improvements in resident-centred care". We fully support measuring quality of life, health and well-being. Research literature on measures of these concepts is prolific and it is important that reliable and valid methods be administered appropriately. Our concern is that research instruments may be modified within organizations resulting in the loss of validity and reliability of the research/outcomes. Also, if organizations utilize a single-item assessment such as "what is the quality of your life?" this would not take into consideration specific domains, nor the relative importance people place on these domains (McClimans, 2006). Since potential bias or conflict of interest may occur in settings where organizational leaders are directly responsible to "shareholders" It is imperative to utilize the same research/evaluation methods across LTC so that comparative research results can be analyzed/compared across each province/territory and the country.

Re: Standard 8.28
The recommendation for "timely access to rehabilitation services" raises the question of the focus and goals of care. Currently, LTC is not considered a rehabilitation setting, and does not have the resources to provide what many residents/families would like to see regarding physical therapy services.

Funding:
To meet all these standards that focus on quality of life in LTC, increased funding is essential. To fully incorporate a social model of support within the current medical model, it is crucial that a multidisciplinary and diverse staff are trained and available to focus on more than physical care for residents and their families. Ongoing training and staff development need to be addressed pertaining to a wide range of care and ethical issues that arise on a regular basis that take time to work through with residents, families, and staff.

In this shifting paradigm with a focus on quality of life, social workers, with their unique and well-suited skill set, can play a lead role to support and guide care teams. Ideally, funding needs to be increased to provide more hours of direct care, more recreation and rehabilitation staff, more social work services and more resources for professional development and staff training. Funding also needs to focus on new and renovated long-term care options that are person-centred and enhance quality of life. Without increased funding and a strong will to make change, these standards will not be fully realized.

In many LTC sites there is only one social worker for the entire site, and sometimes not even one. Currently, under-staffing is a huge challenge due to the single-site order in BC, people leaving the field as burnout is prevalent. There is a "push" in BC for training more care aides, but it is questioned whether it will be sufficient? How will roles and expectations be for RNs vs LPNs? How will these necessary costs be covered? In BC 80% of someone's income is charged for LTC, which has a greater impact on those with lower incomes. At present, the maximum amount charged is $3,575.50 per month. Cost differs from province to province with BC being one of the highest. What are the implications for older people if higher rates are charged in the public system? How might a progressive tax system enhance the quality of care for all individuals living in long-term care, regardless of income?

The quality of care and support for older people is a value held in our society. When funding is "invested" it will be important to assess improvements in the delivery of services based on evaluation of practice and build upon "healthier" models. We need to provide resources for alternative models of caring for older people who require care at home or in innovative settings that strengthen and support their quality of life, health, and well-being, and that of their families who provide so much emotional support during this phase of life.

Cross discipline collaboration initiatives including education and training of individuals who choose to work with older adults, e.g., nurses, nursing assistants, care aids, social workers, occupational therapists and physiotherapists, planners of specifically designed smaller sized housing models, technology personnel, etc. could provide a creative alternative to restructuring how we presently provide care, support, and health delivery to older adults. Evaluations of outcomes as they relate to increased quality of life, health and well-being, for example, could be linked to increased financial support as we challenge and change our existing delivery system to become ever holistic, kinder, caring environments for older adults, their families, staff, and the community at large.

Thank you for the opportunity to share our thoughts.

Sincerely,

Michael Crawford, President
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