

Response to Part 2 Proposed Initial Draft Regulation Long-Term Care Homes Act, 2007



October 2009

INTRODUCTION

Thank you for the opportunity to provide comment on the draft regulations contained in the document "Notice of the Minister of Health and Long-Term Care NOTICE PART 2 PROPOSED INITIAL DRAFT REGULATION Long-Term Care Homes Act, 2007".

We want to begin by commending the government for its efforts to strengthen care for residents in long-term care homes in Ontario. As an organization working to improve the quality of life of people affected by dementia, Alzheimer Society of Ontario is very interested in care-related initiatives.

Over 70 per cent of residents in long-term care homes have a cognitive impairment, including Alzheimer's disease or a related dementia.

The key areas of focus for the Alzheimer Society in Part 2 Proposed Initial Draft Regulation Long-Term Care Homes are training and specialized units.

TRAINING

The ASO commends the Ministry of Health and Long-Term Care for the inclusion of additional training areas under section 118 (1) "Additional training – direct care staff". All of the areas listed in this section are of the utmost importance.

Recommendations:

Under this section of the Regulations the ASO has two recommendations:

1. The definition of "direct care staff" needs to include all staff in long-term care homes that have direct interaction with residents in the course of performing their duties in the home.
2. The annual training program should specify the number of hours of training planned and delivered per employee. This information should form part of the public reporting required by the home.

SPECIALIZED UNITS

The ASO commends the Ministry of Health and Long-Term Care for opening the definition of specialized units to enable innovation, which will support services to sub-populations (e.g. young people). The ASO also supports the role of Local Health Integration Networks (LHINs) in identifying population need and providing additional finances where needed.

Recommendations:

Under this section of the Regulations the ASO has two recommendations:

1. An area of concern regarding specialized units is under section 107 (1) where it states that discharge requires consent from the resident or the resident's substitute decision-maker. The concern is that requiring consent may lead to specialized units being filled by those who no longer need the specialized services, but rather by those that do not wish undergo a transfer. The risk is that this may result in service no longer being available to those who need it. The requirement of consent for transfer must be clarified and stipulations must be established to ensure that people are in the right place at the right time with the appropriate supports in place.

2. Section 103 outlines waiting list criteria for admissions to a specialized unit. The ASO recommends that this criteria include the following "the person has signed an admission/discharge agreement that outlines the special services to be provided based on need and benefit and agrees to be discharged when services are no longer needed or of benefit according to the re-assessment described under section 106."