

**Presentation to the Senate Committee on Social Affairs, Science and
Technology**

*Bill C-277, An Act providing for the development of a framework on palliative care
in Canada*

Remarks by: Candace Chartier, Chair, Canadian Association for Long Term Care
Thursday, October 19, 2017 at 11:30AM

Good morning,

Thank you, Senators, for investing your time in this incredibly important study, and thank you for providing me the opportunity to participate here today.

I have the distinct pleasure of serving the long-term care sector in two capacities.

As Chair of the Canadian Association for Long Term Care, I serve a national organization comprised of provincial associations and long-term care providers that deliver publicly-funded health care services for seniors across Canada. CALTC members also represent care providers delivering home support services and care for younger disabled adults.

Additionally, in my province of Ontario, I serve as the CEO of the Ontario Long Term Care Association. Today, we are the only association that represents the full mix of long-term care operators – private, not-for-profit, charitable, and municipal. We represent nearly 70% of Ontario's 630 long-term care homes, located in communities across the province. Our members provide care and accommodation services to more than 70,000 residents annually.

Seniors today are the fastest growing demographic, and in the next few years we know that seniors will outgrow our youngest for the first time in our country's history. The senior population grew from 8% of the total population in the 1970s and is now on track to make up 25% of it.

And, coupled with this challenge we face with the sheer number of seniors that will need assistance, residents in long-term care homes are living longer, entering our residences at a later stage of life with more complex health issues and more physically frail. The number of residents with dementia continues to grow, as well as seniors with other health challenges.

We know that nine out of 10 residents have some form of cognitive impairment. One in three are severely affected. The vast majority of residents also have multiple chronic conditions that have seriously compromised their health. Almost all need some level of assistance with activities such as personal hygiene, dressing, and eating.

And, since 2010, the proportion of long-term care residents with Alzheimer's and other dementias has been growing steadily, with two out of every three residents now affected by these diseases.

As you can imagine, the population that LTC residences serve is very specific – our society's most vulnerable, elderly and those with complex medical conditions that require 24/7 care.

In Ontario, there is currently a process in place to standardize care through Health Quality Ontario, and structures are being established through the Local Health Integration Networks to support providers. Ontario has also committed to developing standalone hospices. However, these hospices will not be able to substitute the type of care that we provide to complex patients in long-term care settings. Those living in our long-term care homes are also dying in our long-term care homes. In Ontario alone, 20% of all deaths that occur are taking place in long-term care homes.

But standards, amount of care and quality of care vary across the country. Each home does the best within the physical resources of their building. Ideally,

everyone should have a private room and the physical setup to accommodate family members. It can be done in some homes, but not others, and disappointingly it can't always be accessed.

In Winnipeg, for instance, they have one freestanding hospice with six beds, and one associated with a hospital that has about 28 beds. They also have one hospital with a palliative care ward with 24 beds. Around the province, likely each large hospital would have one or two beds for this and across the province there is a long wait list with due to under-serviced communities.

In New Brunswick, as well as many other areas in Canada, a geriatrician, pain control specialist or palliative physician is accessible in urban areas - but that is not possible in rural areas, and that access to quality won't change without a provincial standard.

We appreciate this study and bill, because more attention needs to be paid to palliative care structures that are truly person-centred across the country - from developing the infrastructure to access care, calling for standardized care practices and the supports to make that a reality as well as providing appropriate training and supports for staff as well.

Our residences across the country are serving a specific population, and high-quality palliative care initiatives will help us improve the type of care for that population that we serve.

Initiatives like this will also help understand what the goals are for individuals in that advanced stage and point in their life, helping them live the best quality of life and helping them be comfortable near the end of their life.

Thank you.