



Long-Term Care Staffing Plan – Four Hours of Care Standard Implementation

AMO's Submission to the Ministry of Long-Term Care

July 6, 2021

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Preamble

The Association of Municipalities of Ontario (AMO) is a non-partisan, non-profit association representing municipal governments across the province. Municipal governments work through AMO to achieve shared goals and meet common challenges. As the frontline order of government closest to people, municipal governments are active players in Ontario's health system that understand the health needs of local communities.

Municipal governments operate 100 (16%) of the 626 LTC homes in Ontario that are mandated under the *Long-Term Care Homes Act, 2007*. Municipal homes pride themselves on providing high quality services and safe environments for their residents. In support of that work, AMO [continues to advocate](#) for improvements for seniors and the LTC sector.

Context

In December 2020, the provincial government released "[A Better Place to Live, A Better Place to Work: Ontario's Long Term Care Staffing Plan](#)". Among other measures, this Staffing Report commits to investing in providing an average of four hours of care to all residents. This increase will be phased in over time by the year 2024/25, along with the 20% increase in funding for allied health professionals in homes. The government is committing to \$4.9 billion of funding over the next four years to achieve this goal of four hours of care.

AMO is supportive of the measures outlined in the Staffing Plan and has long called on the Province to increase the funding to the four hours of care standard. As part of the implementation of this standard, municipal homes must be eligible for full funding for implementation under the right conditions in order to enhance the quality of care and health and well-being of long-term care residents. This is an important measure for the Province to take in order in a way that maintains long-term care as a home setting, not an institution.

Recommendations

AMO proposes the following recommendations to the provincial government in order to ensure that the implementation of the new four hours of care standard meets the needs of municipal governments, the long-term care homes they operate, and the needs of residents, staff and families. These recommendations have been informed by the advice of AMO's Health Task Force, municipal members, and that of AdvantAge Ontario.

1. The Province must fully fund the implementation of the four hours of care standard with no additional cost to the municipal property tax base as it is health care, an area of provincial responsibility.
2. The Ministry of Long-Term Care must consult with AMO and the long-term care associations before finalizing complex policies and funding formulas to make informed decisions and to avoid unintended consequences.
3. The Ministry of Long-Term Care must work towards a simplified, effective funding model approach, including a review of the appropriate use of the Case Mix Index (CMI), reaching agreement with AMO and the long-term care associations.
4. The Ministry of Long-Term Care must allow for flexibility through a provincial average of four hours of care, based on varying resident need (i.e., complexity and acuity level), as opposed to an average of four hours of care applied to each LTC home.
5. The Ministry of Long-Term Care must develop a clear definition of care.
6. The Ministry of Long-Term Care must provide funding based on hours worked, not hours paid.
7. The Ministry of Long-Term Care must base Staff-to-Resident ratios for LTC homes on a range as opposed to a mandatory ratio.
8. The Ministry of Long-Term Care must provide full funding to LTC homes regardless of their current staffing levels and homes must also be reimbursed at the current levels that they are paying their staff.
9. The Ministry of Long-Term Care must continue to fund specialized units in LTC homes with a separate calculation.
10. The Ministry of Long-Term Care must increase the levels of allied health professionals beyond 20%.
11. The Ministry of Long-Term Care must support the use of Resident Support Aides.
12. The Ministry of Long-Term Care must also invest in senior management that will lead change and effective implementation of the increased hours of care.
13. The Ministry of Long-Term Care must also invest in the administrative resources required to support implementation of the increased hours of care a staffing levels increase.

14. The Ministry of Long-Term Care must support homes, and not penalize them through enforcement, as they shift towards the increased hours of care in a feasible way.
15. The Ministry of Long-Term Care must support LTC homes with non-staffing resources such as IT, software, and training including on provision of culturally safe and appropriate care.
16. The Ministry of Long-Term Care must factor in the higher operational costs to provide long-term care in remote northern communities, including staffing, and provide supplemental funding as needed.
17. The Ministry of Long-Term Care must work with the long-term care sector to improve the attraction and retention of staff, starting with the measures outlined in the Staffing Plan.
18. The provincial government must call upon and work with the federal government to provide ongoing operational funding to enhance quality of care and health and well-being in long-term care homes in Ontario.

Appendix: AMO Health Task Force

1. **Colin Best**, Councillor Ward 1, Town of Milton, Chair of AMO's Health Task Force
2. **Bernie MacLellan**, Councillor, County of Huron and Mayor, Municipality of Huron East
3. **Cathy Granger**, Director of Long-Term Care, Regional Municipality of Peel
4. **Dan McCormick**, CAO, Rainy River District Social Services Administration Board
5. **Donald Sanderson**, CEO, West Parry Sound Health Centre
6. **Doug Lawrance**, Mayor, Municipality of Sioux Lookout
7. **Graydon Smith**, President, Association of Municipalities of Ontario (AMO) and Mayor, Town of Bracebridge
8. **Jane Sinclair**, General Manager Health and Emergency Services, County of Simcoe
9. **Jesse Helmer**, Councillor, City of London
10. **Joanne Vanderheyden**, Mayor, Municipality of Strathroy-Caradoc
11. **Lisa Gonsalves**, General Manager, Paramedic & Seniors Services Branch, Regional Municipality of York
12. **Lisa Levin**, Executive Director, AdvantAge Ontario
13. **Loretta Ryan**, Executive Director, Association of Local Public Health Agencies of Ontario (alPHa)
14. **Mabel Watt**, Manager, Policy Integration, Region of Halton
15. **Nancy Polsinelli**, Commissioner, Health Services, Regional Municipality of Peel
16. **Neal Roberts**, Chief of Middlesex-London Emergency Medical Services Authority and OAPC Board Member (Past President)
17. **Norm Gale**, City Manager, City of Thunder Bay
18. **Penny Lynn Lucas**, Councillor, Township of Ignace
19. **Peter Dundas**, OAPC Board Member (President) and Chief Paramedic Services, Regional Municipality of Peel
20. **Dr. Robert Kyle**, Commissioner and Medical Officer of Health, Regional Municipality of Durham
21. **Sandra Hollingsworth**, Councillor – Ward 1, City of Sault Ste. Marie

22. **Monika Turner**, Director of Policy, Association of Municipalities of Ontario (AMO)
23. **Michael Jacek**, Senior Advisor, Association of Municipalities of Ontario (AMO)