

# **IRPP Study of Residential Care for Seniors**

March 2011

In January, the Institute for Research on Public Policy published a report on its review of Canadian and American studies on the quality of care in long-term care facilities. This 50 page document, available at [http://www.irpp.org/pubs/IRPPstudy/2011/IRPP\\_Study\\_no1.pdf](http://www.irpp.org/pubs/IRPPstudy/2011/IRPP_Study_no1.pdf), looks at the quality of care offered in relation to the type of ownership of the facilities and makes many recommendations for ensuring that our vulnerable seniors who require this kind of living arrangements are well looked after.

Extensive research has been done comparing three types of residential facilities: for-profit, not-for-profit and public. Criteria examined include assessments of the objective outcomes, such as pressure sores, hospitalizations, unexpected weight loss, etc. as well as more subjective matters, such as personal interactions between staff and residents.

For-profit facilities include a broad range of privately owned facilities, from the small family-run home, through the larger business model right up to the international corporations which own many buildings in many locations. Not-for-profits include those operated by religious or community groups or charities. Public residences are owned and operated by a level of government or an agency of government. All, including the private ones, receive some level of public funding and all require a financial contribution from the residents, although the not-for-profit and public institutions generally have means-tested sliding scales.

To no one's surprise, the for-profit residences' chief goal is making a profit. In order to ensure this, most have learned to factor the smallest possible outlay on personnel, which translates to fewer hours of care per resident, but also a lower level of training of staff. There are fewer registered nurses and other health care professionals and there is a much higher turnover of staff. According to the studies, this is true across the full range of for-profits. Obviously, the small home will have more attentive care, but will still not have the full range of support that ensures the fullest possible attention and stimulation for residents.

The best outcomes are documented in the public institutions, especially those directly attached (physically or administratively) to a hospital. They have the highest level of trained personnel. More hours of care per resident are available and all the facilities of the health and social services network are part of the care package.

Although these studies are readily available, and the IRPP has simply put them together in one place and drawn conclusions, our governments are developing policies that fly in the face of these conclusions. For-profit and Public-Private Partnerships (P3s) are being encouraged over public facilities. By 2041, Canada is forecast to need 120,000 new beds in addition to the 200,000 already available. The recommendations in this report include increasing public funding for new facilities and for loans and technical support for not-for-profits. Other recommendations include regulations on minimum staffing and direct nursing care, unannounced inspections, making information about staffing levels, inspection results and consumer complaints public, conducting anonymous surveys of residents and their families and generally developing high-quality end-of-life care.

Despite stereotypes of institutional neglect and poor care, these reports are clear in their conclusions that our best choice for high quality care for those unable to care for themselves is available through not-for-profit and public long-term care facilities. But we need to pressure our governments to provide the facilities and the personnel to staff them. If we don't, the private sector will step in to fill the breach, providing inferior care at a higher cost to the individual. Take an interest in where your tax dollars are spent and let your elected officials know what you think. You may appreciate it someday.

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