

Care homes push for more support

By Lorne Steimach

The organization representing 29 of Manitoba's private, non-profit personal care homes is calling for immediate funding and staffing increases to help improve resident care.

The Manitoba Association of Residential and Continuing Care Homes for the Elderly (MARCHE) says the COVID-19 pandemic has shined a light on long-term care facilities in Canada, and personal care homes in Manitoba have been chronically underfunded for years and resident care is suffering as a result.

The directors of both Salem Home in Winkler and Tabor Home in Morden agree COVID-19 has highlighted the

challenges their facilities face while acknowledging this region of Southern Health has fared better than many others.

"I think what we hope is people recognize the needs of the residents and they're able to find money and provide it, whether it be just for staffing or for the operations," says Tabor CEO Carolyn Fenny. "There's a lot of work that goes into managing a personal care home and all of the different needs of the residents, and we need to be able to keep up."

"The degree of shortfall funding may not have been as bad initially, although the longer we're in this, the more money we are using for the kind of things like the screening, the



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Manitoba's private, non-profit personal care homes are calling for immediate funding and staffing increases to help improve resident care.

protective equipment and all those things," notes Salem CEO Sherry Janzen. "So far, we have not had any confirmation from anyone that those costs will be funded, and those are all coming out of our regular supply costs."

"I think what COVID has also done is it highlighted how important both

the volunteers and families are in our ability to provide care," adds Fenny. "I think that is what it has really shown me."

Lack of funding, human resource challenges and aging infrastructure are concerns for many personal care

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homes, which have not seen any funding increase for basic operations in more than 10 years, notes MARCHE executive Director Julie Turenne-Maynard.

During that same time, dietary expenses at MARCHE homes increased by 36 per cent, and the cost of incontinent supplies increased 50 per cent, and funding of these items had to come at the expense of other departments, says Turenne-Maynard.

Money for repairs, renovations and replacement of critical infrastructure is also insufficient, as many homes are over 40 years old and have multiple beds per room, which can facilitate the spread of infectious diseases.

In the non-profit sector, homes need an average \$6 million in upgrades per home, yet a recent 25-year period saw little to no increase in provincial funding while inflation over those years was 57 per cent, she adds.

"At minimum, all personal care homes must receive operating budgets that reflect the annual cost of inflation, the increased needs of residents and basic upkeep of their capital infrastructure," Turenne-Maynard says.

MARCHE is also calling on the provincial government to fund higher staffing levels in order to provide the care residents require.

The average resident in a Manitoba personal care home is more than 85 years old and has acute and complex health care challenges including demen-

tia.

Although resident needs have increased, staffing levels have remained the same since 2009, so MARCHE is calling on the provincial government to increase the hours of care from 3.6 hours per resident per day to a minimum 4.1 hours.

"As our residents age, and they come in with higher acuity of care needs, those require more time," says Janzen.

"Nothing has been changed since 2009 when Manitoba Health decided to fund a flat 3.6 hours of care ... that's funded hours of care, that's not all direct care. Direct care comes in at about 3.2 hours of care," she notes.

"Things have changed with COVID, yes, but they've also changed in terms of what standards are and what the expectations are; people are being asked to just continue to change and add and add," she continues.

"We do have to meet a set of standards; we do have standards set every two years ... and a lot of what has happened probably over the last three standards ... it has become more and more paper intensive," says Janzen. "So the nurses time is taken away from the direct care in order to make sure that we are meeting standards. Every time you do that ... something has to give."

"So many people aren't aware of what actually is involved when you are part of a personal care home sector or how fragile that particular sector really is," says Janzen. "If we can bring more awareness to the general public ... we're always operating very close to the edge financially, and if one thing goes wrong,

it's very difficult.

"We have residents that have different kinds of behaviours ... we want the residents to get the best care they possibly can from their caregivers."

Fenny noted they do get good support from Southern Health - Sante Sud, but it's hands are tied in terms of what they get from the province.

"They're very supportive in their approach and they're collaborative," she says. "They work with us closely; they do what they can to support us ... that doesn't happen in every region unfortunately."

"The critical issues facing personal care homes are not new, and we have been raising them with government for a decade," Turenne-Maynard maintains.

"Faith-based and community-supported organizations have been providing services to elderly Manitobans for over 100 years and have a wealth of experience. We can be an effective partner to government in jointly finding solutions to the long-term problems of under-funding, inadequate staffing and unsuitable policies and regulations.

"We know that having to provide increasingly complex care without adequate funding leaves personal care home residents and staff vulnerable ... now more so than ever before," she concludes, noting more than 80 per cent of COVID-19 deaths in Canada have been linked to long-term care facilities, although Manitoba has had just seven deaths in total with one related to a personal care home.

"While we have been successful so far, we cannot be complacent about COVID-19."