Annexe A

Données sur les autres niveaux de soins

Tableau 1 : Répartition des jours ANS selon la destination et la province du congé, 2007-2008.

	Nombre total de jours ANS (N)	Répartition des congés (%)				
		Centre de soins de longue durée	Domicile (avec/sans aide)	Mort	Centre de réadaptation	Autre
C.-B.	300 379	59	24	10	1	6
Alb.	169 132	64	14	9	4	10
Sask.	48 663	72	8	16	2	1
Ont.	853 316	57[1]	17	13	10	3
N.-B.	113 096	65	17	13	3	2
N.-É.	150 533	66	11	15	2	7
Î.-P.-É.	8 955	76	9	12	0	4
T.-N.-L.	57 714	49	28	15	6	2
Canada	**1 701 788**					

[1] 17 % des jours ANS en Ontario concernaient des patients qui ont obtenu leur congé en soins continus complexes et 40 %, des patients transférés dans d'autres centres de soins de longue durée.

Tableau 2 : Envergure des autres niveaux de soins selon la province, 2007–2008[2].

	% des hospitalisations liées à des ANS	Nombre d'équivalents de lits d'hôpital utilisés pour les ANS[3]
Canada	*5*	*5 180*
C.-B.	5	910
Alb.	3	520
Sask.	2	150
Man	s.o.	s.o.
Ont.	7	2 590
Qc	s.o.	s.o.
N.-B.	5	340
N.-É.	3	460
Î.-P.-É.	2	30
T.-N.-L.	7	180

Source : ICIS, *Niveaux de soins alternatifs au Canada,* 2009[4].

Tableau 3 : Pourcentage des patients hospitalisés en ANS qui ont été réhospitalisés dans les 30 jours après avoir reçu leur congé à la maison[5].

	Réhospitalisés dans les 30 jours après avoir reçu leur congé à la maison
C.-B.	17
Alb.	14
Sask.	18
Ont.	17
N.-B.	18
N.-É.	15
Î.-P.-É.	26
T.-N.-L.	15

Notes :

- Tous les chiffres présentés ont été compilés entre le 1er avril 2007 et le 31 mars 2008 (données de l'ICIS les plus récentes disponibles).
- L'information pour le Québec n'était pas disponible.
- Au Manitoba, les centres de réadaptation ont commencé à être codés comme autres niveaux de soins (ANS) en 2006-2007 seulement et on ne peut donc pas les utiliser pour une comparaison cohérente[6].
- Il y a eu au total 1,7 million de jours ANS au Canada en 2007-2008.

[2] Source : ICIS, *Niveaux de soins alternatifs au Canada,* 2009.
[3] Suppose une occupation de 90 % arrondie à dix lits près.
[4] Source : ICIS, *Niveaux de soins alternatifs au Canada,* 2009.
[5] Source : ICIS, *Niveaux de soins alternatifs au Canada,* 2009.
[6] Source : ICIS, *Niveaux de soins alternatifs au Canada,* 2009 page 2.

Annexe B

Temps d'attente pour avoir accès aux soins de longue durée au Canada

Province	Période d'attente	Dates	Notes	Source
C.-B.	19 à 83 jours*	2011-2012	Temps **moyen** en jours écoulé après l'approbation des services et l'acceptation du client. Représente des chiffres combinés pour les clients qui attendent dans la communauté et en milieu hospitalier. L'intervalle est attribuable à la période d'attente plus longue dans les régies de la santé rurales, du nord et plus petites. *Représente l'intervalle seulement, car les données de certaines régies de la santé manquent pour la période en cause.	Division de la planification et de l'innovation, Ministère de la Santé de la C.-B.
	41 jours (intervalle de 29 à 89)	2009-2010		
	8 à 55 jours*	2011-2012	Temps **médian** en jours écoulé après l'approbation de services et l'acceptation du client. Représente des chiffres combinés pour les clients qui attendent dans la communauté et en milieu hospitalier. L'intervalle est attribuable à la période d'attente plus longue dans les régies de la santé rurales, du nord et plus petites. * Représente l'intervalle seulement, car les données de certaines régies de la santé manquent pour la période en cause.	Division de la planification et de l'innovation, Ministère de la Santé de la C.-B.
	20 jours (intervalle de 8 à 64)	2009-2010		

Province	Période d'attente	Dates	Notes	Source
Alb.	Il n'y avait pas de mesure directe des temps d'attente disponible pour l'Alberta et il n'en est donc pas fait état ici. Nous présentons toutefois deux mesures indirectes pour donner une idée de la situation dans la province.			
	1 002 personnes	avril 2011-mars 2012	**Personnes** qui attendent dans la communauté un placement en soins continus. Le nombre représente le chiffre pour le dernier jour de la période de rapport. Objectif pour l'année : 900	Alberta Health Services Q4 Performance Report, 2011-2012 : http://www.albertahealthservices.ca/833.asp
	1 115 personnes	avril 2010-mars 2011	Objectif pour l'année : 975	Alberta Health Services Q4 Performance Report, 2010-2011 : http://www.albertahealthservices.ca/833.asp
	1 233 personnes	2009-2010	Aucun objectif indiqué pour l'année.	Becoming the Best: Alberta's 5 -Year Health Action Plan. http://www.health.alberta.ca/documents/Becoming-the-Best-2010.pdf
	69 %	avril-sept. 2012	**Pourcentage** des patients placés en soins continus dans les 30 jours suivant l'évaluation. Aucun objectif indiqué pour l'année.	Alberta Health Services Q2 Performance Report, 201/13 : http://www.albertahealthservices.ca/833.asp
	64 %	avril 2011-mars 2012	Aucun objectif indiqué pour l'année.	Alberta Health Services Q4 Performance Report, 2011/12 : http://www.albertahealthservices.ca/833.asp
Sask.	34 jours	sept. 2012	La durée **moyenne** en jours d'attente consécutive à l'évaluation d'après les contextes communautaires et hospitaliers combinés. Les statistiques sont indiquées par région et l'on établit ensuite la moyenne.	Soins continus et réadaptation, Direction générale des soins communautaires Gouvernement de la Saskatchewan.
	48 jours	mars 2012		
	43 jours	sept. 2011		
Man.	67 jours	2009-2010-2010-2011	Durée **médiane** en jours d'attente pour l'admission à un foyer de soins personnels après l'évaluation. Clients âgés de 75 ans et plus seulement.	Santé Manitoba, Statistiques annuelles, 2010-2011 : http://www.gov.mb.ca/health/annstats/as1011.pdf

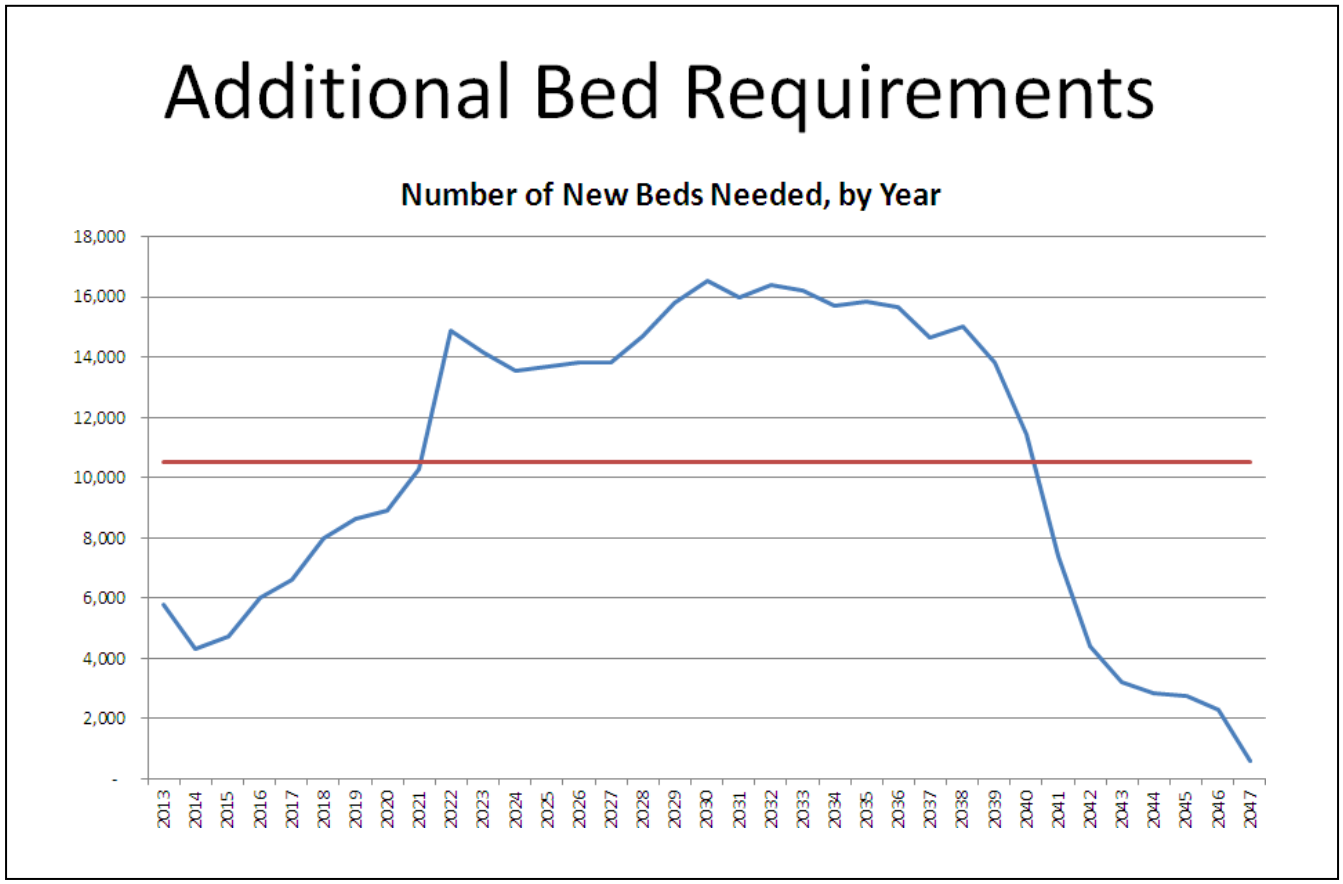
Province	Période d'attente	Dates	Notes	Source
Ont.	113 jours	2011	Nombre **médian** de jours entre la première demande et le placement.	Système de Rapports publics en ligne sur la qualité de la santé en Ontario : http://www.hqontario.ca/rapports/soins-de-longue-duree
	112 jours	2010		
Qc	13 mois (Québec)	2012	Le temps d'attente pour obtenir une place dans un centre de soins de longue durée varie de 5 à 49 mois, tandis que la durée moyenne de l'attente est de 13 mois.	Rapport du Vérificateur général du Québec à l'Assemblée nationale pour l'année 2012-2013
	7 mois (Montréal)		Temps d'attente moyen à Montréal	
N.-B.	121 jours	2011-2012	Le nombre **moyen** de jours entre l'approbation d'une place en foyer de soins et l'admission pendant l'exercice 2011-2012	Direction des Services aux adultes handicapés et aux personnes âgées, gouvernement du Nouveau-Brunswick.
Î.-P.-É.	91 jours	2012	Le nombre **moyen** de jours d'attente pour un placement dans un centre de SLD. La moyenne provinciale est tirée de la moyenne du nombre total de jours d'attente pour un placement selon la région.	Trends, projections and recommended approaches to delivery of long-term care in the Province of PEI, 2007-2017 http://www.gov.pe.ca/photos/original/doh_ascentsum.pdf
	63 jours	2007		Backgrounder: Long term care http://www.gov.pe.ca/photos/original/hw_speechback5.pdf
	41 jours	2006		
	32 jours	2005		
	30 jours	2004		
	39 jours	2003		
	36 jours	2002		
	36 jours	2001		
	41 jours	2000		

Province	Période d'attente	Dates	Notes	Source
N.-É.	150 jours	2010-2011	Le temps d'attente **moyen** mesuré entre la date à laquelle l'évaluation du client est terminée et celle à laquelle le client accepte l'offre. Ces dates représentent la durée de l'attente du point de vue du client.	Removing barriers in accessing long term care: http://www.scribd.com/doc/73365308/Long-term-care-in-Nova-Scotia
	110 jours	2009-2010		
T.-N.-L.	Il n'y a pas de registres dans la province qui permettent de suivre ces renseignements. Eastern Health, la région sanitaire la plus vaste de la province, place en moyenne 1000 personnes par année en SLD. En décembre 2012, il y avait au total 282 clients approuvés et dont le nom figurait sur une liste d'attente pour un placement dans des centres de soins communautaires ou de soins de longue durée dans les quatre régions de NL. Il y en avait 115 dans l'Est; 110 dans le Centre; 33 dans l'Ouest et 24 dans Labrador-Grenfell.			Eastern Health, Long Term Care Program Gouvernement de NL, ministère de la Santé et des Services communautaires

Source : Conference Board du Canada.

Annexe C

Aperçu des besoins en nouveaux lits de soins de longue durée, 2013-2047



Besoins en lits supplémentaires

Nombre de nouveaux lits nécessaires, selon l'année

Source : Conference Board du Canada

Annexe D

Immobilisation en cours ou prévues des provinces dans l'infrastructure de la santé

Province	Dépenses	Principaux projets
Colombie-Britannique	• Les immobilisations dans le secteur de la santé totaliseront 2,3 milliards de dollars au cours destrois prochaines années (jusqu'à 2014-2015) • Le budget d'immobilisations de la santé s'établit à 879 M$ en 2012. La plupart des projets serviront à améliorer les centres desoins actifs. Il est aussi prévu d'améliorer lacapacité du continuum des soins[7]. • L'Hôpital de Fort St. John est un projet de 298 millions de dollars qui comprend un voletSLD.	• La plupart des projets prévus sont des hôpitauxde soins actifs situés à l'intérieur de la province. • L'Hôpital et centre de soins aux bénéficiaires internes de Fort St. John est avant tout un centre de soins actifs qui comprend quand même un centre de soins aux bénéficiaires de123 lits.
Alberta	• 48,2 millions de dollars répartis entre huit organisations, ce qui aura une incidence sur500 places en résidence avec services ou ensoins de longue durée[8] • 25 millions de dollars prévus au budget de chaque année de 2013 à 2015, pour un total de75 millions de dollars[9].	• *L'Alberta's 5-Year Health Action Plan* vise à ajouter 5 300 places de soins continus en cinqans (d'ici 2015)[10]. À la fin de 2012, Services deSanté Alberta avait ouvert 2 461 lits (presque 50 % de l'objectif)[11] • Selon les chiffres de 2009, 777 personnes occupant des lits d'hôpitaux étaient inscrites sur des listes d'attente pour les lits de SLD. Onvise à ramener la liste d'attente à 250 noms d'ici 2015[12]

[7] http://www.bcbudget.gov.bc.ca/2012/bfp/2012_Budget_Fiscal_Plan.pdf page 35
[8] http://alberta.ca/acn/201112/317125707C17B-E333-B8B0-17B1EC881A4D77FF.html
[9] http://www.finance.alberta.ca/publications/budget/budget2012/fiscal-plan-capital-plan.pdf page 46
[10] http://www.health.alberta.ca/documents/Becoming-the-Best-2010.pdf page 11 et suivantes
[11] http://www.albertahealthservices.ca/Publications/ahs-pub-pr-2012-12-performance-report.pdf, page 63
[12] http://www.health.alberta.ca/documents/Becoming-the-Best-2010.pdf page 11 et suivante

		• Administre l'*Affordable Supportive Living Initiative,* fournit des fonds supplémentaires pour la construction ou la rénovation des résidences avec services[13] • Nouveau centre de soins continus à Lloydminster • Nouveau centre de soins communautaires à Fort McMurray
Saskatchewan	• 42,7 millions de dollars affectés à sept centresde soins de longue durée en 2012. • Dans le cadre d'un nouveau modèle en propriété partagée, on pourra dépenser142 millions de dollars en trois ans[14]	• Nouveaux centres à Biggar, Kelvington, Kerrobert, Kipling, Maple Creek, Meadow Lake,et Prince Albert[15]
Manitoba	• Les dépenses en soins de longue durée ontatteint 23,4 M$ en 2011-2012[16]. • En février 2011, le premier ministre Selinger a annoncé un financement de 216 millions de dollars en 10 ans pour les centres de soins de longue durée.	• Remplacement d'un centre de SLD à Lac Du Bonnett – augmentation nette de 50 lits à uncoût de 32 millions de dollars[17] • Agrandissement du CSP Sainte Famille à Winnipeg, ce qui inclut un agrandissement de160 lits en SLD à un coût de 40 millions de dollars[18]
Ontario	• 1,5 milliard de dollars prévus dans le budget d'immobilisations de la santé de 2012-2013. Onprévoit affecter 4,8 millions de dollars aux centres de SLD. • 30 millions de dollars de plus pour les • « Programmes de santé communautaire » qui peuvent inclure des centres de santé mentale et de lutte contre les toxicomanies, et descentres de SLD[19]	• Administre le *Crédit d'impôt pour l'aménagement du logement axé sur le bien-être* en vertu duquel les plus de 65 ans peuventobtenir un crédit d'impôt maximal de 10 000 $ (remboursement maximal de 1 500 $) s'ils installent des dispositifs de sécurité pour les personnes âgées vivant chez elles.

[13] http://www.health.alberta.ca/services/supportive-living-initiative.html
[14] http://www.finance.gov.sk.ca/Budget2012-13/CapitalBackgrounderFinance3.pdf page 3
[15] http://www.finance.gov.sk.ca/Budget2012-13/CapitalBackgrounderFinance3.pdf page 3
[16] http://www.gov.mb.ca/health/ann/docs/1112.pdf page 84
[17] http://www.neha.mb.ca/NR2013July13.pdf
[18] http://www.wrha.mb.ca/healthinfo/news/2011/110518.php

	• Infrastructure Ontario accorde à des centres deSLD des prêts leur permettant de construire des immobilisations, et notamment de construire ou de rénover des installations[20].	• Depuis 2007, a fourni 149 millions de dollars en prêts à faible taux d'intérêt pour les centres de SLD et de soins palliatifs dans le cadre de 25 projets[21].
Québec	• En 2012-2013, la province a prévu un budget d'immobilisations de 2,3 milliards de dollars dont 639,1 millions sont affectés à *l'ensemble* de l'infrastructure de la santé[22].	• s.o.
Nouveau-Brunswick	• Coût projeté de 329 millions de dollars en cinqans et moyenne de 65,8 millions de dollars par année affectés spécifiquement aux centres de SLD	• Le gouvernement a effectué une évaluation démographique et établi des projections sur lesrégions qui faisaient face à une pénurie de lits de SLD. • Le besoin le plus important se fait sentir àMoncton, Saint John et Fredericton[23]. • Les plans prévoient une augmentation de 704 lits de SLD au cours des cinq prochaines années.Par exemple, deux foyers de 60 lits à Moncton et un nouveau foyer de 30 lits à Fredericton
Île-du-Prince-Édouard	• Dépenses prévues de 19 millions de dollars en 2012-2013, ce qui portera le total sur cinq ans à36,7 millions de dollars en 2017[24]	• La province a ouvert récemment deux centresde SLD au coût de 10,4 millions de dollars chacun. • Un autre centre en construction devrait êtreprêt à occuper en 2013. • Agrandissement d'un autre centre en 2013

[19] http://www.fin.gov.on.ca/fr/budget/estimates/2012-13/volume1/MOHLTC_754.html
[20] http://www.infrastructureontario.ca/What-We-Do/Loans/Non-profit-Long-term-Care-Homes/
[21] http://www.infrastructureontario.ca/Templates/Loan.aspx ?id=2147489551&langtype=1036
[22] *Budget des dépenses 2012-2013,* page 102
[23] http://www.cbc.ca/news/canada/new-brunswick/story/2012/03/15/nb-nursing-home-policy-1039.html
[24] http://www.gov.pe.ca/photos/original/Capbudget-12-13.pdf

Nouvelle-Écosse	• Environ 101 millions de dollars en immobilisations consacrés à l'infrastructure dela santé • Le budget ne prévoit aucun projet de centre de SLD[25].	• Multiples centres de soins actifs, aucun centre de SLD n'est mentionné dans le budgetd'immobilisations
Terre-Neuve-et-Labrador	• De 2006 à 2012, investissement de 315 millions de dollars dans les centres de SLD[26] • Dépenses de 58 millions de dollars prévues en 2012-2013 pour toutes les immobilisations dela santé[27] • Non ventilé selon les centres de SLD en particulier	• s.o.

Source : Conference Board du Canada

[25] http://www.gov.ns.ca/treasuryboard/PDFs/jobsHere-Capital-Plan-Dec7.pdf page 21
[26] http://www.health.gov.nl.ca/health/long_term_care/ltc_plan.pdf page 29
[27] http://www.budget.gov.nl.ca/budget2012/estimates/estimates2012.pdf 16.10

Annexe E

Contribution à l'économie découlant des immobilisations dans les soins de longue durée

Contribution directe moyenne au PIB apportée par l'exploitation de nouveaux centres (au prix du marché), selon l'industrie

	PIB direct (en millions de $ de 2013)	**Nombre d'emplois**
Industries :		
Centres publics de soins pour bénéficiaires internes	456,5 $	3 654
Centres privés de soins pour bénéficiaires internes	180,5 $	7 951
Total	637,0 $	11 604

Contribution directe moyenne au PIB des immobilisations dans de nouveaux centres (au prix du marché), selon l'industrie

	PIB direct (en millions de $ de 2013)	**Nombre d'emplois**
Industries :		
Construction	1 163,6 $	13 402
Autre	61,8 $	738
Total	1 225,4 $	14 141

Notes :

- La contribution directe au PIB : En règle générale, l'effet (ou la contribution) économique direct s'entend de la **valeur ajoutée** par les entreprises qui fournissent directement un service. En l'occurrence, il y a deux services distincts : services de soins aux bénéficiaires internes et construction.
- Du côté de l'exploitation, PIB direct s'entend de la somme des éléments suivants :

  1. Salaires et indemnisations des accidentés du travail pour tous les travailleurs des centres de SLD
  2. Bénéfices ou autres excédents
  3. Revenu des travailleurs autonomes
  4. Amortissement (investissement dans l'entretien des installations)
  5. Taxes (moins subventions) sur la production et les produits et services de tous les nouveaux établissements.

- Du côté de l'**investissement** (construction), la même équation vaut, mais elle s'applique aux entreprises engagées dans la construction des installations (c.-à-d. rémunération de leurs employés, par exemple).
- Sur le plan de l'emploi, le nombre direct d'emplois s'entend du nombre d'emplois créés dans l'industrie (ou les entreprises) fournissant le service. En l'occurrence, le nombre de personnes travaillant dans les centres de SLD (exploitation) ou dans la construction (investissement).

Contribution économique totale moyenne des nouveaux centres de soins pour bénéficiaires internes				
	Contribution au PIB (en millions de $ de 2013	**Part du PIB total en 2013 (pourcentage)**	**Nombre d'emplois**	**Part de l'emploi total en 2013 (pourcentage)**
Exploitation	**772 $**	**0,04 %**	**13 272**	**0,07 %**
Directe	637 $	0,03 %	11 604	0,07 %
Indirecte	135 $	0,01 %	1 667	0,01 %
Investissement	**2 195 $**	**0,12 %**	**24 256**	**0,14 %**
Directe	1 225 $	0,07 %	14 141	0,08 %
Indirecte	970 $	0,05 %	10 115	0,06 %
Total	**2 968 $**	**0,16 %**	**37 528**	**0,21 %**

Source : Statistique Canada, Conference Board du Canada

Annexe F

Revenus du secteur public découlant de l'investissement dans les soins de longue durée

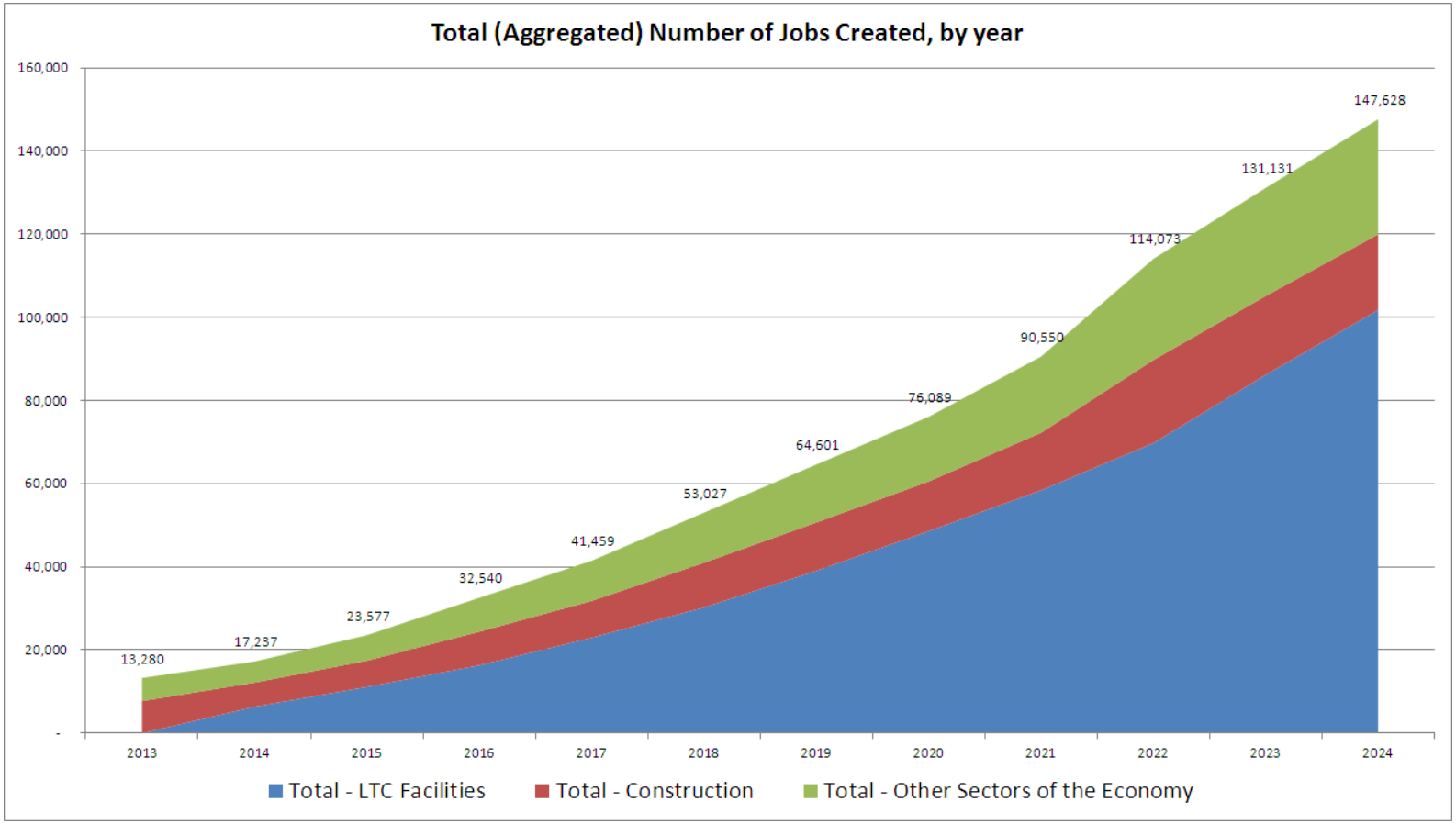
Revenus moyens du secteur public découlant des dépenses – 2013 (en millions de dollars de 2013)	**Exploitation**	**Investissement**	**Total**
Total – Fédéraux	**115,1 $**	**310,6 $**	**425,7 $**
Impôt fédéral sur le revenu	75,1 $	180,1 $	255,2 $
Impôt fédéral sur le revenu des sociétés	16,7 $	57,4 $	74,1 $
Bénéfices fédéraux réalisés sur les loteries et les courses	0,0 $	0,1 $	0,2 $
Taxe fédérale sur l'essence	2,4 $	9,1 $	11,4 $
Taxe d'accise fédérale	0,1 $	0,2 $	0,3 $
Droits fédéraux	2,1 $	4,8 $	7,0 $
Taxe fédérale sur le transport aérien	0,2 $	0,6 $	0,8 $
TPS	16,6 $	51,0 $	67,5 $
Droits d'importation	1,9 $	7,2 $	9,1 $
Total – Provinces	**90,5 $**	**280,4 $**	**370,9 $**
Impôt provincial sur le revenu	46,7 $	112,0 $	158,7 $
Impôt provincial sur le revenu des sociétés	11,2 $	38,5 $	49,7 $
Taxe provinciale sur l'environnement	0,3 $	1,0 $	1,3 $
Taxe provinciale sur le galon	0,4 $	0,8 $	1,2 $
Bénéfices provinciaux sur les échanges	6,6 $	14,9 $	21,5 $
Taxe provinciale sur l'essence	3,4 $	14,2 $	17,6 $
Taxe provinciale sur l'amusement	0,3 $	0,7 $	1,0 $
TVP/TVH	21,6 $	98,2 $	119,8 $
Total – Municipalités	**0,1 $**	**0,2 $**	**0,2 $**
Total des impôts perçus	**205,7 $**	**591,1 $**	**796,8 $**

Source : Statistique Canada, Conference Board du Canada

Annexe G

Emploi global découlant des investissements en immobilisations dans les soins de longue durée

Nombre total (agrégé) d'emplois créés, par année



Total – Centres de SLD Total – Construction Total – Autres secteurs de l'économie
Source : Statistique Canada, Conference Board du Canada

Annexe H (en anglais seulement)

Sample of recent news articles on long-term care bed shortages

Affordable housing helps hospital

Orillia Today - Jan 24, 2013, Page:1

Frank Matys, Orillia Today

ORILLIA - City support for affordable housing serving seniors would help alleviate pressures brought on by a chronic bed shortage, Orillia's hospital says. "Working together, I think, is the only way we can attack any one of these problems that cross jurisdictional boundaries," said president and CEO Elisabeth Riley. At issue is the rising number of so-called 'alternate-level-of-care' patients, individuals who no longer require acute-care services provided by a hospital, but remain there due to a lack of home-support services or a shortage of spaces in long-term care facilities. The resulting bed shortage places additional pressure on the emergency department. "If you can't get patients out, you can't get patients in," Riley told council this week. Looking outside Orillia, Riley pointed to the example of McVittie Place, a Bracebridge complex for low-income seniors made possible through federal and provincial funding, as well as $1million in municipal financial incentives. While stopping short of weighing in on a proposal by a local non-profit group to establish a housing complex for vulnerable seniors at the Hillcrest school site, Riley said a similar facility operated by the same group has borne results. "We know the Hillcrest Lodge project, which currently exists, is a help," she told Orillia Today. "They do take some of our patients after hospitalization. We know that they do provide affordable housing for people that are potentially vulnerable." The Hillcrest Villa proposal for the school site, "is something similar, and certainly makes sense, in terms of a model," she said. Proponents of Hillcrest Villa project continue to urge council to reconsider a decision to demolish the former school at a cost of $400,000, arguing the building is ideal for seniors in need. The issue was the subject of a public information meeting Tuesday evening. "If it's not this (site), maybe it could be something else," said Riley. "That's the role of the city, that's not our role as the hospital to make those kinds of determinations." Monthly averages of ALC patients staying at the hospital ranged from 31 in July to 57 in December. The figures are considerably higher than in other communities within the region, with officials anticipating more than 30 per cent of beds will be occupied by these patients this year. By 2015, that figure is expected to approach 40 per cent, ""based on the growth we are seeing in our seniors' population," Riley said. Coun. Pete Bowen suggested proposed uses for the Mount Slaven school site - now owned by the city and on the market - be revised to include affordable housing projects. "Currently, the only criteria we were using to evaluate proposals was just the price that they were offering to pay," he said. "What I am looking for is the benefit to the community, so that could be an affordable housing proposal, it could be something that creates a whole lot of jobs. It's not just the price that we're looking at."

City explores future long-term care needs

Guelph Tribune - Jan 22, 2013, Page:0

By Jessica LovellGuelph Tribune

The city is looking to its aging population to help come up with a plan for how it provides long-term care."We know of course, through our Older Adult Strategy, that we are going to have more and more older adults," said general manager of community engagement Barb Powell.It is these older adults that are being taken into consideration under the city's long-term-care project exploring the municipality's options for meeting its legislative requirements to provide a long-term-care home. But any member of the public is being invited to take part in a forum on long-term-care home services taking place Jan. 29 from 4 to 5:30 p.m. at the Evergreen Seniors Community Centre."Every municipality in Ontario has to have a long-term-care home," said Powell of the legislative requirement.Guelph's happens to be in Fergus.Powell couldn't say why, but explained that when the provincial legislation came into effect around 20 years ago, Guelph was in the minority among Ontario municipalities in that it was not maintaining its own long-term-care home. But the city had options. Under the legislation, it could either pay another existing non-profit provider to provide care, or jointly own and operate a home with another municipality.Guelph funds care

at Wellington Terrace, the long-term-care home owned and operated by Wellington County in Fergus.A change might be in the works, but it's still too early in the project to know what that change might look like."We are just at the beginning stages of this," Powell said.The public forum is part of the early stages. Its goal is to find out what the public thinks the city's role should be in providing long-term care, she said."We really want to hear from people what they value in long-term care," she said.The city has hired a consulting group that will also be drawing input from community partners, local health-care providers and service providers, as well as Wellington County and the Ministry of Health and Long-Term Care."It's a very complex and heavily regulated sector," said Powell.She noted that just because Guelph is mandated to provide long-term care doesn't necessarily mean Guelph residents will access that local care.When it's determined that a person needs the kind of around-the-clock care that a long-term-care home provides, it is the Community Care Access Centre that places that person in care.Only about 45 per cent of Guelph residents going into long-term care actually remain in Guelph, said Powell. She suggested the low number might be at least partly due to the fact that people ask to be placed in care nearer to their loved ones, many of whom may live in other cities or municipalities.But when it comes to the care that the city is funding, "there is a view that people want something to be here in the city," said Powell.Other feedback that might be expected at the forum could include discussion about providing care that allows residents to stay in their homes and remain independent longer, and the kind of long-term-careenvironment sometimes described as "a campus of care," said Powell.The latter would involve various care services, perhaps not all government funded, located in close proximity to one another, she explained.Those who are not able to attend the Jan. 29 public forum are invited to provide feedback through an online survey at guelph.ca/longtermcare. The survey will be available from Jan. 31 to Feb. 20. To register for the forum or to get a print copy of the survey, contact Beth Bergevin at 519-822-1260, ext. 2042.Feedback gathered from the forum and survey will be presented during a special city council workshop on Feb. 26.

Could health-care bubble burst?

The Daily News (Truro) - Jan 18, 2013, Page:A6

It would seem very tempting to blame politicians of all stripes for the situation being faced in hospitals across the province with overcrowded medical units and patients being stuck in hospital beds when they belong in long-term care facilities.

There aren't nearly enough long-term care beds in Nova Scotia and a bottleneck has been created, backing up emergency rooms and leaving sick people in hallways instead of hospital rooms.

In recent months, Nova Scotia's three political parties have traded accusations as to who is responsible. The Conservatives said they had a plan to build more long-term care facilities but were stopped when the New Democrats came to power in 2009, saying the province's financial situation prevents it from creating more long-term care beds.

Instead, the New Democrats are advocating the use of home care to allow seniors and others needing extended care to remain in their homes and be cared for by family members with support from various agencies. It's an ambitious plan government feels will work if only the mindset of Nova Scotians could change from using hospitals as temporary stopping places on the way to a long-term care facility.

The baby boomer question is not a new one. In the 1960s and 1970s university professors were talking about the impact the aging baby boomer population would have on the health-care system.

At the time, some may have called it fear mongering, but as evidenced by today's packed emergency rooms and hospitals, it's quite evident that those 40- and 50-year-old predictions have come true.

You can understand government's position in not wanting to create more long-term care beds and open more buildings because the cost would be astronomical - something the province simply cannot afford.

Then again, throwing the burden at the children of seniors - and telling them they must shoulder the responsibility of caring for their aging parents at the same time they try to earn a living - places too many people in a situation they don't want to be in. The fact is, thanks to emerging and improving medical technology, people are living longer lives. This, combined with the bubble that is a huge baby boomer population, is stretching an already stretched health-care system closer to the breaking point.

This may the great challenge of this generation.

Long-term care remains "top priority" in HBM

Campbellford EMC - part of the Performance Group of Companies - Jan 10, 2013, Page:1

Bill Freeman

EMC News -Havelock -It might require a different strategy but getting a shovel in the ground for a long-term-care facility remains the number one priority for Havelock-Belmont-Methuen council.

"It is still our top priority," said Councillor Barry Pomeroy during council's first meeting of 2013.

"We may have to try some different avenues because what we've been trying is not working," Pomeroy said. "We've [council and staff] worked hard together but there has to be another way."

The township has had a plan on the books for nearly two years that would facilitate the building of a 128-bed nursing home on an 18-acre property off Old Norwood Road which has already been zoned for a seniors-related development that could also include a medical centre, assisted living units and geared-to-income seniors apartments. A day-care centre and other "integrated community opportunities" could be accommodated over time.

The municipality has been working closely with AON Incorporated on plans for the estimated $13-to $14-million 128-bed two-storey facility which AON would build and operate. Council wants the province to allocate new long-term-care beds or redirect those that were not picked up in a 1999 call so that the H-B-M project can start.

It's a message they've steadily and consistently delivered to the provincial government for the past two

years. The lack of positive news has been a frustration to council and staff but optimism has not been drained away.

"Your comments are bang on," Mayor Ron Gerow said. "Yes, we've gone down a number of avenues in the last two years."

"The need has gotten greater," Gerow said citing a recent provincial auditor's report that highlighted the significant number of seniors in need of alternative levels of care who remain in hospital beds rather than finding appropriate places in long-term-care facilities.

That reality, says Gerow is "causing hardship for them, their families and others."

Peterborough County has the oldest population in Ontario with a lengthy list of seniors (nearly 900) waiting for long-term-care beds. On any given day there are 130-150 in Peterborough Regional Health Care Centre waiting for LTC beds.

"It is time to knock on some other doors to up the ante," says Gerow.

"We've all been very dedicated to this project but I still feel very positive about it. I still feel it will happen but we may have to make some other tool boxes and [use] some other tools to make it happen."

What is planned in HBM is "part and parcel" of the government's "aging at home strategy," says Peterborough MPP Jeff Leal. Leal has been a strong advocate for the HBM project.

"We want to identify the exact need [of] long-term-care beds and look at other ways to provide services to seniors in their homes which is always the first choice," Leal said in an earlier interview at the reopening of the HBM medical centre.

Wealthy may pay home care costs; Recommendation made to reduce Ontario's bill for seniors' Health care

Waterloo Region Record - Jan 09, 2013, Page:A3

Richard J. Brennan

Wealthier Ontario seniors may be tapped to pay some of the cost of publicly provided home care, Health Minister Deb Matthews said Tuesday.

The idea was one of 169 recommendations contained in a report, (www.health.gov.on.ca») Living Longer, Living Well END presented to Matthews. It is designed in part to reduce the skyrocketing Health Care costs for seniors, who account for about 50 per cent of what the province spends on Health care.

The 198-page report by Dr. Samir Sinha, director of geriatrics at Mount Sinai and the University Health Network Hospitals, recommended the Health Ministry explore an income-based system for home care and community support services.

"I think it is time for us to have that conversation. We have moved to that on drugs, for example, in the last budget," Matthews said, adding later that "nobody got too excited about it because they know we have got to do things a bit differently."

Starting in (www.thestar.com») August 2014 END, for seniors 65 years and older with an income of more than $100,000, the deductible for drugs is $100 plus three per cent of net income over $100,000, while for senior couples with a combined income of more than $160,000, the deductible is $200 plus three per cent of their family net income over $160,000.

Matthews told the Star, for example, there already is a user fee for Meals on Wheels. "We are not the first province to think about it. In fact, we are one of the last provinces to think about it. It's a recommendation and I think it's one that merits some thinking. But the bottom line is it would only apply to people who had the means to afford it," she said.

The Sinha report was commissioned as part of the province's (www.health.gov.on.ca») Seniors Strategy END announced a year ago.

MPP France Gelinas, the NDP's Health critic, said the user fee recommendation will raise a red flag because "we see that as a barrier to access."

Matthews said of the many recommendations, the province is keenest on matching every senior with a primary care provider, be it a doctor or nurse practitioner who see that they get the continuum of care they need.

"The question is how can we afford not to do it because it actually costs the system a lot more when people aren't attached to primary care providers," she said.

Sinha told a news conference the older population in Ontario is going to double in the next 20 years, "and currently they account for 50 per cent of our Health Care spending. If we do nothing different ... then we are going to be in trouble."

He said, for example, "we need to triple the number of long-term care beds in our province" over the next 20 years, while emphasizing the need to keep seniors in their homes as long as possible through improved home care and wellness programs.

Susan Eng, of the senior advocacy group CARP, said all the recommendations hold promise and called on the province to get busy implementing them.

"The single greatest concern for our members has been Health Care and access to Health care," Eng, vice-president of advocacy for CARP.

Bed shortage A Big Health issue; Hospitals Acute care beds still filled by patients waiting for nursing homes

New Brunswick Telegraph-Journal - Dec 31, 2012, Page:A1

ADAM BOWIE tHE dAILY gLEANER

FREDERICTON - Concerns about the challenges alternative-level-of-care patients create for the provincialHealth system made headlines throughout 2012, as people studied their current impact and tried to forecast data about the future.

As New Brunswickers age, they often require increased levels of care. Sometimes home-care services are all that is required.

But if the person is battling the onset of dementia, or contending with multiple or serious chronic Health conditions or diseases, they may require a higher standard of care.

Many patients receive the care they need at their local hospital as they wait for placement in a long-term care facility, staying for months, even years, before they're assessed and accepted at a nursing home.

With New Brunswick's aging population, high rates of chronic illness and serious fiscal challenges, it's the kind of issue that could create a perfect storm for the provincialhealth-care system in the coming years, especially if strategies aren't created and implemented now to help find efficiencies and improved service-delivery models.

Last January The Daily Gleaner reported that three of every 10 hospital beds at the Dr. Everett Chalmers Regional Hospital were occupied by alternative-level-of-care patients - patients who would be more appropriately cared for in nursing home facilities.

At the time, Dr. Tom Barry, the Horizon Health Network's chief of staff and a longtime Fredericton family physician, said spacing concerns had eased slightly in some health-care facilities, but were still creating bed crunches in other zones.

"In Moncton and Saint John, the percentages of ALC patients have dropped down (to about) 25 per cent. Fredericton, Miramichi and Upper River Valley are still struggling (at a rate of) anywhere between 30 and 33 per cent (bed occupancy rates)," he said.

The number of hospital beds occupied by ALC patients in Fredericton hovered at about the same proportions in May 2012.

But the numbers were slightly higher at the Oromocto Public Hospital, where four of every 10 acute-care beds were occupied by people who would be better served in a long-term care facility or a specialized home-care setting.

Back then, these figures were higher than the Horizon Health Network's organizational average. Statistics showed that about 23 per cent of the regional Health authority's beds were being used to care for ALC patients.

Nicole Tupper, executive director of the Dr. Everett Chalmers Regional Hospital and the Oromocto Public Hospital, told the newspaper this past spring that facilities across the province, and across Canada, are struggling with spacing issues that have grown partly due to the increasing numbers of patients who require long-term care.

"Right now our average is higher, absolutely," said Tupper this past May.

"We have seen our percentage, or our number of patients, higher than we're at currently. We have seen it lower. So it's one of those things where it's impossible to predict. We manage it as best we can to try to meet the needs of those folks who are, through no fault of their own, (receiving long-term care in the hospital). It is an issue, there's no question."

She confirmed that some ALC patients will stay at the hospital for weeks or months, but others will be there for much longer.

"We have a couple of patients, and I can't give you the exact number off the top of my head, who have been here for longer than a year or two," she said.

"We also have patients who have been able to transition back to the community or to a nursing home in weeks or months. It is quite variable, depending on the individual patient and what their needs are."

By the end of June 2012, statistics provided by the Department of Social Development showed that 717 New Brunswickers were waiting for a placement in a nursing home at that time. Of that total, 452 applicants were waiting in hospital.

Social Development Minister Madeleine Dubé, who served as New Brunswick's Health minister for most of 2012, came face to face with this issue during a visit to the Grand Falls General Hospital earlier this year.

Though she was there to open a new laboratory and day-surgery suite, a physician took some time to tell her about the hospital's most pressing problem.

"Almost every one of the 20 funded beds in the Grand Falls General Hospital is filled with a senior awaiting placement in a nursing home or in the community. Sometimes, every bed is filled. The other patients, who are in the hospital for medical reasons, are being cared for in the emergency room, causing hours of unnecessary waiting and congestion for the patients there," Dubé wrote in a governmental blog posting.

"I sat in the emergency room's nursing station and talked to a doctor about the situation. All around me, nurses were doing their best to cope with what had to be a nearly impossible situation. The doctor was asking me for help and I could understand why. Could we add more hospital beds? Why can't we just add more nursing home beds? My answer to him was that there will be more nursing home and special care home beds, but there will never be enough to meet the demand for what's coming."

She said that by 2021 every hospital in New Brunswick could be facing the same shortage of acute-care beds.

Similar concerns were raised by Dr. Tim Christie, a philosopher and epidemiologist who specializes in medical ethics, at a public lecture he gave at the University of New Brunswick in November 2012.

Christie described the provincial government's $329-million strategy for expanding and renovating nursing homes across New Brunswick by the year 2016 as a "catastrophe designed to happen," explaining that even when he uses conservative forecasting models he predicts a shortfall of between 1,363 and 2,271 nursing home beds.

Shortly after his presentation, he told The Daily Gleaner this shortage of nursing home beds will also spill into the public health-care system, creating bed shortages at hospitals across the province. If that happens, he said, it could cause frequent cancellations of non-essential surgeries, make it more difficult for people who need a higher standard of care, and force hospitals to care for patients for extended periods of time in the emergency room area as opposed to an in-patient ward.

"Right now, the acute system is managed so well that they're able to problem-solve this. They're making it so that they're not delaying surgeries, they're not cancelling them, they're not postponing them. And they're working hard to do this," he said.

"But the point of our research is that at some point the problem is going to become so big that you can no longer have management solutions. You'll need actual, final solutions."

The good news is that health-care providers, and provincialpolicy-makers, are working to address these issues.

Also in November, more than 325 aging-care stakeholders from across the province gathered in Fredericton for the first ever Summit On Healthy Aging and Care. The event gave health-care providers, government decision-makers, administrators, advocates, researchers, seniors and other partners an opportunity to get together in one room and discuss the challenges on the horizon and plan collaborations and shared strategies for the future.

John McLaughlin, chairman of the Premier's Panel on Healthy Aging, told the crowd changes in this province are going to be profound in the coming years.

"Fundamentally, the story we're talking about for seniors and this next chapter is a positive, optimistic story of engagement, of involvement, of giving back to your community. The narrative about seniors, and the seniors agenda, must be presented as a positive story of inclusion, of engagement embedded within which are lots of serious challenges," he said.

"If we take those two narratives and we separate them, if we have different communities and different dialogues, we're going to fail to address any of the issues before us."

Northerners want to be part of the solution, says Sousa

The Sudbury Star - Dec 20, 2012, Page:A3

CAROL MULLIGAN, THE SUDBURY STAR

Every fibre of his being tells Ontario Liberal leadership hopeful Charles Sousa that Ontarians must control and build the economy to stimulate opportunity and provide the stability to afford the things that matter -- health care, education and social services.

The Mississauga South MPP visited Sudbury on Wednesday to listen to residents, understand their issues and collect ideas for the Liberal government he hopes to lead next year.

"Not all good ideas come from the premier's office," said Sousa in an interview with The Sudbury Star before attending a meet-and-greet at the Falcon Hotel in Garson.

In his conversations with Ontarians, Sousa has been surprised, impressed and encouraged with the level of engagement, while at the same time seeing a good deal of cynicism.

Relatively new to politics, Sousa is just finishing the first year of his second term. But he's counting on 20 years in banking, five years as a business owner, years of community volunteering and lessons learned from his Portuguese immigrant father to earn him the nomination at the Liberal leadership convention in January.

The father of three grown children learned at his father's knee that there is room for everyone to succeed and with that, the need to help everyone, "and that is what motivates me," said Sousa. It is also the role of government.

Sousa admitted he's not well known in Sudbury, although he visited here a couple of months ago as minister of Citizenship and Immigration, meeting with Greater Sudbury's mayor and council.

What he's heard in the North is people want to be part of the solution to problems facing government -- to offer ideas and for government to act upon them.

"They want decisions for the North by the North in the North," said Sousa.

He's engaged in discussions with municipal councils and aboriginal leaders, talking with them about the potential for development of the Ring of Fire chromite deposits.

Describing himself as someone who advocates for "long-term investments to get a positive return," Sousa said public-private partnerships will be needed to develop the transportation and energy transmission systems for the Ring of Fire, about 240 km west of James Bay and northeast of Thunder Bay.

Ontario needs both a north-south transportation corridor, to link the Ring of Fire to rail lines, and an east-west high-speed transit system in southern Ontario.

Those are "big ticket items we have to do over a longer period of time," some over 20 or 30 years, he said.

Sousa said he wants industry to put up the capital for the Ontario Northland Transportation Commission, rail systems and all-weather roads.

That transportation "spine" will be needed to tap into the "billions and billions and billions" of dollars to be had from developing the Ring of Fire.

It would be good for Ontario, good for the North and good for 27 first nations "who are suffering from their isolation by energy issues," said Sousa.

But developing that infrastructure "would have to be by way of a partnership," he said.

Ontario is competing against other parts of the world such as China and even Quebec, said Sousa, who wants secondary manufacturing facilities and smelters built here. "I want the ore being done here ... I want the majority of it happening in Ontario."

Sousa also has a strong energy policy, not surprisingly supporting the province's cancellation of a Mississauga gas plant, which critics say cost Ontarians at least $240 million.

On the subject of health care, he said the system must be transformed to make it sustainable. That means attracting more personal support workers, nurse practitioners and front-line health-care workers.

PSWs and other health workers need to be better compensated, he said, and funding needs to be invested in family health teams and home care, especially for seniors.

"We can't make our hospitals into hotels," he said of the crisis in Ontario where hundreds of frail elderly people remain in acute beds due to a shortage of long-term care beds or home services.

The report by Don Drummond, commissioned by Premier Dalton McGuinty earlier this year, recommended tough measures to curb the province's $15-billion deficit.

Still, "we have to be a compassionate and caring society," and that's where funding health care, education and services comes in.

One of seven candidates vying for the Liberal leadership, Sousa has been criticized by some for trying to distance himself from the premier.

Not so, he said, adding he has learned a great deal from McGuinty.

Improvements in education and health care were made under McGuinty's watch, as well as tough decisions around tax reform.

During the last recession, "during the toughest of times," Ontario needed "a stalwart," a "sober mind managing the finances and leading our province forward," he said of McGuinty.

He believes the premier recognized that, after 16 years, it's time to have "someone else take that charge. He's been there for 16 years, he's accomplished a lot, but we need to move forward and he recognizes that, too."

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CARE CUTS 'A NEW LOW' ; Opposition sees red over home Health penny-pinching

The Edmonton Sun - Dec 18, 2012, Page:4

JACKIE L. LARSON EDMONTON SUN

AlbertaHealth Services quietly slashed home care across Alberta three weeks ago -- signs, critics say, of Alberta's own fiscal cliff.

On Nov. 26, AHS told home-care workers that service minutes were being cut across the board. Inquiries to Health Minister Fred Horne's office were referred to AHS.

"The government is meeting all this with a stony wall of silence," said NDP Leader Brian Mason.

"It's all done without any public knowledge, just done by stealth. It's an attack on the most vulnerable Albertans.

"To cut the very thing that's saving you money doesn't make any sense at all. And to do it on the backs of the most vulnerable -- and do it in a way that's not transparent -- is a new low for this government," he said.

Cathy Ta ylor's career as an Edmonton planner was cut short three years ago. Asthma complicated her muscular dystrophy. Home care providers became critical in her bid to remain in independent living, paying her own food and rent, saving the province money.

Each morning, a home-care worker helps her go to the bathroom, wash, dress, do her personal care.

The worker prepares food, gives her medicine. She gets physiotherapy for breathing, and range-of-motion.

There are nasal rinses for chronic sinusitis, a nasal spray, three inhalers, washing and filling her medicine dispenser.

Going from 1.5 hours to 75 minutes leaves her care provider scrambling to get it all done.

"This is my life. If I don't get it, I don't get a life," she said. "I'm saying, 'Do you really know how fragile people are? There's no fat on home care. It shouldn't be cut across the board -- that's draconian. Who does that?"

Taylor will appeal, but she's concerned about those unable to be their own advocates.

"They're disempowered," she said. "That's why I'm talking."

While home care is traditionally for seniors, it also includes infants and children and those recovering from short-term illnesses and needing long-term or end-of-life care.

The minute-pinching is provincewide, said Marianne Stewart, AHS vice-president of community and mental Health for the Edmonton zone.

"We have not cut service, nor would we compromise care to our Health-care clients," Stewart said.

AHS "bundled" services like giving medicine (two minutes) or putting on stockings (eight minutes), leaving "spare" minutes to cut, she said.

Over the past two years, spending on home care has gone up about 25% to $500 million, Stewart said.

In the same time period, AHS has added 5,000 clients -- and the biggest impact is in the urban centres of Edmonton and Calgary.

Critics have said the province is being propelled towards a pending Health-care crisis because the beds aren't in place even for Albertans who need them now.

More than 500 Albertans languish in acute care for months, even years, clogging urban emergency rooms because there's no long-term care bed for them elsewhere. There's just 14,500 long-term beds in the province now -- and by 2020, 50,000 beds will be needed.

"That demand for the Health-care service has outstripped our available budget ... we must be good stewards of public dollars, and look for ways to bring the budget into alignment," Stewart said.

Wildrose Party house leader Rob Anderson said the government's being penny wise and pound foolish.

"I don't know why they continue to use this fantasy of balancing the budget by cutting home care.

"It's just going to make the Health care budget more expensive by doing so," Anderson said.

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ALBERTA'S SENIOR CARE CLIFF

* The number of Albertans over age 65 has tripled since 1974.

* Currently, 1 in 10 Albertans is a senior; by 2035, 1 in 5 Albertans will be a senior.

* There are just 14,500 long-term beds in Alberta, unchanged in two decades.

* By 2020, Alberta will need 50,000 long-term care spaces.

* The most vulnerable Albertans are rationed to 1 bath a week.

* In November, AlbertaHealth Services quietly cut the number of care minutes for home care clients by 10% or more across the board, provincewide.

Surgery wait times shorter but ER no better

Calgary Herald - Dec 14, 2012, Page:B1 / Front

Jamie Komarnicki

Albertans aren't waiting as long to get hip, knee and other surgeries this year compared to last, but progress on speeding up the length of time sick patients spend in Calgary and Edmonton emergency wards before getting treated and admitted to hospital has flatlined, according to new data.

AlbertaHealth Services released its second quarter performance report Thursday, measuring more than 50 medical system indicators from July to September, 2013.

While many waits remain weeks longer than the province's targets, health super-board boss Dr. Chris Eagle pointed to improvements in 34 of the goals.

Wait times for hip replacement surgery are at their lowest in two years, at 35 weeks compared to 41 weeks last year. Knee surgeries have also seen shorter waits, down to 43 weeks, while patients who need cataract procedures spent roughly 30 weeks on wait lists.

"For the most part, our wait times are moving in the right direction: downward," Eagle said an AHS board meeting in Edmonton.

The medical authority chief executive acknowledged, however, that ER woes remain as the province grapples with seeing more patients each year in the already busy wards.

Two years ago, AHS committed to a benchline of having emergency department patients seen, treated and admitted to hospital within eight hours.

According to the performance report, that goal was met with 47 per cent of patients so far this year at the province's 15 busiest hospitals, compared to 46 per cent last year.

Calgary met the eight hour emergency department goal 48 per cent of the time in the same period, compared to Edmonton's 37 per cent.

Eagle said hospitals in Alberta's two biggest cities have seen roughly 10 per cent increases in patient volumes in their ERs annually for the past three years - a trend causing the health superboard "considerable concern."

"We're obviously keeping up with the flow and patients are being seen appropriately," said Eagle, noting times have improved in the last two years.

"We're looking at everything we possibly can to decrease that relentless increase in volume," Eagle told reporters in Edmonton.

That includes putting home care nurses in the ER to detour appropriate patients away from hospital beds if outside care is more appropriate, and working with the province's primary care providers, Eagle said. AHS has also hired more than 400 front line health professionals to tackle increasing ER demand, he said at the board meeting.

Wildrose health critic Heather Forsyth said the government's record on wait times is a litany of failure on "some of the crucial ones that keep the system from bottlenecking."

Little progress will be made on the emergency room issue unless the government properly addresses long-term care and ensures that seniors who are in acute care beds are moved into long-term care nursing beds, she said.

The performance report indicates that 557 elderly and frail patients are waiting in hospital beds for long term care or supportive living spaces. The province's goal is 363.

Liberal MLA David Swann said the lack of progress on surgical and ER wait times stems from huge problems within the primary, long-term and home care systems in the province.

"The prevention side we continually neglect at tremendous cost to our system," he said.

With files from James Wood, Calgary Herald jkomarnicki@calgaryherald.com

Securing long-term care for Nova Scotia families

The Daily News (Truro) - Nov 28, 2012, Page:A9

Jamie Baillie

For many Nova Scotians, life revolves around family. We play together, relax together and look after each other.

And together, we worry about the growing number of grandparents who need home care and long-term care.

Instead of preparing for the needs of a rapidly aging population, the Darrell Dexter-led NDP government has stopped working. They have not committed to a single, new long-term care bed since they were elected.

This inaction has serious consequences. Today in our province there are more Nova Scotia families waiting for long-term care than ever before.

The wait list for long-term care rose to 2,228 people in September. That's 50 per cent more than when the NDP were elected three short years ago.

Documents obtained by the Progressive Conservative caucus show 371 people were actually waiting in hospital beds for long-term care in September. That is the equivalent of three, full, new Colchester Regional Hospitals.

Patients deserve the care they need, when they need it, in the proper setting. The long-term carewait list crisis backs up our ER's and hospitals.

In October, the lack of long-term care beds led to overcrowding at the Bridgewater emergency room. In Truro, the bed shortage caused delayed admissions, backed up emergency care and postponed several elective, non-emergency surgeries.

The Dexter government has no plan for long-term care and the result is cancelled surgeries and overloaded hospitals.

In addition, according to the Department of Health's 2011-12 Accountability Report, 60 per cent of the people on the wait list for a nursing home bed needed home care as they waited. This adds more pressure to the growing wait list for home care.

The ripple effect through the health care system is obvious. Without action, the situation will worsen. Over the next 20 years the number of seniors aged 80 and over in Nova Scotia will more than double from 40,439 to 84,700.

We have lost three years of preparation time.

While in opposition, the NDP often spoke out about the need for more beds to keep up with the growing demand.

Then-opposition leader Darrell Dexter said, "The growth in the senior demographics will quickly outpace the government's plans to establish 832 long-term care beds by 2010." Unfortunately, when he was given the chance to do more, his government instead froze that bed construction plan and they are now over 200 beds short of the goal.

Seniors and their families rightfully expect long-term care to be there for them when, and if, they need it.

The Progressive Conservatives have a three-point plan:

1. Seniors requiring long-term care will get it, as we implement a new long-term care plan that matches new bed construction to the needs of our communities.

2. Hospital beds will be freed up and home care more readily available for patients and seniors who need it.

3. We will report our progress on these goals as part of a new Next Generation Act, so everyone can see the impact of today¹s decisions on the future economic, environmental and social fabric of our province.

I would like to hear from you if you have a family member who is waiting, at home or in hospital, for proper care. The Progressive Conservatives will act on your behalf on this important matter.

Jamie Baillie is the leader of the Nova Scotia Progressive Conservative Party and MLA for Cumberland South. He is a also native of Truro