care than can be provided in a rest home." In December 1972 provincial care homes were represent the usage of beds between re-ended care and nursing homes care and Rest Homes." As of December, 1972 grants of 75 per cent are made to non-profit bodies wishing to construct provincial care facilities in Ontario. Consider it there is a local satisfaction of at least 10 per cent. Such accounts must indicate they can increase the new facility without a direct provincial subsidy. To understand more fully the relationship offered by the Health Branch and other services, the Government of British Columbia, late in 1971, commissioned a study entitled "Health Insurance Services Project".

A joint study (Alberta Council on Aging and Department of Health and Social Development) of the general needs of institutionalized and non-institutionalized senior citizens across Alberta was submitted for mid-1972.

The conclusion is that approved nursing homes, operated on a non-profit basis, should be included in the federal-provincial hospital insurance arrangements. If this barrier were lifted there should be little difficulty in putting the right patient in the right bed at the right time.

The School of Rehabilitation Medicine at the University of Alberta conducted a study to measure, in Auxiliary Hospitals and Nursing Homes, the effects upon patients of intensive multi-disciplinary rehabilitation (OT, PT, activities and related counselling services." Results indicated that such activities tended to shift to a greater degree of responsibility of patients as individuals. This Staff also demonstrated increased knowledge and skills in rehabilitative nursing.

As of July 1, 1972 personal care homes in Manitoba came under the provincial hospital insurance scheme. Positive steps have been taken to increase the supply of nursing care facilities:

December 31, 1972	Actual nursing home beds	6,329
December 31, 1973	Projected	6,858
December 31, 1974	Projected	7,315

All areas where there is a demonstrated need for more personal care home beds are benefiting from the program of development of additional facilities.

Manitoba's position is that nursing homes, particularly those providing extended care services, should come under the federal-provincial hospital insurance arrangements.

All nursing homes are licensed and supervised by the Department of Health and Social Development.

(1) British Columbia, Health Branch, Annual Report, 1971, Victoria.

(2) Social Planning and Review Council of British Columbia, A Study of Community Care for Seniors, Vancouver, 1972.

(3) Bostrom, M. and M. Cusack (eds), Geriatric Rehabilitation Study, School of Rehabilitation Medicine, University of Alberta, Edmonton, 1972.

(4) Manitoba, Department of Health and Social Development, Letter dated December 2, 1972.

Since the introduction of the extended health care program in Ontario on April 1, 1972, the supply of nursing home beds in the province has increased by approximately 6,000, or 16 per cent of the total available at the date. A further 4,000 beds have been approved for construction and are in either the developmental stage or the construction stage of this study. When these beds become available, they will provide roughly 95 per cent more beds than there were in April 1972. This increased supply will be capable of providing a high quality of nursing care within the guidelines of the Extended Health Care Services Administration program. The greatest role of the geriatrically delay in relationship to the non-profit sector, with nursing allowed, has yet to be determined by the Government. The province of Ontario the extended health care program, which provides benefits in licensed nursing homes, treats clinical equivalency with private-attending facilities. In the past year and a half the nursing homes have been since part of the hospital system in Ontario with referrals to nursing home accommodation coming mainly from active treatment hospitals. However, this program is not included in the Federal-Provincial Hospital Insurance arrangements. Similar care is also available in chronic beds and municipal homes for the aged.

Regarding capital financing of nursing homes, it is the view of the Province of Ontario that sufficient mortgage funds are available in the private sector. "Caution is exercised in approving capital grants to non-profit nursing homes so that the taxpayer is not burdened with capital grants which can be found through the private sector."

Under the Extended Health Care program in Ontario operating costs of nursing homes are provided under the hospital insurance program by means of a daily per diem rate which is paid for residents of nursing homes eligible for the extended health care benefits. Some 100 per cent provincial capital grants are made to co-sponsor facilities with municipal and non-profit charitable corporations and these may include Extended Care Services. In such cases there is also eligibility for loans under the National Housing Act. The province does approve capital grants mainly on the basis of residential services rather than Extended Care Services and this is subject to the general review within the province.

Community colleges are training "health care aides", the majority of whom come from the staff of nursing homes, as well as from municipal and charitable homes for the aged.

Prior to the introduction of the Extended Health Care Program on April 1, 1972 all nursing homes in Ontario were licensed by a health agency and supervised by local health units. This did not allow for standardization. Now the inspection of homes is under direct provincial jurisdiction with inspection staffs located in London, Ottawa and Toronto. In addition to the inspection component, which is comprised of registered nurses, public health inspectors, fire safety inspectors and sanitation personnel,

(1) Ontario, Ministry of Community and Social Services, Letter dated November 13, 1972.