

care than can be provided in a rest home⁽¹⁾ In December 1972 personal care homes which represent the range of care between extended care and boarding home were not licensed.⁽²⁾ As of December 1972 grants of 35 per cent are made to non-profit societies wishing to construct personal care facilities in British Columbia if there is a local contribution of at least 10 per cent. Such societies must indicate they can operate 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 1972, commissioned a study entitled "Health Security Research 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 scheduled for mid-1973.

The consensus 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 (Staff) education and related consultative services.⁽³⁾ Results indicated that Staff attitudes tended to shift to a greater degree of acceptance of patients as individuals. This Staff also demonstrated increased knowledge and skills in rehabilitative nursing.

As of July 1, 1973 personal care homes in Manitoba⁽⁴⁾ 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	6,589
December 31, 1973	Projected	6,898
December 31, 1974	Projected	7,316

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, 1972*, Victoria.
- (2) Social Planning and Review Council of British Columbia, *A Study of Community Care for Seniors*, Vancouver, 1972 p. 37.
- (3) Bostrom, M. and K. Gough (eds.), *Geriatric Reactivation Study*, School of Rehabilitation Medicine, University of Alberta, Edmonton, 1972.
- (4) Manitoba. Department of Health and Social Development. Letter dated December 2, 1973.

Since the introduction of the extended health care program in Ontario⁽⁵⁾ in April 1972, the supply of nursing home beds in this province has increased by approximately 2,000 or 10 per cent of the total available at the time. A further 3,500 beds have been approved for construction and are in either the developmental stage or the construction stage at this time. When these beds become available this will provide roughly 25 per cent more beds than there were in April 1972. This increased supply will be capable of providing a high quality of nursing care and, within the definition of the Insured Extended Health Care Benefit, a reactivation program. The precise role of the proprietary fields, in relationship to the non-profit field, with public support, has yet to be determined by the Government. In the Province of Ontario the extended health care program, which provides benefits in licensed nursing homes, deals almost exclusively with profit-oriented facilities. In the past year and a half the nursing homes have been made part of the hospital system in Ontario with referrals to nursing home accommodation coming primarily from active treatment hospitals. However, the program is not included in the Federal-Provincial Hospital Insurance arrangements. Similar care is also available in charitable 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,

- (5) Ontario, Minister of Community and Social Services. Letter dated November 28, 1973.