SUBMISSION BY SENIORS FOR SOCIAL ACTION ONTARIO

TO THE COMMISSION EXAMINING THE IMPACT OF COVID-19 IN LONG TERM CARE FACILITIES IN ONTARIO

Seniors For Social Action Ontario is a group representing older adults from across Ontario with experience in the law, social policy development and analysis, systemic advocacy, clinical work, post-secondary education, and social activism.

Our mission and objectives are attached for your information. All of our research and policy documents are also included on our website: https://www.seniorsactionontario.com/

We are deeply concerned about **three main aspects** of Ontario government policy at the present time:

Its reliance on long term care facilities to address aging and disability, almost to the exclusion of any other services or supports, resulting in the unjustifiable institutionalization of 78,000+ older adults.

No other group in Ontario faces this kind of systemic discrimination. Younger people, even adults with complex health needs, are primarily supported at home or in the community in small, largely non-profit group homes and Supported Independent Living (SIL) programs. Older adults are the only group forced into institutions in the thousands, 57% of which are operated for-profit. Seniors are given no other viable options.

In these institutions they are exposed to infection, assembly-line care, restricted ability of family and friends to visit, under-staffing, facilities' inabilities to meet their needs, and medicalization, which takes many forms including drugging for symptoms that could be managed using other approaches. Unfortunately this government has chosen to invest almost two billion dollars for renovations of an antiquated system, and continues to bail out companies that paid millions to shareholders rather than investing in upgrading their facilities.

This has precluded the development of other more humane and progressive alternatives as this government continues to announce additional institutional beds.

Attached are examples of what other options exist to care for older adults that are readily available in other jurisdictions. These defy the contention that there are always some people who will need an institution since individuals with very complex care needs are being cared for at home and in these smaller community-based , residential settings. Most care in facilities is provided by PSW's with very little training. Where RN or medical services are needed, these can easily be contracted for smaller community residential settings, along with rehabilitative and other allied health services where required.

Its support for for-profit provision of both residential and home care to older adults. As a recent study published in the Canadian Medical Association Journal on August 17, 2020 shows "for-profit status is associated with the extent of an outbreak of COVID-19 in LTC homes and the number of resident deaths, but not the likelihood of outbreaks. Differences between for-profit and non-profit homes are largely explained by older design standards and chain ownership, which should be a focus of infection control efforts and future policy"(Stall et al, 2020).

In fact, it is a function of housing too many people together in one place with centralized dining, cleaning, and personal care services. Private rooms would not make the difference when everything else is centralized and infection can be spread by staff using ineffective infection control processes moving from room to room – something facilities are often cited for by inspectors. It should also be noted that residents in privately operated homes literally became prisoners and faced abandonment and isolation during the pandemic. This had a devastating impact on their physical and cognitive functioning and mental health. Numerous press reports have also shown that death rates are much higher in for-profit facilities. (See References).

Additionally, the profit motive in human services has been detrimental across the board in other settings, resulting in care-related decisions being influenced negatively by the need to ensure maximum profit margins. Home Care services must also be free of such risks.

Vulnerable old people and people with disabilities are not commodities. The rules of the marketplace do not pertain to the provision of care to them. It is not possible to refund a life or make up for intense suffering if care is defective.

Its weakening of the Inspection Branch by eliminating yearly comprehensive inspections - Resident Quality Inspections (RQI's). This has meant that there is no protection whatsoever for residents who have no one to complain on their behalf if their care is substandard, or who have family members who lack the knowledge of how to file a complaint. Inspection reports have shown that facilities have been cited again and again for failure to report even serious incidents to the Director, yet residents must now rely on the facilities themselves to report these incidents in order to trigger a Critical Incident Inspection. This amounts to facilities policing themselves and little to no protection for residents.

Perceived Conflict of Interest

The government itself is also in a perceived conflict of interest at the present time as many former staffers and campaign workers have joined private lobby firms and registered to lobby on behalf of the association representing for-profit facilities, or on behalf of large long-term care companies. This has created the impression in the public that the government is listening to the corporations and their paid lobbyists and is not acting in the public interest.

Furthermore, the government's actions in attempting to restrict the last available remedy that family members have - lawsuits - to address negligent care and treatment received by their loved ones resulting in harm and/or death sends a signal that this government is more interested in protecting the interests of the corporations operating these facilities than the vulnerable people living in them.

Mr. Ford also recently referred to one of the largest long term care companies in the province, Extendicare, as "a good company" (Johnstone, September 19, 2020) in spite of two medical officers of health having had to order hospital health teams into three of its facilities in Durham Region and Ottawa area (Payne, September 22, 2020); (Durham Region, April 22, 2020).

Groups Calling For More Staffing

Many groups are currently calling for more funding for staffing etc. in these facilities. This is a repeat of what has occurred over many decades in this system, and that has never addressed its serious staffing and other inadequacies. With no means to hold these companies and facilities financially accountable for the increased funding they receive, or to ensure that it is used for its intended purpose, it is throwing good

money after bad. Irrespective of how many millions more this government throws at this system, it will not change. Shareholders will continue to be paid millions, while residents will continue to pay the price of their payment because of the absence of financial accountability.

SSAO's Recommendations

This Commission has the opportunity to avoid doing what previous reviews and commissions have done – deal with symptoms rather than root causes of the problems in this system. Doing that will continue to result in no change. To effectively address the problems in this system the root causes will need to be fixed. We are asking the Commission to recommend:

- **Non-profit, community based alternative in-home and residential options** including the possibility of paying family and friend caregivers to look after people at home; creation of a fully funded in-home attendant care program; removal of the bureaucracy of home care and taking the cap off home care hours, thereby tying service to actual need; and creating the residential options currently available to younger people – small group homes, and supported independent living programs in the community, staffed 24/7.

- **Re-allocation of some of the funding for Long Term Care settings into innovative alternatives i**n homes and communities, and encouraging the legislative change that would allow the funding currently allocated to an individual in an institution to be relinquished and redirected to their care in community. Example: The Money Follows the Person program within Medicaid in the United States.

- **Gradual elimination of profit-making in long term care** – residential and home care. This was a misguided policy introduced by former Premier Mike Harris who currently Chairs Chartwell's Board.

- **Strengthening of the Inspection Branch** including re-introduction of comprehensive yearly inspections (Resident Quality Inspections); re-introduction of the prosecution policy that existed in the 1980's that included license revocations and the imposition of fines for repeated violations of the Act and Regulations, as well as closure of dangerous facilities using the Health Facilities Special Orders Act; attaching forensic auditors to the Inspection Branch and introducing legislation to

allow forensic audits to be ordered of facilities that repeatedly short staff and lack care-related supplies and linens.

Addressing these issues would go a long way toward effectively addressing the root cause problems in this system.

Thank you for considering our input.

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Dr. Spindel's doctorate in Sociology was completed at the University of Toronto (Thesis subject: The role of stakeholder groups in the development of long term care policy in Ontario). She is co-founder of the Advocacy Centre For The Elderly, a former President of Concerned Friends of Ontario Citizens In Care Facilities, and a former Associate Dean of Health Sciences at Humber College, Coordinator of the Social Services Worker Program at Humber College, and a faculty Member - Advocacy In Aging Program at Ryerson University, and Professor (Retired) University of Guelph-Humber.

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