

# Joint Letter by Undersigned Signatories August 30, 2022

Alzheimer Society  
ONTARIO

CanAge

FARFO  
Fédération des aînés et des retraités  
francophones de l'Ontario

ifa International  
Federation on  
Ageing

ILC  
International Longevity Centre Canada

RTO  
ERO A better future,  
together  
Ensemble pour  
un avenir meilleur

Better lives for Canada's education  
community retirees  
Une vie meilleure pour les retraités du  
secteur de l'éducation au Canada

save your skin  
FOUNDATION LA FONDATION  
sauve ta peau

Honourable Doug Ford, Premier of Ontario  
Honourable Paul Calandra, Minister of Long-Term Care  
Honourable Sylvia Jones, Deputy Premier and Minister of Health  
Honourable Steve Clark, Minister of Municipal Affairs and Housing

Cc:

NDP: France Gélinas, MPP  
Wayne Gates, MPP  
Jessica Bell, MPP

Liberal:

Dr. Adil Shamji, MPP  
John Fraser, MPP  
Mary-Margaret McMahon, MPP

We, the undersigned organizations, whose leadership and people care deeply about Ontario's most frail and vulnerable population, are writing to the Ontario Government to underscore our grave concerns about your intentions to accelerate the passing of Bill 7.

As the government is fully aware, this Bill will have the highest impact on those senior Ontarians that require round the clock nursing care and supervision, primary medical care, and assistance with activities for daily living. The majority of those who live in long-term care have some form of cognitive impairment, physical frailty, and other chronic health conditions that have seriously compromised their health. While hospitals are not long-stay places for these residents who have been initially admitted with acute conditions, in many cases the nature of their condition requires stabilizing in a hospital setting.

Please make note the following *issues*:

- While suggested measures are intended to be “temporary”, history shows many examples of programs, both within and outside of healthcare that have started this way and unintentionally become permanent over time. By embedding this in legislation, this government is sending a strong signal that these measures are not at all temporary.
- This legislation enables the use of coercive tactics over consent, to place patients within available bed inventory across the province. In many long-term-care homes, staffing shortages may in fact be more critical than hospitals, placing the residents at even greater risk of receiving the essential care, injury or even death. Staffing shortages in LTC are well-known to the Province which only adds to the concern of this Bill. From EMTs to nurses, physicians and PSWs, we've all seen the negative effects of the cycle of hospitalization and re-hospitalization of long-term care patients.
- Capacity shortages in both hospitals and long-term care homes are rooted in a failure to provide efficient, effective, and compassionate dementia care. In Ontario 50% of all ALC beds are allocated to individuals living with dementia (between 2,600-3,000 beds on any given day), while two-thirds of LTC residents have a diagnosis of dementia. These people have unique care needs that cannot always be met in the location most convenient for our health-care system: an open bed does not equate to a suitable bed. Responses to the ALC rates and LTC shortages should deeply consider the needs of Ontarians living with dementia, and all others requiring the unique supports available in Ontario's long-term care homes.
- The very action of patient transfers can trigger delirium, and increase the likelihood of injury or decline. Placement of patients to homes in close proximity to their families and social networks is also critical. Families are often an essential part of the caregiving team. A half hour drive can feel like crossing an ocean for a spouse who cannot drive.
- The average length of stay in a long-term care home in Canada is 18 months (CIHI). We know that there are extremes at both ends of this continuum, but even “temporary placements” are very likely to be permanent for these residents. Even prior to the pandemic, patient placements that were initially promised to be temporary turned into

years without an offer from the home of choice. A family recently reported that their loved one's wait had lasted over four years, without a single offer of a bed in their local area.

- The physical, mental and social needs of long-term care home residents require the support of not only health care workers, but also the support of their families and friends. Removing people from their communities at this critical point in their lives is not only cruel but shifts the social and economic burden to family and another health care system.
- Ontario's Patient Ombudsman, established by the Province, reported in 2021 that two-thirds of persons who were caregivers to a long-term care resident observed a decline in the resident's cognitive, physical, and/or mental condition following extended periods of separation from families and loved ones. Data in 2021 from Alberta found that over half of LTC residents living with dementia displayed an increase in responsive/ aggressive behaviours following extended isolation from visitors, caregivers, and family. Mandating that vulnerable Ontarians, especially those living with dementia, move upwards of 300 kilometres away from their family and social supports is not only cruel, harmful and unethical but also antithetical to the Bill's stated goal: providing better care.

In the interest of supporting a multi-faceted strategy, we recommend the following as **solutions** to the ongoing challenges within both hospitals and long-term care homes:

- We call on the Province to create home support programs that will more effectively provide the known 10%-12% of patients who do not require long-term-care (CIHI), with more appropriate care and programming.
- Urgently expand access to supportive housing, starting with an investment of \$57 million to provide accessible community-based housing options for 2,500 older Ontarians.
- The Province's own evaluation of MINT Memory clinics has shown they provide considerable cost savings, reduced hospitalizations, and delayed institutionalization. ALC does not happen if hospitalization is averted. Innovative, community-based interprofessional models such as MINT Clinics should be expanded upon, including an immediate \$11 million investment to stabilize existing MINT clinics province-wide.
- A high proportion of ALC designation stems from conditions, such as delirium and functional decline, which can be acquired and caused by current hospital practices. Implementing mandatory senior friendly hospital practices, coupled with a robust publicly reported quality assurance system tied to hospital accreditation, can substantially reduce delirium and functional decline, reduce rehospitalization and institutionalization, and reduce costs.
- We encourage the Government of Ontario to keep people where they want to be: at home. A shortage of adult day programs, caregiver respite (including overnight options), counseling, therapeutic recreation, system navigation, and other community support

services often leaves people who can and want to keep living at home with no choice but to turn to hospital and long-term care.

- While there remains a need for isolation beds in long-term care homes, with the combined efficacy of both ongoing vaccination programs as well as treatment options for COVID-19, there may be some opportunities to reallocate isolation beds back into available inventory. This should be within the long-term care homes' ability to manage and control based on infection prevention and control issues (aka Outbreaks) at any point in time.
- We encourage the Province to review and repeal Bill 124 and consider how nurses, PSWs, and other critical care staff, including a full range of paid caregivers, may be appropriately trained and compensated to sufficiently staff and supplement our health and long-term care system.

We support the Province's plan to retain, hire, train, and actively recruit more health care workers to support the Province's growing needs for care. An appropriate retention strategy is critical. This cannot be a temporary measure. With Ontario's aging population, this is not a temporary condition. A strategy for staff optimization and allocation is critical in order to meet the demands of Ontario's aging population, while also giving due consideration to other growing needs within the healthcare system.

- There are many other areas of the system that are in dire need of optimization, with as many as 40% of ER visits being completely avoidable if routed through family care practice (CIHI). As many as 20% of these have chief complaints surrounding common ear, nose and throat/respiratory infections, while an additional 6% present in ERs for bandage changes, suture removal and prescription renewals. A multi-faceted integrated approach is required that does not target ALC and clear LTC-destined patients with such high needs of care?
- We implore the Province to increase the scope of practice for Ontario's pharmacists to the fullest extent allowable, at minimum on a temporary basis, but ideally on a more permanent basis. Pharmacies have demonstrated the ability to play a more significant role in the areas of COVID-19 management, reproductive health, prescription renewals and diabetes care management. While we recognize that this does not directly address the needs of LTC patients, we do see this as a direct solution to supplement family care, and thus reducing pressures on hospitals as we enter the fall and winter season.

We understand the need for swift action by the Province to alleviate the pressures on Ontario's hospitals, but we firmly believe that due consideration should be given to the issues and evidence-based and proven solutions raised above in order to provide Ontario's residents with optimal care and best meet their needs where they are.

We strongly encourage the Province to provide greater clarity and propose limitations on these temporary measures, and we encourage the Province to undertake a balanced, multi-faceted approach to addressing the current pressures facing Ontario healthcare. Shifting the problem

does not solve the problem, it does however compromise the lives of seniors, their families and the health care system. We also look forward to the Province's plans to review and improve a focused approach on key improvements to Seniors' care in Ontario.

Regards,

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