Hilda Swirsky, RN, BScN, MEd

Submission to the Standing Committee on the Legislative Assembly on Bill 175, Connecting People to Home & Community

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Committee Chair and members,

Good afternoon,

My name is Hilda Swirsky and I am a registered nurse, an involved community member and a daughter who had close family members who were recipients of home and community care. I am profoundly unsettled about this bill that will impact the care of more than 730,000 Ontarians. Research also identifies that the majority of Canadians want to remain in their homes for as long as possible. Demographics are changing and the senior population is increasing. The majority of seniors want to age in place while remaining independent, productive and engaged. Their homes provide comforting, familiarity and routine especially important in optimizing health.

Therefore, here are my recommendations:

<u>Leave Bill 175 as a legislative bill:</u>

- Transforming Bill 175 from a stand-alone legislative bill on home and community care to a regulatory bill is not in the best interests of the health of our population
- Our population is aging and we all want to live in dignity with our health needs addressed throughout the continuum of health care. We want responsive care that includes reducing the length of unnecessary hospital stays, reducing overcrowding and facilitating appropriate care I am here to voice concerns about the impact it will have on every constituent who requires responsive assistance to address their health needs in order to be able to remain independent in their own homes.

- In this bill, regulations that have not yet been created and will be easily amended by Cabinet with extraordinary regulation-making power, in camera without a public hearing process, public debate from opposition politicians and public vetting through consultations.
- Regulations have not yet been identified and therefore unrestricted contracting out of services could occur with non-profits redirecting funding to for-profits and just like in Long Term-Care; for-profits could take over more of the home care sector.

Thoughtful, responsive, consideration and planning of Bill 175

- In the midst of a pandemic, there is not enough time to appropriately transform home and community care
- More time is needed for stakeholders consultations, two days is a rush for adequate input from stakeholders
- This current uncertainty is increasing hardship, staff shortages and inefficiencies

Care Co-ordinators:

- 4500 nurses have no clarity about what will happen to them and clarity is needed and appreciated
- These skillful registered nurses, the current care coordinators should be incorporated into primary care and continue to lead inter-professional teams in the timely transition to Ontario Health Teams

- They should direct the level of consistent care a client needs. As we know, many complaints to the Office of the Patient's Ombudsman have been about poor care co-ordination

Incorporate and utilize the examples of what is working well:

- Assessment and integrated, inclusive care such as is occurring in community care centres such as Unison in high-risk marginalized areas of the city and not reproducing siloes
- The initial assessment is done by a registered nurse who is skilled in identifying the complexities of services required to keep someone home in their community
- Care is then planned with the interdisciplinary team to meet that individual's holistic and culturally specific health required

Accountability & Adequate Funding

1. How will this government maintain publicly governed accountability and address chronic underfunding and guarantee decent working conditions and pay
2. How will current quality of care issues be resolved?
3. Resolve quality of care issues by having adjusted to inflation increases in home care funding and guaranteed decent working conditions and pay

Existing Gaps:

- Not addressed, the appropriate skill mix and identified human resource strategy utilizing each health providers full scope of practice.

- Standardized, high quality, optimal, consistency in standardization in assessments, quality of services and enforcement of that quality throughout Ontario is missing.
- Residential congregate care models are not clearly defined and they do not include shelters, hostels, half-way houses and the homeless

Increased utilization of technologies:

- To enhance and expand virtual home and community connections and care to patients and their families such as zoom meetings and smart phones but not to take away from in-person care
- Developing technologies are changing the way clients want to reach out to their care team and make it easier to stay up to date on what is happening to an individual

Patient's Bill of Rights:

- Protects and ensures clients get the care they deserve
- Has been removed and not even a draft proposal is in this bill
- No plan to partner with clients to have their input

Summary:

Bill 175 is a drastic change for Ontario constituents replacing the only stand-alone legislation on Home and Community care into a regulatory bill is not in the best interest of Ontario constituents. Current gaps have not been addressed. Client and their families want to remain in their homes for as long as possible as productive, independent and engaged members of

their communities. Prior to passing this bill, the voice and wishes of clients and their families should be listened to and heard.

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