Submission to the Standing Committee on the Legislative Assembly, Regarding Bill 175:

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Bill 175, Connecting People to Home and Community Care Act 2020, is a piece of legislation that aims to totally revamp and revise how Home Care Services are delivered in Ontario, changes regulations surrounding Public and Private Hospitals and LTC.

Home Care services used to be delivered by volunteer, non-profit organizations, specific to each geographical area. Over the recent past, different Ontario governments have attempted to re-organize Home Care, each, seemingly adding more regulations and layers of administration; at present, Home Care is governed by the Home and Community Care Act.

Bill 175 seeks to repeal this Act, resulting in more permissive regulations, not legislation, which will be governed solely by the Minister and the Premier's Cabinet. The Bill removes all public governance, public interest provisions and public oversight. Home care will be funded by the Super Agency.

At present, the Local Health Integration network system which does Care Co-ordination, manages Home Care. This system was set up by the previous Liberal government. The LHIN system sadly needs a major re-structuring, but it is a Public system, and allows mechanisms for the public to lodge complaints and concerns. The new Bill 175 has no such safeguards. The LHIN system will remain in place only until the Ontario Health teams and their participants take over.

We believe that this Bill, which seems to have been created hastily will harm the Ontario public by:

- Providing no public oversight
- Threatening the role of public hospitals and LTC by allowing privatization
- Allowing Home Care to be overseen by different agencies, resulting in fragmented Care
- Allowing different levels of assessment by different health care providers, to ascertain which services and how much service is required.
- Fragment a workforce which is already piece-meal and extremely short-staffed
- Creating dangers to patient privacy, as multiple agencies would have access to patient records.

Examples of present day Home Care issues:

- A Home Care worker is given approximately 6 minutes to perform a bath; this reasonably cannot be done, and there is nothing in Bill 175 to address this problem
- Timing of services: an elderly woman, living alone, was ordered to receive Home Care services for the first 3 weeks after heart surgery. The Home care worker finally came in the fourth week, when this woman was mostly recovered.There is nothing in Bill 175 to address this.
- A gentleman in Lambton County underwent open heart surgery, and his surgeon ordered home care for him during his recovery at home; the worker was supposed to arrive the same week he was discharged from the hospital, but never showed up. There is nothing in Bill 175 to address the issue of appropriate timing of visits, or any public complaint mechanism to appeal to.
- A Petrolia woman has received Home Care services for some time. Hers is the last appointment of the day and she worries that the Home Care worker is working “fo free” when she stays to finish her work, that PSWs are not respected and underpaid and must use their own vehicles. There is nothing in Bill 175 to address necessary work and time limits, pay for vehicle usage or wage parity.
- An elderly woman in Chatham sees a different worker each day; the worker is charged with doing perineal care, and changing diapers; the elderly lady is very embarrassed and has become fearful, due to different people she never has a chance to get to know, has to do this work; there is no thought given to the establishment of a therapeutic relationship, between patient and caregiver; this lowers the patient’s emotional and mental health; Nothing in Bill 175 addresses this.

- A dental hygienist notes that patients that she has seen in home type situations, have mouthes that you would see in the third world, as there is no time for regular mouth care. Mouth care is not addressed in Bill 175

You may be tempted to say that you are trying to correct problems in Home Care with Bill 175; we would say that there is no mechanism to make complaints or concerns, because of the lack of public oversight; despite it's flaws, this is something that is included in the LHIN Care Co-ordination. Bill 175 does not ensure that the level of care, under the new Bill, will rectify any of the current problems in Home Care. The only thing that this Bill does ensure is profit for private Home Care companies.

Recommendations:

As local advocates for public health care services, we recommend that this Bill be withdrawn.

We believe that the government has the ability to create legislation that serves the people of Ontario, which is democratic, defends the Canada Health Act, and other Acts regarding hospitals and health services, without opening the gates of for-profit driven companies to further gains.

Given the debacle that private, for-profit companies have made in the Long Term Care sector, we see no benefit to the government or to the people of Ontario by letting these companies have increased access to Home and Community Care, Private and Public Hospitals.

We ask that the government do the right thing and withdraw this Bill. We ask that the government embrace democracy, and involve public advocacy groups in creating a new and better Home care system in Ontario.