June 11, 2020

Written submission regarding Bill 175, Connecting People to Home and Community Care Act

Presented to the Standing Committee on the Legislated Assembly

Reflections from a Concerned Citizen

I am a former RN with over 40 years experience in health care. My main expertise has been in Palliative Care, both in Hospitals and Community, as a Palliative Care Nurse, and as Executive Director of a community-based Hospice. I have also worked as a Public Health Nurse and a Home Care Case Manager.

I agree that the Ontario Home Care program, currently, is not functioning as well as it should. There is much room for improvement. In the very early days of Home Care there was such pride when in 1970 Ontario became the first province to formally establish publicly funded Home Care services. Since then Home Care has gone through many iterations, with each new government feeling that they had a better way. Now, after many years and many different models we have a Home Care program that in many ways appears to be broken. We have an opportunity now to fix it. Let's get it right.

There are serious problems currently that will not be solved or even addressed adequately because the root causes are not being addressed by Bill 175. The following are some of the most pressing:

- **Poor working conditions leading to inadequate staffing**

With COVID-19 we have been hearing about the poor working conditions for Personal Support Workers in Ontario. This is not new, but hopefully now the Government of Ontario is listening.

PSWs in Home Care are underpaid and are not paid adequate mileage for travel between clients. They do not have benefits because they are usually hired as part time or casual, and therefore, also, do not have a consistent schedule. They often work overtime without extra pay. On top of all this, their work is demanding, challenging, and even sometimes dangerous. They do not receive extra training, support or oversight. Most of this is due to the fact that:

1) the for-profit sector agencies hire their own staff and decide themselves on compensation and terms of employment. These agencies are in business first and foremost to make a profit and this is one way to ensure that they do make a profit

2) there is no directive currently, nor from Bill 175 regarding compensation and working conditions.

- **No Standards of Care**

In Ontario citizens are eligible to receive publicly funded Home Care services. The plan of care and services differ depending on where they live. With Bill 175 there can be even further inconsistencies and discrepancies because there are no legislated standards of care, and now even the Bill of Rights has been removed.

This would be the perfect time to introduce Standards of Care that would ensure consistent quality Home Care for all. Case Managers who are qualified Professionals should be assessing and deciding on a plan of care based on consistent guidelines and standards of care. It is not appropriate nor even ethical to turn this important responsibility over to a service provider, as is the scenario described in Bill 175.

Such a function of course, is dependent upon having qualified Case Managers who work as part of a team and have case loads that are manageable enough to allow them to have personal, face to face knowledge of each of their clients and their situations. They can make decisions about the plan of care that suits the situation and client's real needs, including identifying and allowing more creative ways, besides just bathing, in which a PSW might be able to assist the client and improve their quality of life.

- **No Accountability**

The public does not have a say in how Home Care is doing, nor is there opportunity to make suggestions for improvement. There are no elected Boards, governance structure or community memberships having input into the operations of Home Care and therefore no public sector governance and no accountability. Why can there not be a quality management system put in place, by legislation, that allows for public involvement and input? Home Care should not be run by an appointed Board with no public accountability whose main interest is line items and the bottom line.

- **Complaints Process**

Similarly, there is no room for incident reporting or filing of complaints in any way that guarantees proper attention and response. Along with accountability is the need to listen to the people who are in need of and receiving the care. Without that, how can productive and constructive changes be made. It is not enough to expect that these Ontario Health Teams hear the complaints and then decide on how to deal with them. There at least needs to be some legislation that requires complaints and incident reports be reviewed by a third party such as a

patient and family advisory committee, and recommendations for action. Otherwise, nothing changes and we are no better off than we were.

- **Communication breakdown**

We hear repeatedly about confusion of who to call when help is needed or there is a crisis. One time it's the Agency, another time it's a doctor (which one?), or the pharmacy or the supplier, or the visiting nurse. In all of the confusion, as one family member reported recently, the patient can be left without the proper supplies and equipment for feeding, or no person showing up for a night shift that is desperately needed. This situation has become worse in the midst of the transition to the new Ontario Health Team or Super Agency under the Connecting Care Act 2019. Bill 175 does not solve the problem, with so many different players involved who don't necessarily know the patient and family or their situation. With a designated Case Manager answering to one not for profit, accredited, body, operating under defined, legislated standards of care, and the use of a good communication system among the team members these issues could be resolved.

- **Awaiting Long Term Care Placement**

Currently the system for application to Long Term Care can be extremely complicated and confusing. Coordinators responsible for carrying out the required assessment, filling in and filing the papers are overloaded so cannot always accomplish the task in a timely manner. There are persons who need more care than what can be provided at home, especially when there is no one in the home who is able to provide the assistance needed. Often this person ends up in hospital for an acute event. Once the acute problem has been resolved they are told that they must either return home or go to one of the private residences to await placement to Long Term Care. Sometimes the papers for placement have not already been completed and they cannot be completed in hospital. In addition, there are long waiting lists for most Long Term Care homes.

There are several obvious problems with this scenario. First of all, it is a huge waste of time and resources. More importantly, not everyone can afford the cost of a private residence. Plus, the care in many of these institutions is not up to par as has been demonstrated with our recent troubling reports regarding COVID – 19. Viable solutions to these problems are not forthcoming in Bill 175.

Conclusion

As was already stated, the Home Care system in Ontario is in need of repair. Many problems and gaps already exist. In the meantime, the need for Home Care is growing. It is time now to develop a system that is efficient and reliable, is patient centred and deals with individuals and families as people and not commodities. Now is the time to fix the problems, not by destroying what already works, but by taking the time to listen and review and change what needs to be changed, and to add what is needed. There is no doubt that a new and better system will require greater funding in the short term, but with greater efficiency will eventually be more cost effective and a worthwhile investment, creating a Home Care system that Ontario can be proud of.

Respectfully submitted

Barbara O'Connor