GWHC Bill 175 Presentation to Ontario Commission on Long Term Care_ June 17, 2020

Good Morning to fellow Presenters and Members of Ontario Provincial Parliament.

Covid 19 compounded what I already knew. The sad testimonial to many dysfunctional long term care homes where some residents already experienced neglect, abuse, and rationing of essential personal cares and whose families watched them die alone, prompted me to speak today. Listening to Premier Ford, I was convinced that his need to rush through a compassionate client centered bill came from the heart.

However, I am shocked because many of the solutions already enshrined in law, that actually help to put the patient or resident at the centre of care have been removed in Bill 175.

The Bill of Rights and the power of the Minister to enforce it is gone. A complaint process which could interface the office of the OMBUDSMAN is missing. There needs to be a set of performance indicators for every provider that can alert the government to establish a needed oversight, not just a fine .

There is a need for a wait list, not a refusal of service.

Any new legislation must include Standards of Care, giving reasonable hours of care to each patient as recommended by the RNAO, and food, nutritious food without rationing .

To achieve excellence, knowledgeable information improves outcomes. Collaboration is what pools knowledge and brings people into the flow.

Now I will digress for a minute to use an example from the Insurance Industry.

For the fiscally prudent MPP, there is an article, “Lessons for Ontario” in the *International Platform, Comparison of Health Care Systems.* Some suggestions were about what to improve; some were guides to maintain important elements.

For medically necessary services, Inequity in Access occurs for public AND privately insured patients. Private Insurance does increase health care costs by providing higher payment to existing private hospitals and physicians, not including administrative costs. AND it does NOT reduce wait times for publicly insured patients which it professed to do.

When Pharmacare is enabled, it will allow employers to offload Insurance costs and stream that money into Industrial competitiveness.

Now, apply this to LTC homes. Most are privately owned. We are not building capacity but the population need grows. Wait lines stand at around 4000. And you don’t seem to want to know about this!

So, how do we keep people content to stay home?

This article would suggest a better use of e-communication to unify that group. I suggest a refocus of homecare to, first, develop a measurement model and collect information via e-consultation, across Ontario. An example is already in place for hospital wait times in the Champlain LHINS. It would allow patients to follow their care plan and connect patients with similar needs.

For example: Falls hospitalize seniors in staggering numbers. A full e-program to strengthen seniors could be in place *during the wait, before they break.*

Education in Nutrition and even some occupational support could be given.

Mood disorders can be supported after Professional evaluation. In the UK, the rapid intake and triage of patients with psychological problems, has been very effective. This effective and equitable strategy is a 21st century solution with cost efficiency.

I think you see that cost effectiveness in hospitals is tied to Homecare and LTC. I do not see any solutions like this endorsed in this legislation. But the question needs to be asked: How ARE you managing the risks and assets of health delivery in Ontario? This is a fundamental question in conversation with many folk in Ontario.

People want transparency and we all know that when the government manages a system, there is accountability. It is the only way to build trust and to develop a qualitative continuously improving system. For years we have not had that.

Regulations have a place, but should not be the sole consideration in an unpredictable health care setting. We, the people , voted for a publicly funded and administrated system and continue to want that. Our elders paid for this system; they experienced the authoritarian attitudes of Health Insurance Companies in the 50's, co-pay in the 60's and finally the Canada Health Act of 1984, chaired by Conservative Madame Begin. Their stories are being repeated here today. This is nothing to be proud of. I see no evidence that the principles of the Canada Health Act, re-endorsed by the Romanow Commission of 2003, have been written into this legislation.

We can not throw the baby out with the bath water. Following the auditors' reports and Judge's statements on the disastrous state of management when patients are murdered in LTC homes, we have a need to change our approach. Bill 175 is same old and worse. Please take this back to the table. It is not good enough.