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To the Ontario Committee Members on the Public Hearings for Bill 175 Connecting People to Home Care:

As a Retired Case Manager ,B.S.SCN Nursing, ( presently known as a Care Coordinator), first Coordinator of the HIV Prevention Program for Injection Drug Users in Ottawa, Community Nurse at Centretown Community Health Centre, In Charge of Montreal General and Royal Ottawa Psych.Emergency( and Evening Supervisor), Community Nurse in charge of Dawson College CEGEP Health Services, U of T course -Discrimination of LGBTQ Seniors in LTC and then facilitated a workshop (with the same title) ,with the AIDS Committee NL, Director of LTC, Professor School of Social Work MUN, Community Health Nurses and staff from Senior Resource Centre, as well as Community LGBTQ Leaders, an appointment to the Ontario Parents Council, and an appointment as the first Chair of the Champlain Region's Trillium Foundation, I feel I have a unique experience and passion to send my comments to your public process.

I worked in all Life cycles within the Home Care Program including Hospital Discharge Planning, School Children, Severely Disabled Children in dedicated classrooms, Chronic Adult Program, Acquired Brain Injury, Seniors, Dementia , Mental Health(I helped develop) and Palliative Care. As well, I was the first Case Manager at Palliative Care Harm Reduction Program, at the Union Mission, a part of the Inner City Health Program in Ottawa and I sat on their Ethics Committee at the University of Ottawa to develop this program. The Home Care Program afforded me training when I worked as one of the first two Case Managers in the ABI program and was sent to take a course at Algonquin College in Palliative Nursing Care.

When my husband and I moved to Newfoundland and Labrador in 2001, I thought I would continue working as a Case Manager for their Provincial Home Care Program. At the time, they had a hiring freeze for Nurses and the Professional Position as a Case Manager did not exist and it still doesn't to this day. I met with my three MP's over the next 15 years, Conservative, Liberal and NDP, to discuss National Home Care Issues. I asked them each if they would consider proposing a Private Member's Bill to enact National Home Care Standards,as they do not exist. Unfortunately, each MP felt it was too costly and didn't seem to think it was a priority. I truly feel that All Canadians should have equal access to Publicly funded Home Care services as they have with hospital care and physicians.

I have found that Politicians do not listen nor take this issue seriously unless they have a family member who requires home care services. I wonder if any of You have had family members or friends that have received home care services? Have any of You ever met with a Care Coordinator? I would suggest that You meet with a Care Coordinator and possibly make a Home Visit with them in order to comprehend the scope and the holistic care they provide.You would observe how a Care Coordinator organizes a family conference in their home with the patient, a family member, at times ,with their family physician, in order to asses their Health and Psychosocial needs.

I would like to make some suggestions prior to changing the Home Care Program as it currently exists.

I am aware that services have been reduced over the years. When I began working as a Case

Manager, we would provide a comprehensive health and psychosocial assessment of a person's needs to determine if they qualify for Home Care Services including, Nursing( post surgery ,manage wound care, IV medication in home , suctioning for Tracheotomy care, osteomy care), physiotherapy ( care for patients with Cystic Fibrosis, mobility exercises post op, pain management), Occupational Therapy( to determine along with a Physio wheelchair and other mobility aids, ADL( Activities of Daily Living) Assessment , working together with a Personal Support worker to provide patients with Dementia safe activities and prevent wandering outdoors, Speech Therapy( for students, persons who have experienced strokes with safety swallowing assessments),Nutritionists( provide recommendation for those requiring feeding tubes), Social Work ( assess and provide counselling for Patients and their family in all areas, especially with Dementia and Palliative Care ,and Home Support to provide safety with bathing and all ADL's; order mobility aids and medical supplies and receive Medical orders from Family Physicians and Specialists . All to say, Care Coordinators work closely with an Interdisciplinary Team to provide comprehensive and holistic care. Thus, they would develop a care plan with the patient and their family; refer them to community agencies such as meals on wheels, Dementia Day programs, hospice programs, accessible transportation services and then return to re -evaluate the services provided. At all times, the Care Coordinator would communicate with the professional services provided as well as the Home support supervisor. The Care Coordinator advocates on behalf of their patient and helps them to navigate throughout the Health Care system. In 1986, we were able to order up to 60 hours of Home Support in order to help keep people as independent as possible in their homes for as long as possible until they would require long term care. Please investigate how many hours are provided now.

One program I would refer some patients to was called the Match and Share Program.This was a Home Sharing program in the mid-80's where a social worker through the City of Ottawa and her team would assess and match Seniors who lived in their own homes with people who needed affordable housing. The person would help the Senior with activities such as snow shovelling, laundry and other household activities in exchange for affordable accommodations. It would reduce the Senior's isolation and help them remain independent in their own home. And they would receive Home Care Services for personal care.
When I moved to NL, I heard a discussion on a CBC call-in show with the Director of the Homelessness Network and a University Student ,who was Chair of CFS (Canadian Federation of Students).They were talking about the need for affordable housing for University Students since there was a shortage of dormitory space.
I called in and spoke about the Match and Share Program and suggested that we meet to discuss a Home Share Program in St.John's,NL. We met and developed an Advisory committee ( I was the Co-Chair), composed of Community groups, Director of Seniors Resource Centre ,Provincial Government staff, and MUN University, and City Of St.John's Affordable Housing Coordinator .We developed a dynamic community collaborative approach which was extremely successful as we met with all three levels of
government. The three levels of Government provided funds for a feasibility study and in 2012 we were granted funds for a two year pilot project. We also had a concurrent Evaluation conducted by a Professor at the School of Social work and one of her Master's Students ( for her thesis). There is an International Home Share Organization but the Vermont Home Share Program and the first LGBTQ Home Share Halstead Program in Chicago helped us by sharing their policies and procedures. I mention this affordable housing alternative that does not require "bricks and mortar"

since I don't think any other groups who presented in the last three days ,mentioned such an alternative to Long Term Care facilities. There is a Canadian Home Share Organization and some of You may be aware that Home Share programs have been developed in Toronto, Hamilton, Burlington and possibly now in Ottawa in the past two years.

Therefore, I would recommend the following:

1) Evaluate the Current Home Care Program prior to making significant changes;

2) Interview Staff who work in the Home Care Program including Care Coordinators, Physiotherapists, Occupational Therapists, Speech Therapists, Nutritionists, Social Workers, Nurses, and Home Support workers. Asking these frontline Professionals for their input to me is the best way to determine what needs to be changed, positive aspects and successes to provide a comprehensive Home Care Program.

3) Legislate Educational Standards for Personal Support workers. Both staff in LTC and Home Care should be educated and designated at the same level in order to provide quality care.They should be paid the same with benefits, sick leave, paid transportation time. People would be able to stay home longer and it would reduce the need for more LTC beds. I would suggest since there have been staff shortages ,especially during the Covid Pandemic, that the Ontario Government pay to send people to school at community colleges to increase the staff throughout the province in Home Care and LTC. This would also show how the Government respects and values the role of the Personal Support Worker .

4) Provide a comprehensive ,accessible and publicly funded Home Care Program delivered equally with sensitivity to cultural, religious traditions, gender based, Indigenous and language needs for All Ontarians throughout the Province of Ontario.

I now live in Vaughan and would be very willing to speak with Your Committee,speak to the Ontario Health Board; speak with Minister Elliott and Minister Fullerton.

Thank you for this opportunity,
Shari Ritter