



September 23, 2022

To: Ontario Political Leadership – open letter

Dear Party Leaders:

Re: Bill 7 “More Beds Better Care Act”

The Ontario Association of Councils on Aging (OACA) Board of Directors regards Bill 7 as a misguided attempt to address hospital issues by unjustly targeting Alternative Level of Care (ALC) patients and by putting extra pressure on an already over-extended long-term care (LTC) sector. The Bill fails to provide extra resources, will be devastating and will recreate suffering experienced by residents earlier in the pandemic

The OACA, which reflects the perspective of thousands of older adults across the province, recognizes that the health care system, long-term care homes and home care services are in crisis. Systemic shortcomings have developed over many years. They are complex and require a coordinated and systematic response. The pandemic has exacerbated these problems particularly with residents in long-term care homes overwhelmed by COVID outbreaks that led to suffering from lack of care and isolation leading to high levels of physical, cognitive, and mental deterioration and early death.

Bill 7 puts frail, disabled, older adults at higher risk. It requires those who are in hospital requiring LTC to be transferred to a LTC with an opening. This overrides the list of appropriate LTC homes that they and their families have chosen based on their experience and knowledge of unique needs. Hospitals will be able to share confidential medical information with a prospective LTC without consent of the patient or of the substitute decision-maker who is required to act in the best interests of the patient.

Solutions for the ALC issue must be targeted at the corresponding systemic shortcomings - not at the ALC patients. These patients are already victims of a system that is not meeting their needs due to the identified systemic shortcomings. Pressuring these victims and transferring them to vacant LTC beds in homes that are distant from family/friend caregivers, denies them of their caregivers’ invaluable support and denies them their right to live the rest of their lives in one of their preferred LTC homes. Charging ALC patients

\$400 a day for refusing an unacceptable relocation is punitive and equivalent to a hefty monetary fine for a situation of which they are innocent and that they did not create.

The focus on discharging people in ALC beds to non-preferred homes is insensitive and misguided. Alternately, every effort to find solutions should be redirected to addressing the systemic shortcomings that would prevent or alleviate the ALC issue. Health care officials should consider the detrimental impact of relocation to undesirable locations on people's health and well-being and devise creative solutions involving local providers. Such solutions may include interim LTC beds in local hospitals and retirement homes and local not-for-profit staffing entities to help meet staffing needs in facilities and in the community.

Bill 7 raises numerous concerns and questions for the individual and their families:

- Given the extensive waiting lists for LTC, the facilities that have the most frequent openings are apt to be ones with fewer suitable staff, lower levels of care, poor infection and safety records. **Careful evaluation of suitable LTC for each individual is needed.**
- The transfer is proposed as temporary, until a place in one of the preferred homes is available. However, will these residents retain their place on the waiting lists or be superseded by someone else from a priority hospital list? **A high priority rating should be required to be maintained.**
- **Accessibility by family is also critical, they are essential partners in care** – providing help with personal care, feeding, social and mental stimulation and care. They also educate staff about the resident's background and their culture, needs, values and preferences. They are central to helping, with staff, to support residents who may be confused, anxious, depressed, agitated and frightened.
- Will family have the transportation and financial means to get to the home in a regular, timely way? Many family caregivers are seniors themselves and many are without cars or access to public transportation. **What provisions will be made to support access despite distance?**
- **Abrogating the Right of Privacy and the Right of Informed Consent based on age and disability reflects lack of respect and discrimination**

Beyond Bill 7, the systemic issues need urgent attention.

- With increasing complexity of the care required by LTC residents staffing was too low before the pandemic. Nurses, personal support workers and other staff are exhausted, burned out and leaving all three sectors. Low wages and reliance on part-time staff especially in LTC and home care contribute to the loss of staff. **Dedicated and skilled staff need compensation that recognizes and values their contributions.**

- Strengthening home care and community services will allow more older adults to continue to live at home, although more LTC homes are obviously needed.

Implementation of the key recommendations of the Ontario Long-term Care COVID-19 Commission addresses these systemic and structural issues.

We recognize, as we know you do, the complexity of solving the ALC issue and transforming long-term care but this must be a high priority that also respects the rights of ALC patients, most of whom are old and vulnerable. Many, including Gandhi and Pope John II, have said that a society will be judged by how it treats its weakest and most vulnerable members.

Sincerely,



Lilian Wells,
President, OACA
416-489-3019

Copies to:

Hon. Doug Ford, Premier,
Hon. Peter Tabuns, Leader of the Official Opposition
Hon. John Fraser, Interim Liberal Leader of Ontario
Hon. Mike Schreiner, Leader of the Green Party of Ontario
Hon. Paul Calandra, Minister of Long-Term Care
Hon. Sylvia Jones, Minister of Health
Hon. Raymond Cho, Minister for Seniors and Accessibility