

# HAMILTON SPECTATOR

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Op-ed submitted by the Ontario Association of Councils on Aging

[https://www.thespec.com/opinion/contributors/older-adults-need-more-housing-options/article\\_e88147de-f629-56ab-811d-ebdd75d5df70.html](https://www.thespec.com/opinion/contributors/older-adults-need-more-housing-options/article_e88147de-f629-56ab-811d-ebdd75d5df70.html)

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## **Open letter to Ontario Party Leaders:**

Bill 7 “More Beds Better Care Act” doesn’t provide additional beds or better care.

The Ontario Association of Councils on Aging (OACA) Board of Directors regards “More Beds Better Care Act” as an insensitive and 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 Act fails to provide extra resources for additional beds and staff, diminishes the role of family caregivers and will potentially recreate the 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 systemic 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, isolation leading to high levels of physical, cognitive, and mental deterioration and early death.

The Act puts frail, disabled older adults at higher risk. It requires those who are in hospital requiring LTC to be transferred potentially to a distant LTC home with a vacancy. This overrides the list of appropriate LTC homes that they and their families have chosen based on their experience, knowledge of their loved one’s unique needs and proximity for continued care and support. Hospitals will be able to share confidential medical information with a prospective LTC home 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 far from family/friend caregivers, denies them of their caregivers’ invaluable support. 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

Alternately, every effort to find creative solutions must be redirected to addressing the systemic shortcomings that would prevent or alleviate the ALC issue, such as:

- Funding interim LTC beds in **local** hospitals and retirement homes to increase availability of **local** interim LTC beds and to enable the continued access to family caregivers and support from friends
- Funding **local** not-for-profit staffing entities to help meet staffing needs in facilities and in the community to alleviate the high costs of replacement staff from private for-profit agencies
- Compensating health care staff appropriately for their invaluable care and skills such that they feel recognized and valued for their contributions, reducing the current trend towards leaving their professions for alternate work
- Strengthening home care and community services to allow more older adults to continue to live at home
- Urgently implementing the key recommendations of the Ontario Long-term Care COVID-19 Commission to address these and other systemic and structural issues.

The OACA recognizes the complexity of solving the ALC issue, of transforming the LTC system and addressing the staffing shortages in the health care system, but Ontario must make this the highest priority to achieve the health and well being of the general population, while respecting the rights of ALC patients, most of whom are old and vulnerable.

*Lilian Wells, President, OACA and Dominic Ventresca, Director OACA and Chair Age-Friendly Niagara Council. For more information about the Ontario Association of Councils on Aging please visit <https://ontariocouncilsonaging.ca>.*