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Long Term Care Commission Report: A Response

Preamble

The highly anticipated Report from the Long-Term Care Commission was released April 30th.

<https://files.ontario.ca/mltc-ltcc-final-report-en-2021-04-30.pdf>

From its inception, SSAO has maintained that the dysfunction in the LTC system is due to the underlying effects of ageism and ableism. Both have led to the dominance of a medical and institutional model of care for the elderly that has resulted in three (3) serious systemic problems:

- The lack of viable alternatives to the mass institutionalization of the elderly in 626 congregate care facilities;
- The lack of vigorous enforcement of the legislative standards, regulations, and rights of residents;
- The dominance of the for-profit model of care.

It is through this lens that the following brief analysis is made.

Mandate

Rather than re imagining what elder care could look like as a solution to the mass deaths, infections, and dysfunction of elder care in Ontario, the Commissioners chose to narrowly focus their review and recommendations on the more immediate factors that led to one of this province's greatest tragedies. The Denmark home care model was briefly noted, but its lessons for Ontario were mostly dismissed in the recommendation section. Consequently, the need to fundamentally transform elder care, as the Commission and others admit, is lost in the details of focusing on the pandemic's effects and operational improvements – many of which were echoed in previous reports over the last 20 years. On the fundamental need for reform, we are left with the Commission's statement that "*Leaders need to reimagine care of the elderly in this province*" (pg. 24).

We had hoped the Commissioners would have seen their role as recommending the direction and steps towards a progressive model of elder care for the 21st century. Instead, the Commission provided 85 recommendations mostly concerned with operational improvements to an existing outdated and unsustainable model of institutional care.

A tremendous opportunity has been lost for the transformation of elder care in Ontario.

The Lack of Viable Alternatives to the Mass Institutionalization of the Elderly

While one recommendation (# 61) suggests some effort towards expanding home care and developing small homes as alternatives to the institutional model of care, this idea is incidental to the Report's more pronounced focus on renovating, and building some 55,000 new institutional beds, at a minimum, by 2033 and more by the 2040's.

The lesson that Denmark provided was that new bed construction was not needed for elder Danes for the past 25 years when a serious priority policy regarding home care was put in place. The Commission ignores this finding in favour of a strong recommendation to increase the institutional model of care, and not placing home care as a solution to many costly LTC placements.

The Commission advances the need for institutional care for the vast majority of residents then goes on to inexplicably maintain the incoherent and contradictory statement admitting that seniors want to age at home and not in institutions. This clearly demonstrates the Commission's disregard of older adult's wishes.

Establishing home care as a significant solution to a serious elder care problem in a range of ways would have been a fundamental outcome of the Commission's work and recommendations to improve the elder care system. Instead, home care is seen as incidental.

For those who simply cannot remain at home, the Commission did not consider the more individualized, person centred, community-based accommodation model for some 19,000 adults in Ontario who have an intellectual / developmental disability as a viable model of care for seniors with disabilities. The Commission preferred the medical / institutional model of care - a model that has been rejected by and for all other social groups, except prisoners.

Profit in Care for the Elderly

The Commissioners support the continued involvement of profit in the delivery of care. They were silent on the worse outcomes in facilities operated and/or managed by for-profit companies. These problems have been documented in the many reports that have previously been referenced by SSAO and others. The Commission's Report implies that the "profit" derived from the delivery of care by for-profit operators will not affect the resources or outcomes available for elder care. A recommendation to separate the construction of LTC facilities from the delivery of care and the support business, a strategy the Commission says works in the business of rail and hospital development, makes no mention of how it affects service. This is important since funding envelopes are similar for both profit and non-profit providers in LTC. Shareholders, investors, and the chain operators will be pleased with the Commission's emphasis on maintaining profit in care.

Enforcement

The Report contains only one recommendation on the serious issue of the enforcement of standards, regulations and residents' rights. This recommendation simply reiterates the authority currently in place for the Director regarding mandatory management orders and transfer of licences. The Commissioners have continued to protect the worst operators by remaining silent on the levy of financial penalties. According to correspondence between an SSAO member and the Ministry of Health and Long-Term Care privacy office there are no provisions in force under the *Long-Term Care Homes Act, 2007* (LTCHA) for the issuance of fines. The Commission makes no recommendation on perhaps the single most important tool for enforcement.

The Commission's Focus

SSAO has always recognized the underfunding, understaffing, and poor management in many of the LTC facilities as a contributing factor to the systemic dysfunction in LTC. However, SSAO has been clear that throwing more money, more staffing and more beds at a dysfunctional system (the Report's focus) without addressing the model of care will not, in the end, reform this broken system. Without addressing the underlying deficits by moving away from the institutional / medical model of care the problems will persist. This is said with all due respect for those who feel the institutional culture is redeemable by initiatives such as the Butterfly program, a relevant but unscalable model of care dependent on voluntary buy-in by individual care providers.

As most managers know "culture eats strategy for breakfast". The institutional culture inherently promotes regimentation, standardization, efficiency, control and the sublimation of personal identity and individual preference. The Report's contention that LTC facilities can become "homes" and deliver on the person-centred promise of care and support underscores the Commission's misunderstanding of the challenge of culture change. Being and becoming person-centred implies flexible and portable supports that can identify and accommodate individual difference and preference within an engaged network of family, friends and others. It is the opposite of an institutional culture. In fact, institutions cannot become person-centred by their very nature, and they certainly are not home-like in the normative sense of the word.

The Commissioners state that, "*The fundamental principle of the Long-Term Care Homes Act, 2007, requires homes to be operated so residents "may live with dignity and in security, safety and comfort and have their physical, psychological, social, spiritual and cultural needs adequately met."* The 85 recommendations are intended to accomplish this, but social justice advocates and seniors themselves are unconvinced.

This report is likely to maintain the status quo with a few modest changes or affects for elderly people in need of longer-term care. Vested, long standing and entrenched interests, however, will no doubt be pleased with this Commission's work, as will advocates for the institutional model of care.

Your Future

Ask yourself if you aspire to a nursing home when your health fails in any significant way. Or would you rather age in place in familiar surroundings with familiar people with as much home support as needed? And alternatively, if you cannot remain at home would you rather live with a few people in your neighbourhood or community in a small accessible shared home with good support that recognizes you as a person.

The Report of the LTC Commission does little to shift the model of care to what most seniors say they want.

SSAO website

<https://www.seniorsactionontario.com/>