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WHO'S ON FIRST?

The Ontario government has taken the draconian step of passing Bill 7 using its majority in order for hospitals to be able to force alternate level of care (ALC) patients into long-term care institutions 70-150 kilometres from their homes and natural support systems. These patients and their families must also pay for them to be transported against their will.

Bill 7 has also eliminated the usual rights afforded others with respect to privacy of personal health information. It can now be sent to a facility without their consent.

The arbitrary and indefensible nature of this Bill raises an important question – whose idea was this? There is some evidence that the idea was not entirely the Ford government's (Ontario Government Bill 7, 2022).

Recently CEO's of hospitals have come out against the position taken by elders, people with disabilities and their families in saying that they "fully support Bill 7", attempting to offer "reassurance". The letter was signed by Baycrest, Humber River Regional, CAMH, Lakeridge Health, Mackenzie Health, Michael Garron Hospital, North York General, Oak Valley Health, the Scarborough Health Network, Sick Kids, Sinai Health, South Lake Regional Health Centre, Sunnybrook Health Sciences Centre, Trillium Health Partners, University Health Network, St. Joseph's, St. Michael's, Providence (all part of the Unity Health Network), William Osler Health System and Women's College Hospital. It was signed by the senior staff – Presidents, CEO's, Chiefs of Staff, Chief Medical Officers, and various Vice-Presidents (North York General, 2022).

What was missing from this letter were the signatures of the Chairs of their Boards of Directors. Did their Boards even know they were issuing a letter publicly supporting this draconian piece of legislation targeting vulnerable ALC patients? Who is in charge of our hospitals now – their Boards, or their senior staff?

Quite predictably the public is not reassured when senior staff unilaterally take this kind of action. It raises the question – who are they really serving? Certainly not the ALC patients and their families who must endure having their rights abrogated and be subjected to differential treatment. Perhaps the CEO's and senior staff need some sensitivity training concerning the human rights of vulnerable elders and people with disabilities as well as a reminder that it is the public that pays their rather healthy salaries.

Who's On First?

Who came up with the idea of using legislation to weaponize hospitals against their patients? Why use this draconian way of dealing with pressures on hospitals when so many other home care, direct funding, and community-based residential options could have been funded?

Is the Ford government taking its orders from big hospital CEO's and Ministry of Health bureaucrats?

Are they incapable of taking the reins and developing policies and laws that are actually in the public interest and that do protect patients by offering them humane choices?

Are they capable of implementing the policies recommended by the Premier's own Council on Improving Health Care and Ending Hallway Medicine?

We at SSAO are left scratching our heads as to why the recommendations made by the Premier's Council on Improving Health Care and Ending Hallway Medicine, in its 2019 second report to the Premier - [A Healthy Ontario: Building a Sustainable Health Care System](#) - were not adopted (Premier's Council on Improving Health Care and Ending Hallway Medicine, 2019).

Did the advice from senior staff in hospitals and the Ministry of Health bureaucracy trump an excellent report that incorporated the feedback of hundreds of stakeholders? If so - why?

What Did the Premier's Council Report Say?

The report makes interesting reading. It was a precursor to all of the advice Seniors for Social Action Ontario gave the Premier and his staff in 2020 – which the Ford government also ignored and did not acknowledge. The Premier's Council sought the advice of 1500 health care providers, patients, and caregivers in producing the report.

Here are several key takeaways that SSAO agrees would have prevented the “crisis” the government wants to convince us now exists in hospitals.

The report identifies the lack of early intervention and prevention approaches as “contributing to more patients seeking care in hospitals rather than being cared for in their homes and communities” and it ties those challenges directly to hallway health care (Premier's Council on Improving Health Care and Ending Hallway Medicine, 2019). It names the heavy burden placed on caregivers and the resulting stress that they suffer - which Bill 7 has now made worse. It admits that patients “want information about publicly-funded care options” and respectful, proactive and easy to understand conversations with providers. Interestingly the report acknowledges that “in an integrated health care system, resources would follow the patient.” Yes it would using an approach SSAO has recommended – Money Follows the Person.

The report recommends:

- Modernizing Home Care and providing a more flexible mix of health care and community supports, as well as more virtual options;
- Strengthening collaboration between health and social services by sharing data openly and transparently to improve health outcomes;
- That patients be given more options and flexibility in how they access health care and suggests that the system should be ensuring “engaged and empowered” consumers “throughout their health care journey”;
- “Closer partnerships between housing, social services, and health care” as suggested by consumers;
- From a 2016 report Ontario’s Family Caregivers: The Caring Experience “that for family caregivers supporting patients with dementia, extended hours for respite or additional access to support overnight would help make it possible to keep their family member at home longer rather than moving them to a long-term care home”;
- Most importantly that “even though hallway health care occurs in hospitals, part of the problem can be addressed by improving access to quality health care in other settings – especially home and community care”;
- That while some communities have access to “a range of assisted living, supportive housing, and other congregate care models... these are not consistently available across the province”, and suggests encouraging innovative approaches as they emerge.

Here is the breakdown of costs of different levels of care:

- A hospital can receive a per diem from the provincial government of anywhere from just over \$500 to just over \$1700 (Government of Ontario, 2021).
- A long term care bed costs \$ \$191.02 per resident, per day (Government of Ontario, 2021)
- The last available figures for Home Care per diems were approximately \$45.00 per day (Drummond et al, 2020).

If even the \$191.02 per resident per day in an institution was redirected to home care, every resident designated long-term care could receive over 6 hours of Home Care a day on a 1-1 staff to client ratio.

So why did the Premier ignore his own Council’s recommendations as well as those of Seniors for Social Action Ontario urging him to invest much more in home and community care to avert this kind of hospital “crisis”?

Who is in charge of this government? And why is the government not at work at Queen’s Park, instead of adjourning the provincial Legislature until the end of October in the midst of what it considers enough of a “crisis” to abrogate the rights of older adults and people with disabilities?

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