



## SENIORS FOR SOCIAL ACTION (ONTARIO)

### INFORMATION BULLETIN

January 2, 2025

#### **An Operational Change in Direction from Institutions to In-Home and Community Supports Issued by Ontario Health**

This Information Bulletin is sent to advise you that Ontario Health has shifted its focus from Long-term Care First options to Home First options in an [Operational Direction](#) sent to Ontario Hospital CEOs, Ontario Health atHome CEO, Ontario Community Support Services, Community Mental Health Services, Health Service Provider CEOs and Executive Directors in August 2024.

This signals a major shift in the direction of service provision away from institutionalization to in-home and community support. It appears that Ontario Health has heard Seniors for Social Action Ontario that elders want to age in place in their own homes and communities.

This is the second indication that the Ontario government is moving away from institutionalization of elders towards in-home and community-based support services. The first was its [announcement in the 2024 budget](#) of an additional \$2 billion investment in the home and community care sector to support its expansion and increase compensation for its workforce.

This means that Seniors for Social Action Ontario needs to keep the pressure on to continue to build on these gains and ensure that the non-profit community support sector has the resources it needs to meet this challenge. We will be launching a fundraising campaign in the new year to support a provincial advocacy campaign to raise public awareness about the need to build a 21st Century home and community-based system to help elders to age in place. We are working with a professional public and government relations firm to achieve this goal, so will be, for the first time, asking for your help to achieve a financial goal in order to launch the campaign.

There appears to be a new recognition at Ontario Health that forcing people to remain in hospital and not sending them home with support services risks functional decline: [“Across the province there are more than 5,000 people with an ALC designation waiting in hospital beds, with approximately 46% waiting for LTC. Fifty percent of older adults experience functional decline and increased dependency during prolonged hospitalization. To optimize patient outcomes and system capacity it is imperative that we shift away from an “LTC-first approach.”](#)

The new Operational Direction emphasizes the rights of people to go home with adequate supports in place: [“Home First is an approach whereby every effort is made to ensure adequate resources are in place to support patients to remain at home whenever possible, and ultimately return home upon discharge from all bedded levels of care \(i.e., acute, rehab, complex continuing care, mental health\).”](#)

The Operational Direction further supports agencies and organizations funded by Ontario Health to change direction and start supporting people at home rather than in hospital or referring them to long-term care institutions: [“This operational direction is intended to provide sectors with specific actions and approaches that will support patient flow and overall system efficiency, with a focus on supporting patients at home and returning patients home with the appropriate supports. This direction highlights and builds on key elements from The Transitions Between Hospital and Home Quality Standards \(QS\) and The Alternate Level of Care \(ALC\) Leading Practices Guide: Preventing Hospitalization and Extended Stays for Older Adults \(ALC LP\) that support and reinforce the implementation of the Home First approach.”](#)

### **SSAO Advises**

**If you or a loved one is being pressured to enter long-term care, especially while in hospital, please use this directive to insist that return home with support be considered the first option, not long-term care.**

### **SSAO Also Advises**

**That those supporting loved ones who are receiving inadequate or unreliable Home Care from Ontario Health atHome at the present time ask to access the individualized direct funding option under the Family Managed Home Care Program that would provide funding for you to organize your own in-home support services.**

**Here is the information on Family Managed Home Care:**

<https://ontariohealthathome.ca/home-care/family-managed-home-care/>

**Here are the documents to download:**

<https://ontariohealthathome.ca/document/family-managed-home-care-fact-sheet-for-patients-english/>

**Should you be told you are not eligible because of age discriminatory access criteria for this Program, ask to speak to the Regional Director at your Ontario Health atHome Office, and failing that, please contact SSAO at [seniorsactionontario@gmail.com](mailto:seniorsactionontario@gmail.com) and we will connect you to senior management at Ontario Health atHome and/or Ontario Health.**

These are the principles contained in the Operational Direction distributed by Ontario Health:

### **Home First Guiding Principles:**

- 1. Patients have the right to choose to live at risk in their own home with the right level of supports. There is recognition that patients no longer in need of inpatient care are at risk of further decline when remaining in a hospital setting (i.e., hospital-acquired infection, functional decline, etc.).**
- 2. Major decisions, such as going to LTC should be made from home, since patients are most comfortable and better able to make decisions about next steps in their care journey in the home environment.**
- 3. Care provided in hospitals enables and supports patients to return home. Patients' care plans should include early mobilization to further avoid functional decline that may prevent the return home.**
- 4. Supporting patients and caregivers to return home enables caregivers to contribute to care delivery in partnership with service providers, creating opportunities for better health outcomes. Challenges, barriers, and concerns patients and caregivers are experiencing are always considered throughout discharge planning.**
- 5. Services and supports are available in the community to enable patients to return home, including primary care and organizations that support access to Indigenous Healing Practices for culturally safe care.**
- 6. Building on the Operational Direction: Priorities for Spring/Summer 2024, Home First applies a focus on collaborative discharge planning that is patient-centered and ensures all services and supports in the community are explored and exhausted before considering a LTC referral. LTC is not an appropriate alternative for patients requiring affordable housing and should not be considered as an expedited discharge destination.**

**The full directive is found here:**

[https://www.ontariohealth.ca/sites/ontariohealth/files/Ontario\\_Health\\_Home\\_First\\_Operational\\_Direction.pdf](https://www.ontariohealth.ca/sites/ontariohealth/files/Ontario_Health_Home_First_Operational_Direction.pdf)