Seniors for Social Action Ontario (SSAO)

PRESENTATION TO COVID-19 LONG TERM CARE COMMISSION

December 14, 2020

Overview

- Province-wide group of individuals with decades of experience in policy development and analysis, legislative reform, program development and implementation, disability and elder rights advocacy, and systemic change initiatives.

- Have advocated for disability and elder rights and for change in the long term sector dating back 40 years to the 1980's.

- Came together again to try to make a difference after seeing the devastating impact the pandemic was having on older adults and people with disabilities in long term care institutions.

Kay Wigle, Communications Coordinator, Systemic Advocate
Doug Cartan, Regional Coordinator, and Co-Founder
Patricia Spindel, Policy Development, and Co-Founder

Root Causes of Symptomatic Issues in Long Term Care

The Wrong Principles Are Guiding the System & Care

OUTDATED		MODERN
Medicalizing Age & Disability	vs	Social / Structural
Deficit approach	vs	Strengths-Based Approach
Institutional Orientation (Disabling "help")	vs	Home & Community Based Orientation (Empowerment)

Three Root Causes Of Systemic Issues In Long Term Care

1. Lack of Alternatives

High rates of institutionalization and low rates of in-home and community residential alternatives

- Ignores choice
- Ignores community capacity to support people with complex needs
- Prevents effective enforcement
- Reinforces institutionalization

Three Root Causes Of Systemic Issues In Long Term Care

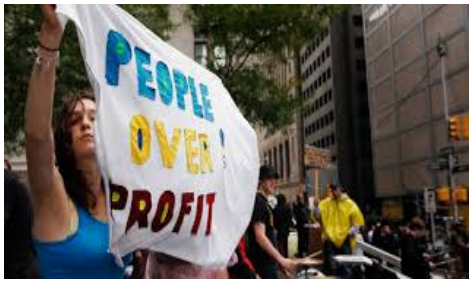
2. Inspections and Sanctions

Absence Of Rigorous Inspections With Meaningful Sanctions

- Cannot levy effective sanctions for repeated violations
- No options for transferring people
- No prosecution policy
- No working relationship with Police
- No forensic accounting capacity
- Credibility of inspectors

Three Root Causes Of Systemic Issues In Long Term Care

3. Corporate For-Profit Involvement



- Creates symptomatic problems (e.g. short staffing, low wages)
- Lobbyists exert undue influence
- Concerns about criminal involvement
- Public concern about profit vs care

A Quick History: *(Example)*
Deinstitutionalization of People with Developmental Disabilities

- **2 REPORTS: 1971 and 1973 by Walter Williston QC & Robert Welch Minister of Social Development Policy on the future of services and supports for people.**

- **The Williston Report - Scathing indictment of institutions**
  - **Downsize and eliminate them**
  - **Develop a community-based system of services in-home/ residential**
- **1971 – 232 people living in small group homes**
- **2020 – 15,000 many who need maximum assistance, now living in a range of non-profit residential settings delivered by over 300 community-based organizations across Ontario**

A Quick History: *(Example)*
Deinstitutionalization of People with Developmental Disabilities

<u>Robert Welch Report 1973:</u>

- **Implemented the Williston Report**
- **Transferred jurisdiction to MCSS from MOH**
- **Series of 5 year plans to close institutions and repatriate over 5,000 people to their home communities**
- **Sadly, now, over 3,000 people with developmental disabilities are in LTCFs. Unnecessarily! People follow the money**

“High Acuity”

A misleading label

All human conditions get worse in institutions

- External environment and trauma creates aggressive behaviour
- Affected by one’s degree of control, choice, and communication
- “Case mixes” are wrong
- Assembly line care prevents effective dementia interventions

THE DETAILS: Going Forward

1. ALTERNATIVES: Residential Options

People With The Most Complex Needs Already Live In The Community

First, turn off the hospital to institution spigot!

Community partners exist; mental health and developmental service agencies, seniors and related service agencies *(e.g. Woodgreen, Neighbourhood & Senior Link)* Developmental and Physical Disability Services, Municipalities, Community Mental Health

Transfer same level of funding + resident co-pay

Introduce "Money Follows The Person" (see USA Medicaid)

THE DETAILS: Going Forward

2. ALTERNATIVES: Increase In-Home Support

People With The Most Complex Needs Already Live In The Community

First, turn off the hospital to institution spigot!

Extend and make permanent the "High Intensity Support" initiative intended to prevent admission to nursing homes and ease wait lists

Remove caps on home support hours

Introduce family paid caregivers, see Newfoundland & Labrador program

Individual Direct Funding, see NY state example

The Details: Boost Accountability For Care
Non-Profit Vs For-Profit

- **Boards of Directors and Elected Councils** for municipalities hold services **accountable for care not profits and for fiscal management** – order organizational reviews if necessary
- **Yearly inspections by program supervisors** to ensure mandates are fulfilled and service quality – comprehensive - proactive not reactive
- **Non-profits are held accountable for service contracts**
- **Government can order forensic audits, interim management, contract termination without fear of court challenges**
- **Non-profits cannot unduly influence government policy – cannot make campaign contributions or hire expensive lobbyists**
- **Overall stronger, clearer accountability for quality of care to service recipients (Service users and families may be on community boards)**

DENMARK HAS DONE IT: A MODEL FOR A DIGNIFIED OLD AGE

33% of deaths from Covid in Denmark's LTC

June 2020 (Ontario 80%)

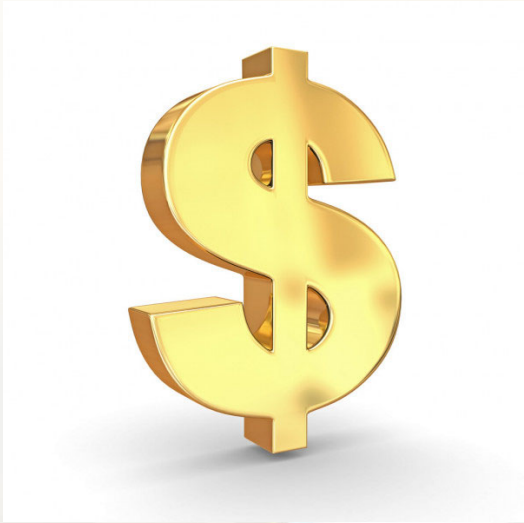
- ✓ **Policy Priority established 1980's:**

  "deinstitutionalization" (*Community and Home Care over institutional care*)
- ✓ **Highly decentralized and local responsibility for care of frail older adults (Broad public support)**
- ✓ **Residential alternatives in place**
- ✓ **Majority of nursing homes are public & provide an individual abode**

https://ltccovid.org/wp-content/uploads/2020/05/The-COVID-19-Long-Term-Care-situation-in-Denmark-29-May-2020.pdf

OECD.Stat – LTC Expenditure as Share of GDP, 2017

CANADA	1.3
DENMARK	2.5
OECD (17)	1.7



OECD.Stat – Beds in LTC Facilities, per 1,000 population age 65 and over

	2006	2018
CANADA	58.5	54.4 (p)
DENMARK	54.7	38.6

THE DETAILS: Going Forward

Inspections and Sanctions

Something has got to be done!

- LTC Act good but unenforceable
- Use Health Facilities Special Orders Act to take over the worst LTC facilities
- Put a Crown Attorney in the Inspections Branch
- Use forensic auditors to conduct audits of problematic facilities
- Make criminal referrals when foreseeably substandard care may be criminally negligent, resulting in harm or death, investigate assaults
- Develop oversight mechanism to ensure physicians do not abandon, chemically restrain, fail to treat residents, or order necessary hospitalization

THE DETAILS: Going Forward

Eliminate For-Profit Care

Increase Public Accountability,

Decrease Undue Influence on Government Policy,

Reduce Possibility of Criminality

- All funding for care not management companies or profit
- Eliminate paid lobbyists and their undue influence
- Increase the voice of residents, service users, and family members
- Eliminate campaign contributions from this industry to politicians responsible for licensing, funding and enforcement
- Eliminate the dangers of criminality infiltrating the system (fraud, kickbacks, money-laundering)
- Ensure sufficient time for non-profits to submit proposals for creative alternatives (LHINs and OHT's)

Summary of Recommendations:

Alternatives

- **That the Commission recommend transfer of LTC to an Assistant Deputy Minister for Seniors in the Ministry of Children, Community And Social Services (renamed the Ministry of Children, Seniors, Community And Social Services) OR that Cabinet fund the Ministry of Long Term Care to work with non-profit community providers to downsize long term care institutions and create funding parity between community-based residential, in-home care and institutional long term care with emphasis on community care.**

- **That the Commission recommend that the Government of Ontario reduce funding to the institutional long term care sector and redirect it to the non-profit community care sector until funding parity is reached and exceeded, thereby emphasizing aging in place and community residential options as opposed to institutionalization.**

- **That the Commission recommend that government double funding to its Home Care Program and remove caps on levels of care as well as removing current bureaucratic staffing restrictions in order to prevent institutionalization.**

Summary of Recommendations:

Alternatives

- **That the Commission recommend that LHINs be required to allow sufficient time for non-profit organizations and municipalities to respond to expressions of interest, capacity assessment requests, and funding proposal requests to meet their accountability requirements before submission.**

- **That the Commission recommend that government begin funding a Money Follows The Person Initiative; institute Individualized Direct Funding for older adults and their POA's; fund a Paid Family Caregiver Program to ease waiting lists; and recommend that the province negotiate a Federal government mandated public long term care insurance program.**

Summary of Recommendations:

Inspections

- That the Commission recommend that in concert with the development of alternatives to the institutional sector, a more rigorous inspection system be introduced incorporating forensic audits, a prosecution policy, Cease Admission orders, non-renewal of licenses, the issuing of fines (to be legislated), and license revocations.

- That the Commission recommend that the Inspection Branch end its policy of hiring inspectors from the long term care sector and instead hire inspectors with investigative and public health experience and who come from other health sectors.

- That the Commission recommend that the Inspection Branch develop closer ties with the OPP and other police forces and make referrals to them when criminal acts, including criminal negligence causing bodily harm or death are suspected, as well as assaults on residents.

- That a Crown Attorney be cross appointed from the Ministry of the Attorney General to assist the Inspection Branch in re-introducing a prosecution policy.

Summary of Recommendations:

Inspections

- **That the Commission recommend that the Attorney General ask that police investigate incidences where families have requested criminal investigations and/or when conditions in a facility as reported by inspectors warrant police investigation, or when a facility has a high infection and death rate.**

- **That the Commission recommend an investigation into the actions of doctors who prescribed medication as chemical restraints, possibly without the informed consent of residents or their POA's who were barred from facilities during the pandemic, who abandoned their patients, and who failed to order hospitalization of residents with treatable, and life threatening conditions during the pandemic.**

Summary of Recommendations:

Profit

- **That the Commission recommend the reduction of for-profit involvement in long term care by government redirecting funding to the non-profit community-based care sector and municipalities to develop alternatives to institutionalization.**

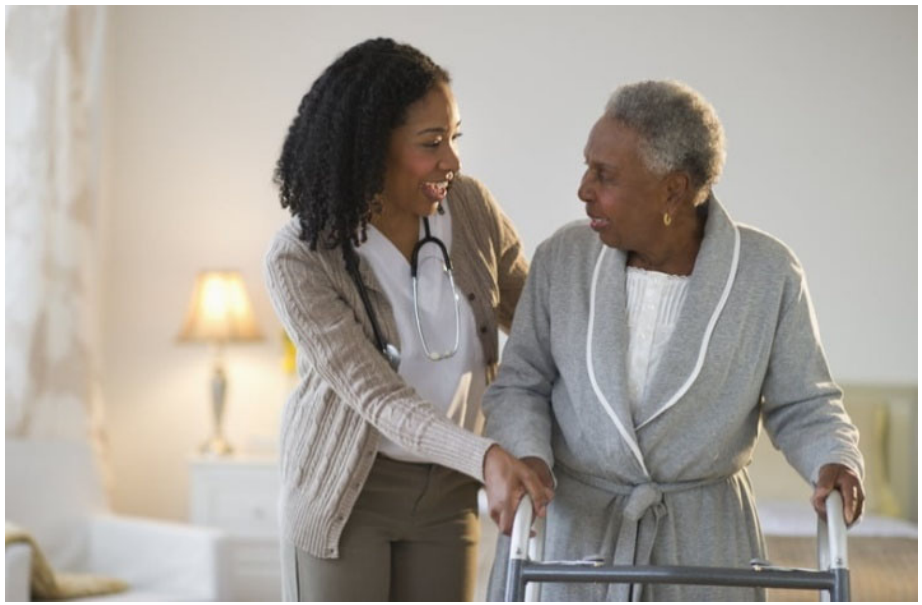
- **That the Commission recommend that the government institute forensic audits of any facilities that have a history of short staffing and being short of supplies for resident care and necessary PPE for staff.**

- **That the Commission recommend that forensic audits be conducted to determine whether or not the long term care industry's repeated calls for more funding are justified, and to what extent profits are being taken out of facilities, especially where one corporation owns a facility and another is hired to manage it.**

- **That the Commission recommend that corporations be required to manage their facilities and refrain from hiring management companies or surrender their beds so that they can be re-awarded.**

THE FUTURE NEEDS TO BE:

This



Not this