



Care Watch Submission to Ontario's Nursing Home COVID-19 Inquiry November 1, 2020

Care Watch welcomes the inquiry into COVID-19 in Ontario's nursing homes. We are a non-profit, senior-led volunteer group. We have no political affiliation, but work with decision makers and politicians of all stripes to promote high quality, equitable home and community care for Ontario's seniors.

Home care and institutional care serve many of the same clients, who sometimes move between settings. They also draw workers – largely personal support workers - from the same pool. We are learning that COVID-19's effects can last long beyond the acute phase. Some people will go from hospitals to their own homes or to a residential setting, but may need further care and perhaps readmission. We therefore need to view these services as a system. What we learn through the inquiry will benefit the system as a whole.

Within this context, we have several primary concerns.

- **Accountability.** Government funds nursing homes, so needs to set, monitor, and enforce consistent standards. Increasing funding is only part of the answer; nursing homes must be accountable for how they use that funding.

Even before COVID-19, nursing home inspections had decreased, and the remaining ones were often not conducted in person. Regular inspections need to be reinstated and operators held accountable for the results. As a last resort, government must be able to revoke licences of operators that don't remedy deficiencies. When nursing homes are held to consistent standards for care and infection control, home care should have comparable standards.

In addition, when substandard care harms residents, they and their families need and deserve recourse. Limiting their ability to sue deprives them of this recourse.

Care Watch recommends that all nursing homes be subject to regular, in-person, and at times unannounced inspections of care and infection control. We further recommend that nursing homes face consequences, including loss of licences, for failing to meet standards and remedy deficiencies within prescribed timelines.

- **Workers.** Personal support workers in long-term care homes told painful stories of danger, loss, and risk. Personal support workers in the community had similar experiences. Instead of going from one resident to another in crowded institutions, they travel from one home to another, often with inadequate protection. When government invests in long-term care, making the shift from warehouses to actual homes, home and community care will take on even more responsibility. Government has recognized that personal support workers need and deserve higher wages, but that is only the beginning. We need a strong, sustainable pool of dedicated and qualified workers.

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Care Watch recommends that the Long-Term Care COVID-19 Commission urge Ontario's government to address pay, working conditions, and development of a strong pool of support workers. We further recommend that Ontario explore working with other provinces and the federal government to develop a labour strategy for people working in home and institutional long-term care.

- **Privatization.** When an organization must compensate its shareholders, it has less to spend on its residents. A British Columbia study revealed that in 2016/2017 and 2017/2018, with the same level of public funding, non-profit homes spent 10% more of their revenues on direct care and provided more hours of care than did for-profit homes. These figures translated to a difference of about \$10,000 per resident per year.

COVID-19 outbreaks occurred equally in for-profit and non-profit homes. They were far more deadly, however, in the for-profit homes, many of which don't meet modern design and infection control standards. Their funding too often goes to shareholders instead of upgrades. As one example, Extendicare spent only \$300,000 on COVID-related expenses, but paid \$10 million to its shareholders. Some of its homes lacked basic amenities such as air conditioning and, in some cases, had to be taken over by hospitals. Another company, with facilities the military called "deplorable," is now trying to take over the licence of a non-profit nursing home.

Home care services correspondingly need to be delivered by organizations that put more importance on client care than on shareholder profit.

Some former government officials and campaign workers are now lobbyists for for-profit facilities or large long-term care companies. Members of the public fear their voices will predominate.

Care Watch recommends that government explore a gradual decrease in privatization of long-term care services. Selection criteria for new homes and services should place non-profit organizations on a competitive footing, with the goal of eventually eliminating privatization.

- **Home and community care.** When government announces additional beds, it gives less attention to the services that would reduce pressure on those beds. Seniors have said they prefer to remain in their own homes and communities as long as possible. After COVID highlighted conditions in long-term care homes, even more seniors said they wanted to stay out of institutions. Home care clients had fewer COVID infections than those in institutions. They also cost the system much less. It costs about \$180 per day to care for a resident with high needs in a long-term care home, but only about \$103 in the home care system.

Some seniors will need nursing homes, but those homes aren't the only alternative. Other jurisdictions have implemented innovative models that can reduce and even eliminate the need for long-term institutional care. Even within the current system, adequate funding and consistent standards would go a long way to preventing institutionalization.

Some long-term care funding hasn't yet been assigned. Reallocating some of it to home and community care could keep people safer, reduce pressures on long-term care homes and hospitals, and decrease overall costs.

Care Watch recommends that government explore: 1) models in other jurisdictions; and 2) models used successfully for other populations (for example, younger people and people with disabilities). We further recommend allocating some unassigned long-term care funding to home and community care.

Care Watch supports the Long-Term Care COVID-19 Commission's interim recommendations on care standards, infection control, staffing, and collaboration. We also support the call to act on them immediately. We are encouraged by the pay increase for personal support workers, albeit still temporary, and the Ministry of Health's intention to increase community care capacity. The next steps will be to follow these statements with substantial change.

Care Watch appreciates the opportunity to provide input to the nursing home inquiry. We look forward to the Long-Term Care COVID-19 Commission's final recommendations.

Sincerely,

A handwritten signature in black ink that reads "Michèle Harding". The signature is written in a cursive style with a large initial 'M' and a long, sweeping tail on the 'g'.

Michèle Harding
Chair, Board of Directors