

# ***“Dip and Skip”***

**A Supplement to the June 2001 Report on  
Homecare Reform in Ontario**

**Ontario Health Coalition  
November 22, 2001**

**Background**

In June 2001, the Ontario Health Coalition released a report “Secrets in the House”. Using evidence gathered from

across the province, the report identified seven key areas of concern regarding the province's reform of homecare to that date. The issues identified were:

- : lack of democracy and consultation
- : lack of accountability
- : lack of standards and quality control
- : chronic and planned underfunding
- : burgeoning waiting lists and lack of assessment of population need
- : severe staffing shortages
- : increased administrative costs through duplication, waste and profit-taking

Our conclusion at that time was:

*"the driving forces behind the government's restructuring of health care are an ideological commitment to privatization and an attempt to cut funding. In order to make room for profit-taking in the context of inadequate funding, the government has forsaken patient rights, stability and any semblance of coherent outcome-based planning. The changes have been accomplished covertly - veiled by purposeful exclusion from freedom of information legislation - and with notable avoidance of normal democratic processes and accountability. Community care, the fastest growing sector in our healthcare system is in the midst of a process of wholesale privatization, and access to the care we need - the most fundamental and critical element of the publicly funded system - is eroding."*

Secrets In the House, Ontario Health Coalition, June 2001

### **The Situation Has Only Worsened**

Last May, after having given indication to the Community Care Access Centres (CCACs) in the late winter to plan for the same operations they had in the 2000/01 fiscal year, the government announced a funding "freeze" that essentially cut millions from the CCAC budgets. According to the CCACs this leaves them \$175 million short of meeting demand. Not surprisingly, services were cut, hospitals backed up and a flood of complaints ensued. While Associate Minister of Health, Helen Johns, who is responsible for the review, fended off criticism by pointing to increased budgets for community care in recent years, what she neglected to mention were the approximately 9,000 critical, acute and chronic care hospital beds cut by her government between 1995 and 1999 forcing more acutely ill patients out of hospital into community care. In addition, Access Centres who have struggled with critical staffing shortages have needed to work to improve wages and working conditions in the sector to improve quality of care and keep staff. On October 4, the provincial Conservatives defeated an opposition bill calling for improved funding opting instead for Bill 130, a government take-over of the CCACs.

## **Bill 130: Complete Removal of Community Governance & Access to Information**

On November 7, 2001 the speculation about the CCAC review was put to rest when the provincial Conservatives introduced Bill 130, An Act Respecting Community Care Access Corporations. Rather than improving democratic governance of the CCACs, the Act entirely removes all democratic control and public accountability.

Among the key provisions of the Act are the following:

- CCACs will become statutory corporations. This means that hundreds of community memberships in CCACs will be discontinued.
- Current elected Boards of CCACs will be replaced with Boards appointed by the provincial government.
- Current elected Chairs and Vice Chairs of CCACs may be replaced by those appointed by the provincial government.
- The hiring and firing of Executive Directors of CCACs may be ordered by the provincial government.
- Over forty current CEOs of CCACs are to be terminated unless the province appoints them as Executive Directors under this new Act.
- The Act stipulates that the public will only have access to Annual Reports of CCACs. Other information is to be available only if the Minister deems it to be “necessary to the public interest”.
- The Corporations Act and the Corporations Information Act will not apply to the new CCACs. Therefore, public filings of information under these Acts are not required.
- Directions from the Minister to the CCACs will be exempted from the Regulations Act. This means that they may not be made public.
- The Minister may demand any information, documents or records in the custody of or under the control of the CCACs - without exemption in the Act for client or personnel records - and may impose a personal fine of up to \$25,000 for non-cooperation.

Far from actually reforming the homecare system set up by the provincial Conservative government in 1997, this Bill simply serves to silence the Boards and CEOs of the CCACs who have recently become some of the government’s most vociferous critics. However, the provincial conservatives cannot silence the people who work in the system. Privately, workers have begun to refer to the Community Care Access Centres as “No Access Centres” for obvious reasons. Homecare has become “Dip and Skip” - a reference to the scant amount of time that personal support workers are given to bathe clients. While this Bill may achieve a censorship of the CCACs, the critical and worsening problems resulting from the provinces’ short-sighted health care reforms are not going away.

### **A Quick-Glance View Across the Province**

Following the latest cut announced at the end of May - two months into the current fiscal year for CCACs - the Centres were forced to develop “recovery plans” to cut millions from their budgets. These recovery plans vary across the province. In some areas, homemaking services have been entirely cut or the scope of services offered was reduced. In others, referrals were put on hold and waiting lists skyrocketed. Thousands of Ontarians requiring homemaking and personal support have been affected. Others have not been able to access services upon discharge from hospital or have been kept in hospital waiting for services. The following are some of the outcomes:

#### **In the North:**

Algoma - people requiring homemaking services and personal care have experienced cuts to housekeeping tasks, standby assistance, bath aids, and other personal care.

Sudbury - In order to maintain services at last year’s levels an additional \$1.6 million was needed. New hiring is frozen and the workforce has been reduced through attrition. The scope of services, including some medical supplies, some occupational and physio therapies, and social work were cut. A reported 160 clients have been

affected.

**In the East:**

Kingston - In order to maintain services provided at the same level as last year, \$1.8 million in additional funding was required. The CCAC in Kingston was forced to restrict admissions for 29 days in September and October this year in order to pare over \$300,000 from its budget. The funding shortfall resulted in a backlog at Kingston General Hospital forcing over 20 patients to wait for discharge. In total, 77 patients were forced to wait for homecare services until the restriction was lifted.

Northumberland - Victoria - A \$3.3 million shortfall has been reported.

Ottawa - A shortfall of \$10.3 million is reported due to increased costs and demand. As a result, the CCAC reduced referrals from July 2001 on and froze the hiring of new staff. Waiting lists, especially for personal support, increased to 193 people. The caseload of personal support clients was reduced by approximately 1,000 people.

Renfrew - In order to meet pay equity obligations and maintain services at last year's level, \$2.5 million was needed. The caseload was reduced by 400 clients. Housekeeping services were cut. Agencies report that retaining Personal Support Workers is increasingly difficult.

**In the West:**

London Middlesex - In order to maintain services provided at the same level as last year, \$2.1 million was needed. The funding cuts resulted in waiting lists of over 300 people. A priority list was designed to triage people according to a ranking of needs. All people in categories with homemaking needs have ended up on waiting lists. No new services requested by hospitals will be offered. As a result of cut hours and worsening working conditions, a reported 150 nurses, personal support workers and therapists have quit. Staffing shortages have become more acute.

Niagara - A \$9.4 million shortfall is reported. As a result, the CCAC laid off 25 staff and reduced their caseload by 1,400 from 7,900 to 6,500 in September.

Sarnia - Lambton - A \$3 million shortfall is reported.

Waterloo Region - A \$12.7 million shortfall is reported.

Windsor - A \$2.8 million shortfall is reported. A priority list was designed to triage people according to a ranking of needs. The scope of services, including some medical supplies, was cut.

**In Central Ontario:**

Simcoe County - A \$6 million shortfall is reported. Waiting lists have grown to over 1,000 people waiting for therapy services. For the first time, a waiting list has been created for personal support services such as bathing, dressing, going to the bathroom, changing dressings.

Toronto - In northern Toronto alone, the reported shortfall is \$10.6 million resulting in a waiting list of over 500 people. Personal support services have been reduced and cut. Over 200 Personal Support Workers have been laid off in Toronto since June.