

Ontario Health Coalition

MEDIA
RELEASE

September 14, 2001

FOR IMMEDIATE RELEASE **Attention: Assignment Editors**

Coalition: Province's Long Term Care PR Announcements are an Insult to Seniors

Toronto - In response to a slew of media announcements this week from the Ministry of Health and Long Term Care the Ontario Health Coalition is issuing the following policy backgrounder and release on the situation facing seniors who require long term care in Ontario.

On Monday, the Ministry of Health and Long Term Care announced a schedule of PR events to launch 1,500 (7.5%) of the previously announced long term care beds. This brings the total of beds built since the first announcement in 1998 to 2,121 (10.5%). In an attempt to reduce seniors' ire after Health Minister Tony Clement's recent proposal to implement new means testing for seniors' access to the provincial drug plan, the Ministry has called this series of re-announcements evidence of its "commitment to seniors".

Said coalition co-chair Irene Harris today, "That this government could characterize the umpteenth re-announcement about privatized long term care beds as showing a commitment to seniors just adds insult to injury. This government's record on senior's health care is astoundingly callous and short-sighted. These over-hyped beds weren't enough to meet demand four years ago and are certainly not going to be enough four years and numerous of government media events from now when they might finally be complete."

Policy Background -Conservative Government Record on Seniors' Health Care in Ontario.

November 1996 - Province passed Bill 26 enabling hospitals to charge user fees to seniors and other patients waiting for beds in long term care facilities. Patients are charged over \$40 per day for their hospital beds. Those on pensions who cannot afford the fee are allowed to keep \$112 of their pensions per month - \$3.50 per day - as a "comfort allowance". The rest goes to pay for their hospital bed.

Bill 26 also implemented user fees to be charged to seniors and low income people who use the Ontario Drug Benefit Plan.

In the summer of 1996, the province quietly removed two regulations that set minimum standards for staffing levels in facilities. One regulation ensured that all patients had a minimum of 2.25 hours of care per day. The other forced facilities to have a minimum of one Registered Nurse on staff 24 hours per day, 7 days per week. There are no legislated minimum standards any more.

1995 - 2000- During so-called hospital restructuring, the provincial government cut approximately 9,000 critical, acute and chronic care hospital beds and downgraded a number of chronic care facilities to long term care facilities - thereby reducing the amount of funding per patient per day. As a result, patients were forced out onto the home and long term care systems with much greater acuity of care needed at the same time as staffing ratios were reduced.

Each registered nurse in a long term care facility now looks after an average of 60 residents during a day shift and 100 residents during a night shift. source: Ontario Association of Non Profit Homes and Services for Seniors.

According to Ministry of Health and Long Term Care placement data there are now over 25,000 people on waiting lists for long term care beds. Thousands more are on waiting lists to move from one facility to another.

June 2001 - A PriceWaterhouse Coopers study of long term care in 10 jurisdictions (three Canadian provinces, four U.S. states, and three countries in Europe) ranks Ontario last in meeting the needs of residents in nursing homes and homes for the aged. According to the report:

- Ontario LTC residents receive the least amount of registered nursing care (less than 15 minutes a day) and the least amount of nursing and personal care (a total of about 2 hours a day)
- Ontario LTC residents receive less than 2 hours of support from program staff (activity, social work, therapy, etc.), well below other jurisdictions
- Ontario LTC residents have the highest proportion of both mental health disturbances and problems, yet less than 6 per cent receive any professional intervention
- more than two thirds of Ontario LTC residents have restricted range of motion, yet less than one third of these receive any exercises
- only 10 per cent of Ontario LTC residents with rehabilitation potential actually receive physical therapy.

This low level of service in Ontario is compounded by the fact LTC residents in the province are among the oldest (average 82 years) and are at the upper ranges in terms of prevalence of dementia and Alzheimer Disease, depression, cognitive impairment, and physical disability due to arthritis and stroke compared to the other jurisdictions. The study was carried out for the Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS) and the Ontario Long Term Care Association (OLTCA) and was funded by the Ontario Ministry of Health and Long-Term Care. full report available at <http://www.oanhss.org>

In the past decade, the average age of long term care residents has increased from 73 to 86 years of age. The typical resident today is not only older but also sicker. It is estimated that between 50 - 70% of residents in Long Term Care Facilities have dementia or cognitive impairment. source: Kingston Council on Ageing-- submission to Long Term Care Community Hearings held February - March 2000.

In 1999 the province drafted service guidelines for homecare. Service guidelines ensured that the first in line for homecare would be patients who, prior to 1995, would have been in hospital receiving care. The triage system dumped "the frail elderly" to the bottom of the priority list.

In April 2001, the provincial government announced that it would cut the amount of money it will give to Community Care Access Centres this year. In response, CCACs across the province have been forced to cut homemaking support and services for thousands of elderly clients.

This summer, Health Minister Tony Clement announced that he would consider implementing new means testing for seniors' access to the provincial drug plan.

Even if the government delivers on its promised expansion of long term care beds, it would still be insufficient to meet the expected demand. In the Ottawa-Carleton region, one of the cities hosting the announced media events for example, the 1,313 new long term care beds that are supposed to be created over eight years will not even be enough for the more than 1,643 people on waiting lists for such beds. from report 'Public Pain, Private Gain', Canadian Centre for Policy Alternatives, June 2000.

The government has re-announced the 20,000 new long term care beds countless times since the initial announcement in 1998. The majority of the new beds have been given to profit-seeking companies to build. Despite government public relations claims, the building of these beds has been fraught with trouble. Almost four years after the first announcement, barely 10% of the beds have actually been built.

One step back, one step forward... In late August, the provincial government announced that Omni Health Care Ltd. and Central Care Corp. had turned back 815 beds that were previously awarded to them for an unexplained "business decision".

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