



April 28, 2021

OHC Raises Alarm About Ford Government's New Emergency Order Transferring Hospital ALC Patients Without Consent into LTC and Retirement Homes

Toronto – The Ontario Health Coalition, which has for decades advocated for an end to hospital cuts and an expansion of capacity in our public hospitals and long-term care homes, reacted with shock and opposition to today's new [emergency order](#) made by the Ford government that will enable forced transfers of patients to long-term care and retirement homes without their consent.

The Coalition was already concerned about the transfer of up to 1,500 hospital ALC patients (assessed as requiring long-term care) into long-term care homes but it was balancing its concerns against the needs of the devastating load of COVID-19 patients being cared for in public hospitals. Across Ontario, a massive redeployment of health care staff is underway to enable our hospitals to provide life-saving care for thousands of COVID-19 patients, an unprecedented number of whom are in Critical Care. At the same time, thousands of patients are seeing needed surgeries and treatments delayed. The Coalition recognizes that the situation is extremely grave.

However, today's emergency order includes new provisions to transfer patients to retirement homes as well as long-term care homes, and to override patients' rights to consent. These measures have been taken without consultation to ensure critical protections for patients, residents and staff.

Retirement homes are not health care facilities and do not have the same staffing, oversight and protections for residents as long-term care. The majority of retirement homes are for-profit, many operated by the same for-profit chains as long-term care homes, which, as the Auditor General reported [today](#), have had the worst records of infection and death in the pandemic. The right to informed consent is a foundational principle in our health care system and the decision to override this fundamental right, particularly in regards to moving patients into unregulated private facilities, is of deep concern.

"We understand that our public hospitals are staggering under impossible patient loads. We understand the need to find capacity across the health care system in this emergency situation and every support possible must be provided to our public hospitals," said Natalie Mehra, executive director of the Ontario Health Coalition. "But we need to be 100% clear: it is unacceptable to move patients who need hospital or long-term care into retirement homes that do not have the oversight, public accountability and staffing to provide for them."

Of equal importance, she added: "Many long-term care homes do not have anywhere near enough staff to provide sound care for the residents they already have. Every possible measure must be taken to ensure the safety of the patients transferred into long-term care homes, including foremost, the Ford government and long-term care home operators must deal with the long-term care staffing crisis immediately. The fundamental human rights of elderly patients must be respected and upheld."

"It is a travesty for the Ministry to be allowing people who require long-term care homes to be transferred into retirement homes. Retirement homes are not health care facilities and are not equivalent to long-term care homes. They are not required to meet the same standards or have the same oversight and resident protections as long-term care homes," said Jane Meadus, lawyer and institutional advocate at the ACE. "Patients and residents have the right to

informed consent under the law and we are deeply concerned the removal of that right will be detrimental to the health of those who are subject to these forced transfers.”

The Coalition expressed anger that the provincial government has failed at every stage of the pandemic to deal with critically low staffing and care levels in long-term care. Since June, the Coalition has been calling for the government to launch an emergency recruitment drive and improve conditions to get staffing and care up to safe levels. In fact, the Ford government has steadfastly resisted these calls, refusing to follow the example of Quebec, which recruited approximately 10,000 PSW equivalents over the summer, did a three-month intensive training, improved wages, and got them into the homes in time to effectively improve outcomes in the second wave.

“The fact that we are in a situation in which we have run out of good options and patient care is compromised across the spectrum, is a result from policy choices made by the Ford government: choices to continue cuts leading into the pandemic, choices throughout the pandemic to fail to take action to mitigate each wave quickly, and the refusal to build capacity to provide for the care needs of Ontarians,” said Ms. Mehra. “They cannot again fail to take responsibility for the safety of the elderly and vulnerable.”

The Coalition held a virtual [Day of Action](#) yesterday, joined by thousands online, protesting the failure of the Ford government to do anything substantive to improve dangerously low staffing and care levels in long-term care. Families of loved ones described current conditions in long-term care homes, including those homes that are planning to take transfers from hospitals, in which there remains ongoing woefully inadequate care for current residents.

The Coalition is also deeply concerned about the total failure of the Ford government to establish meaningful accountability for long-term care homes. In addition to passing legislation to shield the for-profit homes from lawsuits for the deaths and harm resulting from their negligence in the pandemic, the Coalition reports that not one long-term care home, even the ones with the worst records through the pandemic, has been fined. None has lost their license. Even the comprehensive annual surprise inspections, stopped by the Ford government when they took office, have never been reinstated. Without meaningful accountability, long-term care homes -- the majority of them for-profit -- continue to take profit while operating with terrible inadequacies in staffing and care.