

Does Ontario's Covid experience hold lessons for the country?

Jeff Gaye

Ontario's independent commission into long-term care has released its preliminary recommendations. Their final report is due at the end of April, 2021.

According to the national seniors' advocacy group CARP, the Ontario report has implications for the rest of Canada and points to the need for national standards in caring for older adults.

("Long-term care," in Ontario, refers to seniors' care residences in general. This is different from Alberta where long-term care is a specific category of hospitalization.)

The commission was called to examine the devastating effects of the first wave of the Covid-19 pandemic on care homes in the province, and to recommend improvements to the system.

Key recommendations in the interim report include:

- More staff with a better mix of complex care skills
- Ensuring that families and caregivers have ongoing, safe, and managed access to long-term care residents
- Stronger collaboration between healthcare and long-term care (e.g. hospitals and public health units lending resources to struggling homes)
- Formalized and enhanced Infection Prevention and Control (IPAC) Measures
- Residents who are Covid-positive, especially in older

homes, should be given the option to transfer to alternate settings to avoid further transmission of the virus and to help them recover

CARP's chief policy officer Bill VanGorder says the flaws in the system are not Covid-specific, but the pandemic has exposed existing weaknesses.

"The problem is that for years now, and this is true in every province across the country, they've been trying to tweak the system. Why not make these substantive changes that are really necessary?" he said.

He said Canada is the only major developed country that continues to build what he calls "large warehouses" for older adults. Other countries, he says, have seen better outcomes by supporting seniors staying in their own communities and their own homes as much as possible.

"Their families can continue to look after them because there's enough extra support to keep them there. And then the only people that go into these large facilities are the ones who really need that kind of direct, continual health care," he said.

Twenty per cent of the people in care facilities don't need to be there, he said, but there is not enough support for them to live elsewhere.

"If that 20 per cent weren't there, there'd be room for those long waiting lists of people who really need long-term care," he said.

There is a strong undercurrent of ageism at play, he said. People are



making decisions for older adults—as individuals and as a group—without first determining what seniors want and what they need.

"Often it's not even a health issue," he said. "We heard the other day about a woman who could not prepare her own meals, so she was going to have to move somewhere where there would be meals available for her. And when somebody, wisely, really looked into what the situation was, it's because she didn't have an adequate refrigerator to keep the food in."

"She was comfortable about cooking her own food. And it's simple—it costs about \$900 for a small fridge that kept the woman in her home for who knows how many years."

For those who benefit from living in a group setting, VanGorder says the patchwork quilt of care standards across the country is not serving seniors well. CARP has long advocated for establishing national standards.

"Your postal code shouldn't determine the quality of care you get," he said.

But healthcare is provincial jurisdiction, and even in the midst of the Covid pandemic, the provinces are at best lukewarm to intervention

from the federal government. VanGorder says the feds can apply financial and political incentives to apply standards across the country.

"If there was some monetary support that applied to [standards], it would give the feds some clout in terms of convincing the provinces," he said. "But even without that, we believe the provinces would have great difficulty telling the voters in their province that they didn't want to be keeping up to the best national standards."

The worst horror stories from the first wave of the pandemic came from care homes in Ontario and Quebec. Military personnel were sent into some of the worst facilities, and reported serious flaws in standards and practices.

"I think it shows a couple of things," VanGorder said. "One is that some of the provinces were more diligent in making and enforcing the existing regulations, and had more thorough inspections in their in their provinces. It shows us that something like Covid, as we have yearly with the flu and we had with SARS, is that the highly-populated areas have had more of a problem because people are just closer together."

But he said, there is evidence that the more populous centres also tend to

have older facilities, "and they were the ones with double, triple, and quadruple rooms with people staying together."

"We need to change this now," he said.

The problems, and the solutions, do not all fall on governments. The pandemic has revealed some ugly attitudes among the public, VanGorder said.

"Creeping ageism has been evident throughout the whole situation in the last six or seven months. Simple, terrible things like people saying, 'oh, well, those people would have died soon anyway. They just died a little sooner in the long term care home because of the Covid.'

"You may not see that written in your paper, but you certainly you and I both know on the street, we hear that kind of that kind of comment."

As the Ontario commission continues its work, CARP is concerned by the fact that it is meeting behind closed doors, obscuring "the transparency rightly deserved by the public; many of whom have lost a loved one in a care home outbreak," a CARP news release reads.

"This secrecy will only further undermine the public's already low confidence in Ontario's long-term care system," adds VanGorder. "We've already seen the startling ugliness here. It's time to come fully clean so we can move forward in rebuilding a functional system that can truly claim to provide care."

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