

The Honourable Paul Calandra, Minister of Long-Term Care
The Honourable Sylvia Jones, Deputy Premier and Minister of Health

August 30, 2022

Dear Ministers Calandra and Jones,

Today was the expected start date for public hearings on Bill 7. With this legislation slated to become law without the benefit of committee consideration, I feel compelled to contact you both directly with grave concerns about the impact this Bill will have on the dignity of Ontarians living with dementia—and present alternative solutions. At best, the legislation will do little to solve hallway healthcare and change the status quo. At worst, it will lead to preventable harm.

Any conversation about alternate level of care (ALC) and long-term care (LTC) is a conversation about dementia by another name. Roughly half of all ALC days in Ontario's hospitals are attributed to an older adult living with dementia—or between 2,600-3,000 beds on any given day. Likewise two-thirds of all residents in Ontario's long-term care homes live with dementia. Through no deliberate policy choice, hospitals and long-term care homes in Ontario have largely become institutions forced to care for people living with dementia without having the staff, training, or resources to properly do so.

Bill 7 seeks to free up hospital beds currently occupied by patients designated as ALC, most of whom live with dementia. It will not do this. We ask that you consider:

- **Transferring patients from hospital to LTC assumes the latter has more capacity than the former.** This is not true: long-term care homes are at or above the capacity their staffing levels permit, with very few exceptions. The overwhelming majority of long-term care home staff work selflessly to provide the highest degree of care within their abilities; it is unfair to expect them to meet the complex care needs of ALC designated patients with no additional resources, as Bill 7 proposes.
- **Hospital is currently the only pathway into long-term care.** By prioritising hospital admissions to LTC at the expense of admissions from community, Bill 7 will enshrine what we had hoped was a temporary situation: people living at home who require a long-term care bed having to first be admitted to hospital before being able to access LTC. Even on a crisis wait list, Ontarians—especially those living with dementia—are being asked to wait years in their own home, where they can no longer safely live. The only alternative is admission to hospital, where a higher priority for admission to LTC is assigned. This has the entirely predictable result of forcing families to turn to hospitals as their only option for accessing LTC. If Bill 7 frees up any hospital beds, the result will last at best a matter of days: for every person in hospital waiting for an open LTC bed, there are more in the community who need that same bed and will turn to hospital as a temporary solution. This is not the fault of families, who are stretched past their

breaking point, but of a health care system that has failed to provide adequate home and community supports. Bill 7 will permanently close the community-to-LTC pathway, and cement hospitals as a waiting area for long-term care beds—precisely the reality it is trying to address.

- **An open bed does not mean a suitable bed.** As noted above there are some homes with open beds, and removing the requirement for beds to be held for isolation purposes will slightly increase this total. However it cannot be over-emphasised that people living with dementia—who, again, account for the majority of ALC patients in Ontario—have unique care needs that cannot be met in all LTC settings. By placing families and patients in the position of having to accept any open bed rather than working with placement coordinators to find a suitable one, there is a very real risk that Ontarians living with dementia will be coerced into moving to a long-term care home where their needs will not be adequately met—resulting in a return trip to hospital, in a deteriorated condition compared to when they had left. Existing protections under the *Long-Term Care Homes Act* leave it to individual homes to decide whether they have suitable staff and facilities to meet a resident’s care needs; Bill 7 would remove the person’s own expertise in the care they require, and risks homes accepting an application from a resident they may be able to keep alive, but not truly care for.

In addition to these general points concerning the rationale behind the Bill as a whole, we wish to raise specific concerns with individual sections of the legislation:

- **Consent is a right, not a convenience.** Aside from a passing reference to “reasonable efforts” being made to obtain consent, Bill 7 allows placement decisions at the sole discretion of placement coordinators. Unlike the current Form G process for determining whether a substitute decision maker (SDM) is refusing a transfer to LTC for reasons other than the best interests of the patient, Bill 7 would allow for the overruling of the wishes of a capable person. No details are given on what steps must be taken to first consider the wishes of the patient and/or SDM. As stated above refusing an open bed is often not a preference, but a necessity based on individual care needs.
- **Dementia influences consent.** There are no safeguards to protect against coercion. The ability of a person living with dementia to understand decisions they are being asked to make can vary by person, and by day. Hospital environments have been shown to lead to a rapid deterioration in the cognitive abilities of someone living with dementia. In this environment a person living with dementia may consent to something they do not fully understand, a possibility that does not appear to have been considered when drafting this legislation.
- **Access to family and friends is a vital form of care.** While not specified in the legislation, your Ministries have not denied reports that regulations made under Bill 7 will allow ALC patients to be moved up to 300 kilometres away from home in some northern areas. Even a smaller distance, as proposed for urban areas, can be misleading: if a family does not have access to a car, or has lost their driver’s license,

then a long-term care home that is 20 kilometres away can be less accessible than one further away but on a public transit route. Whether by sheer distance or lack of transportation options, moving a patient to a long-term care home their social contacts and/or care partners cannot access will result in harm: Ontario's independent Patient Ombudsman reported in 2021 that two-thirds of persons who were caregivers to a long-term care resident observed a decline in the resident's cognitive, physical, and/or mental condition following extended periods of separation from families and loved ones. Data in 2021 from Alberta found that over half of LTC residents living with dementia displayed an increase in responsive/aggressive behaviours following extended isolation from visitors, care partners, and family.

- **Physical restraints are not the only harmful practice used to move people living with dementia.** Antipsychotics are commonly prescribed to people living with dementia with no evidence of psychosis, and therefore no medical reason to prescribe such. Rather they are used to render the person more compliant, a practice that has been cited as a violation of human rights. Bill 7 prohibits the use of restraints to move a person from hospital to long-term care, and we urge the addition of chemical restraints—in the form of medically unnecessary drugs—as a prohibited means of moving a patient.

While Bill 7 will not address the crisis of hallway healthcare, we readily admit that this crisis exists and support bold action to address ALC rates and LTC capacity shortages:

- **Expand access to home and community care options,** including Adult Day Programs, care partner respite, system navigation, and counselling. By keeping people at home—where they want to be—for longer, hospital visits can be shortened, delayed, or avoided altogether.
- **Invest in supportive housing.** There is a substantial gap in care options between Adult Day Programs and long-term care. Supportive housing fills this gap, but wait lists can stretch into years—where it is available at all. While supportive housing would not usually be an option for a patient currently designated as ALC, its availability provides an option for those living in the community who, today, have no where to turn but hospital.
- **Mandate hospital responsibility for preventing delirium in patients.** Currently, the very behaviours that result in a person being designated as ALC can be brought on by the hospital environment itself. Hospitals are not required to take measures to provide care in an environment friendly to patients living with dementia, who are often left unattended for hours in settings that are highly likely to trigger responsive behaviours. This leads to rapid decline, and Bill 7 would make LTC responsible for handling a preventable deterioration brought on by inadequate care received in hospital.

- **Embed community support staff in hospital emergency departments.** A pilot program in the Brantford Brant Ontario Health Team has found an over two-thirds success rate in diverting people living with dementia away from hospital admission when a community support staff member is physically present to work with the person and their care partner to find home and community care alternatives.
- **Create, sustain, and expand interprofessional teams in geriatric clinics.** Most professionals associated with such teams today are employed on a contractual basis, leading to inconsistencies that interfere with case management.
- **Reopen a community pathway into long-term care.** Families are currently incentivised to seek admission to hospital rather than continue waiting at home: the wait time for a long-term care bed for those living in the community is, in practice, infinite, as hospital admissions continue to supplant community ones.

Bill 7 will do more harm than good. We urge your government to reevaluate the underlying assumptions that led to this legislation. The Alzheimer Society remains at your disposal as a willing partner in our shared mission to provide Ontarians living with dementia with the right care, at the right time, in the right place.

Yours,



Cathy Barrick
Chief Executive Officer
Alzheimer Society of Ontario

Cc: The Honourable Doug Ford; France Gélinas, MPP; Wayne Gates, MPP; Dr. Adil Shamji, MPP;
John Fraser, MPP