



Office for Systemic Justice
Federation of Sisters of St. Joseph of Canada
London, ON, N5X 2T1

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The congregations within the Federation of Sisters of St. Joseph of Canada have a significant history of direct involvement in the ownership and administration of hospitals and long-term care centres. While we are no longer directly involved, we know the issues are complex, and the solutions must be systemic. Therefore, we highlight three interconnected points:

We are concerned about the way the Ontario government's **More Beds, Better Care Act** allows hospitals to place seniors, who no longer need hospital-level treatment, in a long-term care home not of their choosing, possibly in other communities, while they wait for their preferred home. First, the government has short-circuited the democratic process by closing off key avenues for public input on these issues. Second, this legislation ignores the critical role family members are currently playing to care for patients in struggling hospital and long-term care settings. Third, the legislation increases the hardship on seniors in community who are currently on waiting lists for long-term care centres and will be forced to wait longer.

A better way forward, one which addresses the systemic nature of the problem, can be found in [Bringing LTC Home](#), a research report from the National Institute on Ageing (NIA). This report indicates that, with thousands of Ontarians on wait lists for long-term care homes, the best solutions are not to be found in directing hospital patients to long-term care homes they don't want, but in addressing root causes by supporting Ontarians to age well in their homes for as long as possible. The NIA notes that, currently, close to 90% of public funding for long-term care goes to institutionalizing people rather than caring for them in their homes as most would prefer. To cover the costs of enabling people to age well in place, the NIA suggests a national long-term care insurance program as well as further improvements to the Guaranteed Income Supplement program. These should be key components of a health care plan rooted in provincial-federal cooperation.

In the Ontario government's recent budget, the intended increases to the health care budget are so small that, in effect, inflation and population growth will mean a significant erosion in health care spending per person in the next few years. No doubt this was a driving force behind Bill 124's sharp limiting of wage growth for health care workers. But Bill 124 has contributed to the troublesome trends of nurses leaving the public system and hospitals becoming increasingly reliant on temp agency nursing, which is not financially sustainable and results in public dollars flowing to private agencies.

The expedited accreditation of nurses trained in other countries can be an important piece of a wider plan for human resources health care. But this must be part of an overall plan to strengthen and modernize a properly funded health care sector, and this plan should emerge from a transparent process grounded in substantial public input.

Finally, Ontario has been over-reliant on hospitals and especially emergency departments to respond to issues that are better addressed through prevention and strong community health services. Increased funding to address the social determinants of health would ease the strain on the health care system. Likewise, new

models for family-doctor practices and increased funding for outpatient clinics, mental health services, and home care are some of the essential elements of a well-rounded health care plan.

We recognize this is a challenging time for the health care sector. We urge the Ontario government to initiate a wide public consultation to surface the most promising models for moving forward; models which will give all people in Ontario good and timely access to a full range of health services.