FOCUS ONTARIO
HOST – SEAN MALLEN

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Caring for the Frail Elderly

GUESTS –
Candace Rennick, Nursing Home Worker
Donna Rubin, Ontario Association of Non-Profit Homes and Services for Seniors

Dr Vivek Goel, CEO of Ontario's new agency for Health Protection and Promotion
'Fighting Infectious Disease Outbreaks'

SEAN MALLEN: It was one of those moments when you had to ask yourself, did I just hear what I thought I heard. It was at a scrum at Queen's Park last week when Health Minister George Smitherman said he was thinking of wearing an adult diaper, to better understand the conditions faced by seniors in Ontario's nursing homes. Well, as I walked away from that scrum I felt I had to call his communications adviser to confirm that he was serious. He was. And what ensued was a firestorm of criticism and a few faceless jokes. Smitherman later abandoned the idea, but if nothing else, it brought to the public's attention a large and growing issue.

(video clip)
Picture your parent or grandparent wearing one of these garments. At a Queen's Park news conference nursing home workers poured two litres of water into an adult diaper before a blue line appeared, signalling that it was 75 per cent saturated. Some facilities order their workers to not change the garment until that point.

Cathy Webdale, Nursing Home Worker 19: I felt embarrassed for them. Disgraceful.

It was to dramatize their complaints of short-staffing.

Margaret Manning, Nursing Home Worker 27: We need more hands; we need more staff; we are over-worked, we are stressed out.

People in the nursing home sector are suggesting they need an investment of half a billion dollars more, something the Health Minister can't promise, at least not yet.

Hon George Smitherman, Health Minister: One thing that we have to be mindful of is that on one day we can be speaking about long term care, and the next day we can

be talking about home care and the next day hospital, and they all have strong cases to make for additional resources.

On this week's Focus – caring for the ever-growing numbers of frail elderly.

From the Global News Room in Toronto, Focus Ontario with Sean Mallen.

SEAN MALLEN: Thanks for joining me again. Later in the program I'll be joined by the CEO of a brand new agency, that's being billed as the Ontario version of the Centres for Disease Control, but first our nursing homes. Then my guests are Candace Rennick, who works in a Peterborough facility, and is also on the executive of CUPE Ontario; and Donna Rubin, who is the CEO of the Ontario Association of Non-Profit Homes and Services for Seniors. Welcome to you both.

Donna Rubin: Thank you.

Candace Rennick: Thanks for having us.

SEAN MALLEN: So much attention on that diaper and the diapers. You work in a nursing home, Ms Rennick. How prevalent is that scene? How prevalent is it that seniors sit in a diaper that's 75 per cent full of two litres of urine?

Candace Rennick: I mean I think it's quite common. I think the bigger issue is that it's not necessarily the product, it's about the fact that we don't have enough staff in the system to change the product. So all too often that scene is quite familiar.

SEAN MALLEN: So how over-worked are you in your place?

Candace Rennick: Well, I don't think it's my place, I think all across Ontario, workers are over-worked. They're working short. You know Sean, there's approximately one PSW for ten residents in the morning.

SEAN MALLEN: PSW?

Candace Rennick: Personal support worker, my apologies, for ten residents. So you know by the time you get through report in the morning, you start your shift at 7 o'clock, breakfast starts at 8, I mean you do the math, you don't have a lot of time to spend with somebody to get them up, dressed, ready, cleaned for the day.

SEAN MALLEN: And your union, CUPE, is calling for enough funding to add up to something like 3.5 hours per day of personal care per resident. Ms Rubin, you, and I think some of the other nursing home associations, are calling for something, as I said in the opening, half a billion dollars, upwards of half a billion dollars, to bring us up to three hours, from the current 2.6. A lot of numbers flying around, but that's an awful lot of money in a very expensive health care system.

Donna Rubin: We've got 76,000 residents in long term care and over 630 homes, so it's a pretty big ticket item to move the whole sector up to three, three and a half. We calculated what would it take to go from what the government money currently provides, which was about 2.4 hours of care, to three, and that's where we came up to at least half a billion dollars.

SEAN MALLEN: I should say that I did invite the Health minister to be on the program. He declined, but I do want to have him represented a little bit. I did ask him about this issue of funding this past week. I have a clip and let's see what the Health Minister had to say about government support.

(video clip)
Health Minister George Smitherman: Long term care, we've invested about a billion dollars in the last four years. We're going to continue to invest more resources. Right now there's a $57 million investment, with 2.34 million hours of nursing care, that's being deployed in long term care, and the McGuinty government will continue to make investments to enhance the ratio of staff to clients, or to residents.

SEAN MALLEN: Okay, Ms Rubin, they have put in more money. They have increased nursing hours. Have they not made sufficient improvements?

Donna Rubin: Well, they've put a lot of money into long term care. Sometimes though it's not getting to the bedside, it's not getting to front line staff that are actually delivering the care. So you know, if you see money going into the whole long term care envelope, that could be for things like a new public reporting website, it could be for the 1-800 line, more inspections, it could be for a new assessment tool that the government's putting in. And all those projects and initiatives are worthy, but we're looking at what will make a difference to the actual care being delivered in a home, and to see the money go to bring the kind of PSW or personal support worker ratio from one to ten, something that would be more acceptable. And that's the difference that we're looking to see.

SEAN MALLEN: Ms Rennick, have any of these measures that the Minister is talking about filtered down to your level?

Candace Rennick: No, I think Donna said it exactly the way it is. In fact all too often the money doesn't go to the appropriate places – front line care, PSW, toward doing the bathing, the feeding, the toileting, that's where we need the hours, that's where we need the money, and no, I don't think we've seen significant improvements.

SEAN MALLEN: Okay, I am going to stop you there, we're going to take a break and come back in a moment to talk about nursing homes.

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SEAN MALLEN: We're talking about the state of care in Ontario's nursing homes with Donna Rubin and Candace Rennick. Ms Rubin, as you know the government passed the Bill 140 last year, Long Term Care Act I believe it was called, for a variety of measures to improve care in nursing homes. It's a big bill, but among them things like whistle-blower legislation, a clearer plan for each patient. Haven't they made improvements in that regard?

Donna Rubin: Well, the act actually, it passed third reading, but it hasn't been proclaimed as yet into our homes. So it is a piece of legislation that took three old acts and amalgamated them into one, and that's a good thing because the older acts really needed to be modernized. So much of what was in there is carrying over and giving it a face-lift, but we're not yet under that act. A lot of people know what's coming down and are starting to make changes already though. You know there's lots of good stuff in the act but it's very rule oriented, very prescriptive as well, and our concern is how much is it going to cost just to make sure we're documenting, and the burden of showing the world that you're in keeping with this legislation.

SEAN MALLEN: For example, in showing you have a proper care plan for each resident.

Donna Rubin: You should have a proper care plan, but for example documenting just about everything you do with a resident, to make sure that you're covered. If you have somebody who is a diabetic, you want to give them a piece of cake, you can't just give it to them because they really want to have it and that's their choice. You have to go and document it because you know clearly they have a care issue and it has to be documented. But if you do that on every issue – fluid intake, intake, out-take – you know, there could be rules to document what somebody's drinking all day. So that takes a lot of time.

SEAN MALLEN: Does that eat up some of your time? Ms Rennick, I mean you're a dietician I take it.

Candace Rennick: Yes, dietary. Absolutely, our health care workers today are doing more documentation now than ever, and I think it's interesting in Bill 140, the most important piece that we needed in Bill 140 was a standard of care, and it's missing, it's not there.

SEAN MALLEN: Explain what a standard of care means.

Candace Rennick: Well, it's a guaranteed level of hours on average per resident, per day, in a facility, that's what we're calling for, the 3.5 hours, a guaranteed level of care.

SEAN MALLEN: Now you estimated a half a billion dollars to get us up to three hours per day, the union wants 3.5, we're talking upwards of a billion dollars.

Candace Rennick: Yes, and I think our seniors are worth every penny of it.

SEAN MALLEN: You've been working in that facility for about 13 years.

Candace Rennick: Thirteen years, yes.

SEAN MALLEN: What's the curve of work? Has it got worse, has it got better?

Candace Rennick: The level of care has gotten definitely heavier. The residents who are coming in definitely need more attention, and I can say certainly for the facility that I'm most familiar with, we're seeing huge amounts of management staff, more so now than we ever have – and the highest level, when we feel that our front line care is at the lowest level.

SEAN MALLEN: You're saying there's money to hire more mangers, but not front care workers.

Candace Rennick: Precisely. And the bigger question is yes we need the money, yes we need the funding, but we also need strict accountability measures to ensure that this money is being directed to the appropriate places within the facilities.

SEAN MALLEN: Is there an issue Ms Rubin, in terms of the management/worker ratio?

Donna Rubin: Well, I represent homes, I haven't heard an issue about management when this government is looking to hire more nurses. I keep hearing they're great, but we also need front-line workers, PSW's, and when we put in the act that we've developed, it was keeping the nursing complement the same and just increasing health care agency PSW's, the front-line workers. So I think we're pretty much on the same page in terms of saying it's direct care that we need to see changed. People who feed, toilet, bathe, do all the activities of daily living with our residents because they're pretty frail.

SEAN MALLEN: Only about thirty seconds left, is there a big disparity from home to home though? I mean surely not every home has people sitting in diapers for hours on end, and waiting for cold meals and that kind of thing.

Donna Rubin: Well, there's some differences in terms of the funding. The government funds all the homes the same. Some of the not-for-profit homes are putting in some additional monies, like municipal contributions and charitable donations. But we see a standard, common message that people are crying out, saying we need more care.

SEAN MALLEN: Okay, well I'm afraid we're out of time to discuss a big topic, but thank you both for coming in – Donna Rubin, Candace Rennick.

Donna Rubin: Thanks a lot.

Candace Rennick: Thanks for having us, Sean.

SEAN MALLEN: And when we come back, preparing for the next SARS or flu pandemic.

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SEAN MALLEN: And welcome back. One of the hard lessons learned from the SARS outbreak was that our public health authorities just weren't ready. They weren't well coordinated, and health care workers weren't well enough protected from a sudden and unanticipated threat. One of the reactions to those lessons was to create a new agency, modelled on the U.S. Centres for Disease Control and Prevention. It's called the Ontario Agency for Health Protection and Promotion, and its first CEO was named this week, and he is Dr Vivek Goel, currently a professor of public health at the University of Toronto. Thanks for coming on the program, Dr Goel.

Dr Vivek Goel: A pleasure to be here, Sean.

SEAN MALLEN: Explain to me what this agency is going to do. What's your mandate?

Dr Vivek Goel: Sure. The mandate of the agency is to act like a hub, to bring together all these people that were somewhat isolated during SARS, or doing any other kind of public health issue. We have the public health agencies, which tend to be municipally based in Ontario, and the provincial government; we have health care providers, family doctors, hospitals, institutions, and then we have academics and research institutes. And some conversations always go on between them, but they're often disconnected, and the agency will bring all of those folks together, and also be a hub for providing scientific and technical expertise, which has been lacking in the Ontario public health system.

SEAN MALLEN: So say we have the SARS scenario again, a sudden outbreak in a hospital of an unexplained ailment, somebody flying in from overseas. What's your agency's role then?

Dr Vivek Goel: When the agency is fully operational, first of all we'll be able to help with surveillance, in helping to detect that outbreak sooner, perhaps even preventing it from happening. But keep track of new bugs as they're coming along, help to manage the diagnostics for them. The agency will also eventually have the public health laboratory. So if new tests have to be developed, that needs to be wrapped in tense volumes, we'll have the capacity to help out with that. Most significantly the agency will be available to provide emergency support, just like the CDC does in terms of sending help to hospitals, sending help to local health units. During SARS what we didn't have in Ontario was what's referred to as surge capacity, where you get those extra people when you need more help. Finally the agency is going to have a mandate in emergency management to assist the Ministry of Health and the Ontario government in managing these emergencies, and also preparing for them, helping to do training exercises, do research on what the best practices in emergency management might be.

SEAN MALLEN: And people like me and health reporters, did frequent stories in the last year or so about our preparedness, our state of readiness for the flu pandemic that everyone expects at some point or another. On the day your appointment was announced I talked to Don Low, a microbiologist, a familiar face from SARS, asked him about our level of preparedness for the next great threat, and here's what he had to say. Let's have a look:

(video clip)
Don Low: If we look at something like a SARS pandemic occurring again world-wide with the kind of transmission we saw, I think we can deal with that. If we're talking about pandemic influenza that has a mortality rate, a death rate of 10 per cent, and is transmitted from person to person outside of the hospital setting, we'll never be prepared for something like that. We'll do the best we can, but we can never be totally prepared. So yes, I think we're prepared. It depends on what is the next, woops, coming around the corner that we don't know about.

SEAN MALLEN: That doesn't sound very reassuring, considering if one expects a flu pandemic.

Dr Vivek Goel: But what Don Low is saying there is if you have that level of mortality and that level of infection, half the population is off sick, ten per cent are dying, that's not just something that's a problem for the public health system, that's a problem for society at large. And I think what he's really saying is being prepared for that kind of catastrophic eventuality is something that's going to involve more than just the public health system.

SEAN MALLEN: Would your role be kind of like a bully pulpit in this regard. I mean I remember going day after day to the daily press conference briefings with Dr Low, Dr Basrur and others, and it was a little bit chaotic. It was a changing cast of characters every day, who is speaking for what. Will all this now flow through you? I mean will we be seeing your face on television if another bad thing like that happens?

Dr Vivek Goel: Actually no.

SEAN MALLEN: No, okay.

Dr Vivek Goel: Because the role of the agency is to provide scientific and technical support to the chief medical officer of health. And it's one of the lessons from SARS, there were perhaps too many voices, and there wasn't clarity about who was in charge. So amongst many things that the government has put in place is very clear structures for emergency management, and lines of accountability of who will be responsible if it's a health disaster, if it's an environmental disaster, the various ministries take charge. In a health disaster it's the Ministry of Health, and in a public health crisis like another SARS or pandemic, the chief medical officer of health would be the voice, and the role of the agency would be to provide technical support, scientific support and backup for that. So

the agency flips from being independent, to falling under sort of the command and control and we follow, as you would in any kind of crisis, that kind of structured model.

And that quite honestly was missing in SARS, there was a lack of clarity about who was actually in charge, local public health versus the provincial authorities, emergency management services. There was a commissioner of emergency management as well as the medical officer of health. All sorts of people doing press conferences and talking to reporters. So we need to avoid that kind of issue.

SEAN MALLEN: To that point, you're probably aware that the Auditor General in his report last fall spoke about a lack of planning at the local level for a pandemic, also very concerning. Where do we stand on that? Do you play a role in helping them clear that up?

Dr Vivek Goel: Yes, and so the Auditor General did point out that the vacancies that exist in local public health, the level of support that was available, and the requirement under the new emergency measures for every local health unit to have a pandemic plan, had not been completed. So we will be able to help in a number of ways. One is through education and professional development, helping to create that capacity to fill out all those vacant positions. Through this work on emergency management, supporting those local health units in developing their plan, instead of everyone trying to develop their own plan, create some templates, create a metro workshop, so they can adapt to their own local circumstances. And I would note that outside of that emergency management situation, the agency does have an independent foot, and that's a very important part of this that we have our own board of directors and we will be able to speak out and occupy that bully pulpit, so to speak, and so along with the Auditor General if we see that there is a need for investment in a particular area, we will be able to help call for it.

SEAN MALLEN: So that's where we would hear from you, if for example - because there have been vacancies in public health positions for some time now around Ontario - we could see someone like you standing up and saying look, this is not good, or this is potentially a threat.

Dr Vivek Goel: Definitely, and not having studied all of it I might also get up and say maybe we need fewer of those positions, but more people filling the ones that exist, and do some amalgamations, do some reorganizations. Bring things together, change the alignment of some of the public health units. I don't know what I would say, but I think it's time for us to start to ask some tough questions about public health, because it's been like that for a very long time, and again, that sort of independent voice has been missing on the scene.

SEAN MALLEN: Only about 45 seconds left. Public health is not as sexy as finding a cure for cancer or finding the next great surgical treatment for whatever. Is that part of the problem?

Dr Vivek Goel: Yes.

SEAN MALLEN: Washing your hands is not as sexy as heart surgery.

Dr Vivek Goel: Definitely. Public health is working when it's invisible. So if you don't have the infectious disease outbreaks, if you don't people dying of obesity or whatever the public health issue is, public health is being successful. And then people like you don't notice it.

SEAN MALLEN: Except during SARS.

Dr Vivek Goel: Except during SARS.

SEAN MALLEN: Or an influenza pandemic. So you don't have an office yet. You take office July 1st.

Dr Vivek Goel: Yes.

SEAN MALLEN: And sometime after that you're going to have an office somewhere in the downtown area, around the MaRS district.

Dr Vivek Goel: Yes, a few years from now we hope to be in the MaRS building.

SEAN MALLEN: Okay, well look forward to talking to you again.

Dr Vivek Goel: Thank you very much.

SEAN MALLEN: Dr Vivek Goel, thank you very much. And one more segment to go on Focus, with your comments and the Play of the Week – not the last this time, a familiar face resurfaces with a well deserved honour.

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Play of the Week

(video clip – Dr Sheela Basrur)

SEAN MALLEN: During the scary days of SARS she was one of the reassuring voices of calm and confidence. But for the past year Dr Sheela Basrur has been fighting a rare form of cancer. Here she is this week, her treatments having left her a little short of breath and of hair, but with her innate good humour intact:

Dr Sheela Basrur: How am I? I'm fine; my average is very good. So each day is different, but so far, so good, I'm doing well.

Gosh, you're an awfully mild-mannered group today.

The most popular decision of the week, the naming of the home of Ontario's new health protection agency. It will be the Sheela Basrur Centre.

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And now your comments after last week's program on John Tory's leadership vote.

First an e-mail from Fraser MacDonald, who writes: **"I see getting two-third's support not too bad of a result, given the circumstances. If Tory is as committed as he seemed to be in his speech, to party renewal and correcting the mistakes from the last election, he will undoubtedly succeed, just like he has in every other endeavour he's undertaken."**

And here's a voice-mail: **"John Tory's decision to stay on as leader of the Ontario Conservative Party, despite only receiving 66 per cent support, the same 66 per cent support as Joe Clark received when he decided wisely to step down, is the best thing to happen to the Ontario Conservative Party. It means the party with John Tory as leader will remain in opposition for a long, long time."**

So, got something to say about the state of resources and care in our nursing homes. Here's how you can reach me with a comment:

Viewer Feedback
81 Barber Greene Road, Toronto, Ontario M3C 2A2
e-mail: focusontario@globaltv.com
voice-mail message at 1-866-895-9555

And check us out on the web. This program will be streamed starting sometime Monday at www.globaltv.com/focusontario Transcripts from old shows on that site as well.

And that's Focus Ontario for this week. I'm Sean Mallen; thanks for watching, we'll see you next weekend.

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