A 90-year-old Scarborough woman with dementia is told she does not qualify for home care.

A daughter in Stouffville begs to keep a few home care hours for her 86-year-old father who is paralyzed by a stroke.

In Aurora, a woman who cares for her chronically ill husband, was refused home care after she broke her back.

These are some of the faces of Ontario’s Aging at Home strategy, a four-year program that began in 2008 with great promise.

A Toronto Star investigation has found the $1.1 billion strategy is failing many seniors by not providing the care they need to continue living at home. Most of the money has been diverted to a provincial plan that provides home care for seniors discharged from hospital beds where cost of a day’s care is more than three times a day’s home care, and to provide care for very sick seniors so that they do not go to hospital emergency rooms.
Today, almost 5,000 seniors are stuck in Ontario hospitals though they no longer need hospital care. The cost of a day’s hospital care can be as high as nine times the cost of a day’s home care.

The problem: Thousands of other aging seniors who do not receive home care are ending up in hospital or on waiting lists for scarce nursing home beds, two expensive prospects that cash-strapped Ontario cannot afford.

The solution: The province has to redistribute some money to community care access centres and community agencies that want to care for seniors who have stayed out of hospital are trying to live at home.

The Star found numerous stories of seniors denied access to home care or just given a few paltry hours. They are forced to pay out-of-pocket for private care, rely on family for caregiver support or struggle on their own.

Sou Ping Tsoi, 90, lives with her family in the Pharmacy Ave. and Steeles Ave. area of Scarborough. She has dementia but family members are determined that she will stay at home.

Her daughter, Angelina, called her local Community Care Access Centre, one of 14 provincially funded agencies whose job it is to coordinate home care services like personal support, nursing, physiotherapy, and occupational and speech therapy. They serve 600,000 Ontario residents annually, more than half of them seniors.

“She somebody came to the house. They had a computer program to see if my mother was high urgency,” Angelina recalls. She asked for three hours of home care a day.

The CCAC worker replied: “We can’t do anything. We have a long waiting list.”

Provincial health minister Deb Matthews defended her government’s actions in an interview with the Star, saying they have boosted funding to home care and as a result, she said, 50 per cent more people are being helped. She did acknowledge gaps.

“There is always more we can do, there is no question about that. When it comes to home care there is, I think, a high demand and a growing demand. Probably no government could ever satisfy the demands for service.”

Over the next week, the Star is presenting stories of seniors in need.

Ontario’s population is aging. Waiting lists at provincially funded and regulated nursing homes are lengthy, with few new homes being built. Private retirement homes do provide options but a recent Star investigation revealed problems in care and with lack of oversight by the province.

Experts believe the best way to support the majority of seniors is in their homes and that led to the McGuinty government’s launch of its “Aging at Home Strategy” which vowed to transform
community health care services “so that seniors can live healthy, independent lives in their own homes."

Here’s how it was supposed to work: Seniors needing government-paid help, their family members or health-care providers would contact a Community Care Access Centre, which assesses the need and dispatches people to do a variety of tasks, from helping a senior bathe to preparing food to providing nursing care.

But soon after it was announced, the province began pushing the home care funding to a plan called ER/ALC. The goal was and is to cut wait times in emergency rooms and to rid hospital of patients referred to as Alternative Level of Care patients. Almost one in five patients in Ontario hospitals don’t need to be there and they cost taxpayers $450 a day, compared to as little as $50 a day for home care. A nursing home bed is $130 a day.

Advocates for more home care to support seniors who want to continue living at home recognize that the ER/ALC initiative is important. But increasingly, the ER/ALC plan is hijacking the Aging at Home plan. In the first year, an estimated 20 per cent of funding went to ER/ALC. By last year (the third year), all of it was focused on ER/ALC.

Last December, in a hard hitting report by Ontario’s Auditor General, the province was slammed for only using $45 million of the $1.1 billion promised to deliver care through Community Care Access Centres to seniors living at home. That report focused on the first two years of the four year plan. Figures for the three years now completed show only a slight improvement (in total $94.5 million of the $1.1 billion Aging at Home money has gone to the Access Centres.

As a result, people like Sou Ping Tsoi and Edith Quait in Aurora get little or no care. Read their stories and others over the next week in the Star.

The demand for home care is so heavy that workers are swamped, says Margaret Mottershead, chief executive officer of the Ontario Association of Community Care Access Centres.

“I don’t think there’s enough money going to home care,” Mottershead said.

In a prebudget submission, her association is asking the Ontario government to commit to at least $92 million annually to keep up with home care demands.

Asking such large organizations to operate without stability — with last minute funding injected from time to time — is like “forcing a plane to land on a postage stamp,” said the association’s Feb. 1 submission to a legislative committee.

If the government continues its random funding approach, CCACs will be forced to cut services and “clients will bear the impact,” of service cuts, the submission said.

The four year program is entering its final year (the $1.1 billion is divided over the four years).
University of Toronto professor Paul Williams says the trend away from preventative home care is incredibly short-sighted.

“In spending more money to get people out of the hospital, you will now have a lot less resources to keep people out in the first place,” Williams said.

With the focus on keeping the elderly out of hospital beds, some families say hospital staff is too quick to promote home care. Fragile and sick seniors are sent home with promises of intensive care from CCAC nurses, personal support workers and physiotherapists.

The Star found that some of those promises – like weekly visits from physiotherapists – barely materialized. After a few months, the CCAC’s cut hours of care to the point where some families feared they would collapse from the stress.

After Susan Bosak’s father, Ted, suffered a massive stroke, she brought him home from hospital after being told he was eligible for at least 21 hours of care each week.

Paralyzed down the right side of his body, it wasn’t long before the Central CCAC case manager decided to cut his hours, leaving Bosak begging for care.

She saw managers under pressure to cut hours and grew to loathe their visits to review the care.

“You truly feel like you are being interrogated,” Bosak said, “like their whole goal is to find as many hours as possible to cut. So your goal then becomes, how do I answer these questions so they don’t get cut?”

Cathy Szabo, chief executive officer of the Central Community Care Access Centre said funding limits mean they are forced to make tough decisions.

The expectations of seniors, Szabo said, will have to change.

“Does every individual resident of Ontario think that they are entitled to have a personal support worker come to their home when they get old, three times a week to get their house cleaned and have a bath?” Szabo asked.

“They might expect that, but does the publicly funded health care system have the ability to deliver that and should they? Does that actually keep people healthier?”

For each high-needs senior the Central CCAC serves, another 20 with low or moderate needs are declined, referred instead to community support service organizations.

Ontario has 750 non-profit community support agencies that deliver meals, provide drivers for doctor’s appointments or send personal support workers into the home. They charge clients fees, based on their income.
But the community groups are struggling too, said Susan Thorning, head of the Ontario Community Support Association.

Of Ontario’s $43.5 billion in health care spending last year, only 1 per cent, or $540 million, was spent on community support groups, she said.

“We are just a rounding error in the health budget. It’s hard to get a lot of attention when you’re that small,” she said.

Despite the intense focus on keeping the very sick seniors at home, the province has only had limited success.

There are currently 4,558 patients, mostly seniors, in Ontario hospitals, taking up 16 per cent of all beds, even though they no longer require hospital care, according to the Ontario Hospital Association. That number has barely budged in the last three years.

OHA president Tom Closson says the numbers are “staggering.” What’s even more worrisome, he says, is the trend. While the situation has improved in some parts of the province, it has worsened in others and province-wide, the numbers are not getting any better.

In Windsor this week a crisis was declared by health officials because hospitals are overcrowded.

“In a way, all the work we have been doing for the last three years has just allowed us to tread water, but hasn’t allowed us to put a real dent in this growing problem,” he says.

“It’s not good for the patients and it’s costing a lot of money,” he adds.

Health Minister Matthews said the focus on hospitals is a “top priority” because that is where the needs are so urgent.

As for judging the success of the Aging at Home Strategy, the Institute for Clinical and Evaluative Sciences was to do a thorough assessment but the plans were quietly nixed last year.

The reporters can be reached at tboyle@thestar.ca or mwelsh@thestar.ca

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