Municipal Retirees Organization Ontario

Protecting the Pensions and Enhancing the Quality of Life

for all OMERS Pensioners

Comments on the Ontario Seniors Care Strategy

The Problems

These comments will not dwell on the challenges that the Ontario Seniors Care strategy is designed to fix. Suffice it to say that from the all-important point of view of the individual senior, they include:

- Being discharged from hospital on short notice with no realistic plan in place
- Not knowing where to turn for help with the small touches which would enable the person to stay at home as long as possible… a drive to doctor appointments, help with meals, a euchre partner, help to understand what the doctor is saying
- Being sent to unsuitable housing options, far from home , without the necessary supports, or with supports that the person would rather have at home
- Rationing of essential home support services by CCAC's
- No choice but to call an ambulance when a chronic condition flares up
- No nearby family member or friend who cares just about you
- No respite for care-givers

From a system point of view, they include:

- Silos of service, focused on the agency/institution, and not centred on the person
- Great gaps in the range of services of which seniors are aware or to which have access, including an accessible range of housing options
- Poorly understood or executed roles of some CCAC's which downplay home care and community support services and serve institutions before individuals
- Primary care systems overwhelmed by the needs among an aging population
- Hospitals serving grudgingly and expensively as storage for persons who shouldn't still need to be there

Our focus

Municipal Retirees Organization Ontario acknowledges that an effective seniors care strategy covers a lot of ground and can mean many things from many perspectives. We have chosen to focus on policies and programs that will enable us as we age to stay in our homes in safety, dignity, and enjoyment for as long as possible. While we believe this to be the most efficient direction for health services and seniors care, more importantly it is what seniors want for as long as it is feasible to have it.

We start from the perspective of the individual; institutions should follow.

1. Navigators, Family and Friends

From the perspective of the individual seniors, the most urgent need is help to navigate the system. It is bewildering in itself, even more so since old age creeps up so unexpectedly, and yet more critical for seniors whose families live far away and/or whose partners are themselves infirm or bewildered.

> ***Every senior in Ontario – once critical junctures have been reached – needs a one-on-one system navigator***

In fact not every senior needs help to navigate the system. Some seniors know the system and can advocate for themselves. Some have family or friends with the time, energy, resources and expertise to help the senior cope. If the individual is already in a nursing home with 24-hour care, one assumes that the individual may occasionally need a "watchdog" to bark on his/her behalf, but that all the services needed by the individual are being coordinated on-site.

Individuals who are basically healthy don't need a navigator; they are able to fend for themselves, and to get what they need without confusion or undue commitment of time and energy. A navigator only becomes necessary when the individual's health challenges become complex or chronic; and start to call into question her/his ability to get what he/she needs or threaten her/his ability to stay at home.

In many cases, the navigator is a committed and knowledgeable family member or friend. However, where a family member or friend is not available (or not up to the task) it is essential that a navigator be appointed to this role for every senior who needs one.

In such cases, the role of the navigator is

- to take the place of a committed and knowledgeable family member/friend, or
- to help the actual family members/friends if they lack the necessary expertise
- to interpret the system for the senior, metaphorically and in some cases literally
- to befriend and instil confidence and a feeling of safety in the senior and the senior's family members/friends

They must know the system (not only health but also the community and even financial support programs) and have the capabilities to network and advocate successfully on behalf of the individual.

They do not serve the agencies or institutions, they serve the individual. If the navigator is not a family member or friend, they may be volunteers, perhaps from church groups or seniors organizations

From the perspective of the individual senior, assistance with navigating the system is a prerequisite to maximizing their health and well-being while using the least intrusive supports and services. The navigator helps them to get into and through the health and social services system. The navigator has, or can learn and assemble, the information needed, and can make sense of possible routes and criteria for getting the service and support that the senior needs. The navigator helps the senior and his/her family tell their story to those who need to hear it.

2. **Navigator-finding/individual advocacy agencies**

How could this work? There are a lot of seniors in Ontario…more all the time.

So, how do those who need a navigator get one? The name of a person who needs a navigator would be referred to a Navigator-finding agency by those who come into the most direct contact with the health and personal situation of the individual senior: by doctors, by hospital nurses and discharge "planners", by retirement residence administrators, by home visit nurses and personal support workers, and of course by family members and friends.

> ***Every LHIN in Ontario should ensure that every corner of Ontario has at least one designated agency responsible for providing/finding individual navigators and advocating on behalf of individual seniors***

Having designated the Navigator-finding agencies, the LHIN communicates to the referral sources who the Navigator-finding agency is in each geographic area, the rights/responsibilities of a navigator, the channels of referral, etc..

> ***The Navigator-finding/individual advocacy agency is responsible for ensuring that the name of every individual referred to it is on a roster and has the name of a specific navigator attached.***

With a new and more person-centred focus, the existing CCAC's could be local navigator-finding agencies/individual advocacy agencies, but so could many community support agencies, seniors organizations, church or ethnic groups, etc.

> **A central task of the Navigator-finding/individual advocacy agencies is to ensure that the rest of the system shows appropriate respect, flexibility and patience for system navigators, whether they be the senior, family members/friends or other navigator.**

In addition to finding individual navigators, taking referrals, and attaching a navigator to every senior who needs one, Navigator-finding/individual advocacy agencies would:

- Provide training for navigators in the whole range of community supports available to draw on – meals, home cleaning, PSW personal care, social visitors, recreation, transportation to doctors, home nursing services, shopping assistance, home renovation programs, etc,
- Support and provide back-up for navigators
- Identify gaps in the services available or the coordination of services within a certain geographic area
- Provide training and support to seniors themselves and to family members and friends, regarding what services are out there, how to deal with them, and how to advocate for yourself

> ***The allegiance of both the navigators and the Navigator-finding/individual advocacy agency must always be to individual seniors, rather than to the institutional side of the equation.***

By aggregating the experiences of thousands of seniors trying to navigate the system, the Navigator-finding/advocacy agencies will be the best resource for identifying how the health and social service systems can get better and better-coordinated.

Clearly there is a time when failing health prevents a person from remaining at home in safety and decency. The priority for navigators and navigator-finding agencies is to help seniors to remain at home until and unless that time is reached. When that time is reached, the navigator role could follow the senior into supportive housing situations.

3. Care Coordinators

The Navigator role is not the same as a care coordinator. The care coordinator works on behalf of the agencies and institutions to line up and schedule the services that an individual senior needs. They work on behalf of the "system", and have the authority to make things happen that the navigator does not have.

> ***The first priority of a care coordinator is to reduce pressures on hospitals to provide "alternative levels of care" or chronic care crisis services, by ensuring the right service at the right time and the right place to the senior who needs it.***

Unlike the horror stories now sometimes heard about peremptory and ill-planned hospital discharges, care coordinators would consult the individual senior/family member/navigator, and would coordinate care with community supports, doctors, visiting nurses, etc. right down to the level of the weekly schedule and the daily allotment of pills.

As a senior's needs get more complex, a senior/family member/navigator is more and more likely to need help from a care coordinator, again someone who knows and follows the senior's situation over a long-term and who can relate both to an individual's medical issues and to non-medical community supports (eg PSW's) and housing options.

To put it in other terms, the care coordinator writes the "specifications" for the health and community support services that the public (and/or the senior) needs to "purchase" from the system on behalf of an individual senior, checks on delivery, and revises the "specs" as the senior's condition changes over the years.

4. **Coordinated Care Agencies**

Who would care coordinators work for?

Unlike a navigator, a care coordinator is likely to be a professional person such as a nurse. The care coordinator has to have the authority and the respect from other parts of the system, to get things done.

> ***That probably means that the care coordinator has to command some money. And that probably means that the care coordinator will need to carry the authority of the LHIN.***

Ideally, home care and community support services would be coordinated and/or combined by one local agency at a scale consistent with a hospital catchment area. In addition, that agency would have to have strong liaison and information-sharing with primary care physicians and family health teams.

The need for an integrated care approach in every community requires all community health organizations to work together to define how residents gain access to the care they need – whether it is a primary care specialist, a support service or a professional service provided by the CCAC.

> **The Navigator-finding/advocacy agency should not be the same as the care coordination agency.**

The Navigator-finding agency speaks for seniors and evaluates the system of health and community support services needed by seniors. The care coordination agency makes the best use of funds to provide the services needed.

Some excellent examples of effective care coordination agencies already exist. In the Etobicoke Hospital catchment area, the CANES Community Care organization provides and coordinates a wide variety of services for seniors including a family health team, hospital discharge patient care, several supportive housing sites and transportation services. The Grand Bend Area Community Health Centre provides a broad range of health and social services, including the family health team, dietician and other wellness services, counselling and home services.

About the Municipal Retirees Organization Ontario

Our Purpose

The Municipal Retirees Organization of Ontario (MROO) was created as a not-for-profit corporation in 1977. We speak on behalf of all 118,000 pensioners in the Ontario Municipal Employees Retirement System (OMERS) and provide services to almost 15,000 members, all across Ontario. We are an independent, non-partisan organization formed to voice the interests of all OMERS retirees to OMERS and to governments at all levels, to represent our membership in legislative matters that affect retirees, and to provide such other services as will improve the lot of our members.

Our Membership

Our members include retirees from union, non-union, and management backgrounds in municipalities, police forces, fire departments, libraries, hydro commissions, school boards, health units, and other employers in the OMERS pension plan. MROO is the largest OMERS retiree organization, and the only one with membership open to retirees from all walks of local government life.

Our Programs and Priorities

For 27 years MROO has sponsored health, dental, life, home and auto insurance plans designed by and for OMERS retirees. We offer scholarships to members' grandchildren as they enter second year of university or community college. We communicate regularly to all our members via printed newsletters three times yearly, and welcome over 1200 members to annual meetings in all our nine zones.

MROO has a credible record of responsible advocacy and has direct communication with almost 15,000 pensioners across Ontario. Our advocacy focuses on:

- The governance, design, and sustainability of the OMERS pension plan
- The adequacy of Ontarians' retirement income and the preservation of defined-benefit pension plans
- Home-based health care and personal supports that permit seniors to remain in their homes as long as possible with dignity