

More than quick fix needed to deal with elder abuse

RNAO's work on the prevention of elder abuse took centre stage at a House of Commons committee meeting in Ottawa on Oct. 16. Josie Santos, the RN who is leading the association's work on this issue, was invited to appear before MPs to provide feedback on a change to the criminal code. The amendment would consider "vulnerability due to age" as a factor for judges to consider when sentencing individuals found guilty of committing abuse against seniors.

While Santos spoke in favour of Bill C-36, *Protecting Canada's Seniors*, she said the legislation would not produce the changes needed to end elder abuse, nor would it have any impact on the many instances that go unreported. RNAO wants to see greater emphasis on the root causes of elder abuse, such as poverty, she told the committee. It also wants to see more programs on prevention and intervention, as well as better support services for seniors and their families and caregivers.

Two years ago, RNAO led a national project to raise awareness of the issue in long-term care homes. It also created a curriculum to help health-care workers learn how to identify instances of elder abuse and neglect, and how to intervene.



Josie Santos leads various initiatives to raise awareness of elder abuse. Above, she responds to news this past summer that Canada's Minister of State for Seniors, Alice Wong, had approved funding for the association to create a BPG on elder abuse.

New model for community care receives much attention

A landmark report that calls for a major re-think about the way home care and support services are delivered in Ontario was released by RNAO in October. Titled *Enhancing Community Care for Ontarians* (ECCO), the report offers the Ministry of Health a model to create a more robust primary care system. It is a three-year plan with clear targets and timelines.

Currently, home and support services are handled through 14 Community Care Access Centres (CCAC). However,

RNAO believes costly duplication that exists between CCACs and other sectors is hampering the province's ability to achieve greater system integration and efficiency.

According to the auditor general, in 2008/09, \$163 million of the CCACs' \$2 billion budget was earmarked for administrative expenses alone. RNAO argues that money could translate into four million additional hours of direct home health care if CCACs were phased out.

The report proposes that the 3,500 case managers and care co-ordinators (3,000 of whom are RNs) who currently work for CCACs could be better utilized providing their care co-ordination and system navigation expertise in primary

care settings such as nurse practitioner-led clinics, community health centres, family health teams and aboriginal health access centres.

ECCO recommends a Primary Care Transitional Secretariat, placed within each of the province's 14 Local Health Integration Networks (LHIN), to help with the formation of local primary care hubs that support primary care providers until the model is fully operational.

RNAO believes transitioning CCAC case managers and care co-ordinators to primary care – while maintaining their same compensation – will provide people in Ontario with same-day access to primary care, including enhanced health promotion and disease prevention programs, as well as

chronic disease management and in-depth care co-ordination for the most complex patients. RNAO CEO Doris Grinspun says another benefit of this model is that LHINs would assume planning, funding allocation, and accountability for the whole system, not just part of the system as they do now.

Sale of Shouldice Hospital stopped

A record number of members responded to RNAO's action alert about the proposed sale of Shouldice Hospital to Centric Health, a company controlled by a large American conglomerate. About 2,300 members and friends of RNAO sent letters to the Ministry of Health urging it to reject the deal.

Hospitals in Ontario are governed under the *Public Hospitals Act* and are not-for-profit entities. An exception was made for the Thornhill-based Shouldice, renowned for its treatment of hernias, because it existed long before Medicare.

RNAO argued that even though the family that founded and still operates the hospital wants to sell, it should remain a public entity and not be sold to a for-profit company.

In a letter to the minister of health, RNAO President Rhonda Seidman-Carlson and CEO Doris Grinspun called on the provincial government to reject the deal and re-commit to the *Canada Health Act* and the fundamental principle of a single tier health-care system where patients, not profits, are emphasized.

In early November, Centric Health announced it was abandoning its bid to buy Shouldice. **RN**

To read the ECCO report, commentaries and to view webinars, visit www.RNAO.ca/ECCO