ONTARIANS NOT RECEIVING SAME LEVEL OF HOME-CARE SERVICE: AUDITOR GENERAL

(TORONTO) The level of home-care service Ontarians with similar needs receive can differ depending on where in the province they live, Auditor General Jim McCarter says in his 2010 Annual Report, released today.

“The Ministry of Health and Long-Term Care recognizes that enhancing home-care services saves money and improves quality of life by allowing people to remain in their homes rather than in hospitals or long-term-care facilities,” McCarter said today. “However, although home-care funding has increased, funding inequities we’ve noted in previous audits remain because the Ministry is still allocating funds based largely on what it gave in the past rather than on the specific needs of the local clientele.”

In Ontario, Community Care Access Centres (CCACs) are responsible for providing home-care services to more than half a million people who might otherwise have to stay in hospitals or long-term-care facilities. CCACs generally contract with service providers to supply these services, including nursing, physiotherapy, and social work, as well as personal support and homemaking services.

Among the significant findings in the Auditor’s 2010 Annual Report:

• Eleven of the province’s 14 CCACs had about 10,000 people on wait-lists for home-care services, with the wait ranging from an average of eight days to 262 days. The other three CCACs had no wait-lists.

• Assessments by CCACs to determine the extent of their clients’ needs were often not done on a timely basis, with some clients waiting as long as 15 months for assessments.

• In the absence of standard service guidelines, each CCAC has had to develop its own guidelines for how often and how long a client receives certain home-care services, which can result in clients with similar needs receiving different levels of service depending on where in Ontario they live.

• CCACs reported that they could not get the best value from service providers because the Ministry suspended its competitive procurement process. While this has made it easier for clients to keep the same support workers, it has also contributed to significant differences in rates paid to service providers. For instance, rates paid for shift-nursing services by one CCAC could be twice as high as those paid by another.