

Long-Term Care COVID-19 Commission Meeting

Accreditation Canada
on Monday, February 8, 2021



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5	MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION
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12	--- Held via Zoom Videoconferencing, with all
13	participants attending remotely, on the 8th day of
14	February, 2021, 9:30 a.m. to 10:43 a.m.
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1 BEFORE:

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3 The Honourable Frank N. Marrocco, Lead Commissioner

4 Angela Coke, Commissioner

5 Dr. Jack Kitts, Commissioner

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7 PRESENTERS:

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9 Leslee Thompson, CEO, HSO & Accreditation Canada;

10 Asmita Gillani, Executive Director, Canadian

11 Accreditation, HSO & Accreditation Canada;

12 Erin Bonokoski, Director of Communications and

13 Public Affairs, HSO & Accreditation Canada;

14

15 PARTICIPANTS:

16

17 Alison Drummond, Assistant Deputy Minister,

18 Long-Term Care Commission Secretariat;

19 Kate McGrann, Counsel, Long-Term Care Commission

20 Secretariat;

21 Derek Lett, Policy Director, Long-Term Care

22 Commission Secretariat;

23 Jessica Franklin, Policy Lead, Long-Term Care

24 Commission Secretariat;

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1 Rose Bianchini, Senior Policy Analyst, Long-Term
2 Care Commission Secretariat;
3 Max Libman, Counsel;
4 John Callaghan, Counsel, Gowling WLG;
5 Lynn Mahoney, Counsel, Gowling WLG.

6
7 ALSO PRESENT:

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9 Carissa Stabbler, Stenographer/Transcriptionist
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1 -- Upon commencing at 9:30 am.

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3 LEAD COMMISSIONER FRANK MARROCCO:

4 Thank you for coming. The three Commissioners are
5 here: Dr. Jack Kitts you know, Ms. Thompson, and
6 Commissioner Angela Coke, and myself.

7 We do have, as you know, a transcript,
8 and we will post it within -- in the next couple of
9 days.

10 So beyond that, we will -- if you don't
11 mind, if questions occur to us, we'll just
12 interrupt and ask the questions rather than waiting
13 until you're finished and then trying to go back,
14 if that's okay with you. It seems to work well
15 from our end.

16 And with that, we're ready to go when
17 you're ready to go.

18 LESLEE THOMPSON: Well, thank you very
19 much. We are delighted to be here and want to
20 thank you for your work and also acknowledge the
21 tremendously difficult time that we are in with
22 lives lost and the real imperative kind of more
23 than we've ever seen to improve quality and safety
24 in long-term care and for our seniors.

25 And we're pleased to be here today to

1 talk with you about some of the ways in which our
2 experience in long-term care may contribute to your
3 review and inform your recommendations.

4 My name is Leslee Thompson, and I am
5 the CEO of Health Standards Organization &
6 Accreditation Canada. I'm a nurse by profession.
7 I've been working directly in the health care field
8 for almost 40 years, including time as a hospital
9 CEO leading a major organization turnaround of a
10 hospital with serious quality and financial issues
11 and have been with Accreditation Canada for the
12 past five years.

13 Asmita Gillani is with me for this
14 presentation today. Asmita?

15 ASMITA GILLANI: Hello, Commissioners,
16 and it's also a real privilege to be with you
17 today. I also want to really acknowledge the lives
18 lost and the tremendous admiration that we have for
19 all the frontline workers and you, Commissioners,
20 for engaging in this very, very challenging work.
21 We hope that we will be able to contribute in some
22 small measure.

23 I am Asmita Gillani. I am -- my
24 background is health care executive. My roots are
25 in virology and labs, so I'm very familiar with

1 infectious disease. I was in the reference lab
2 before it moved to Winnipeg.

3 I was also a hospital CEO during the
4 SARS outbreak, and our hospital, York Central,
5 which is now Mackenzie Health was in quarantine, so
6 I have real-life experience of SARS.

7 And then I went on to Kenya to become
8 the CEO of the Aga Khan University Hospital in
9 Nairobi, and I was overseeing five countries in --
10 hospitals in five countries, and we were dealing
11 with Ebola there. So I'm somewhat familiar with
12 infectious disease and their spread.

13 And more recently, I joined
14 Accreditation Canada to revamp our programs and
15 give it new momentum.

16 And I'll turn it over to Leslee to get
17 it going. Thank you.

18 LESLEE THOMPSON: Thank you. So I
19 wanted to just stage set and then review the
20 framework of the presentation with you.

21 To stage set about Accreditation Canada
22 and HSO, we're both -- both organizations are
23 independent, meaning they're nongovernment, they're
24 not-for-profit, and internationally recognized,
25 trusted source of National Standards and

1 high-quality third-party assessments for over 60
2 years.

3 We are the only -- HSO is the only
4 officially recognized Standards Development
5 Organization officially designated by Standards
6 Council of Canada as an SDO that focuses
7 exclusively on health and social services. And
8 that means we can set National Standards and call
9 them officially National Standards.

10 AC is -- we are the largest, most
11 comprehensive accreditation body in Canada. Listed
12 here are some of the -- the breadth of clients.
13 Every hospital and health region across Canada is
14 enrolled in our program.

15 Most long-term care hospitals are -- in
16 Canada are enrolled in our program, including all
17 public LTC homes outside of Ontario. There's a mix
18 inside Ontario.

19 Some of our clients are actual
20 provincial governments. So the Government of
21 Quebec, as an example, is our client, and Ontario
22 Government is the client for all the lab
23 accreditation that -- and proficiency testing
24 program that we run.

25 The Federal Government is also a client

1 for specific areas, private and public providers.
2 There's a mix across all parts of the health care
3 ecosystem, as well as post-secondary institutions.
4 We accredit education programs for 17 health
5 professions including paramedics, lab techs,
6 et cetera.

7 So when you look at by the numbers just
8 in terms of reach, over 15,000 locations use the
9 programs, 38 countries. We train and keep
10 continued status for 900 peer surveyors. 400
11 experts are involved in scientific advisory
12 committees, very active.

13 And 100 published standards, 1,000
14 leading practices that are all kind of available
15 for clients, and a variety of programs of which
16 accreditation is one of the external assessment
17 programs, but it's by far our largest and most
18 high-profile.

19 Just as an acknowledgement also that we
20 have to go undergo rigorous external accreditation
21 requirements in order to operate. Not anybody can
22 accredit, and we have to meet the requirements of
23 these four organizations: SCC, ISQua, APAC, and
24 ILAC. Lots of good acronyms. But those are --
25 those kind of establish that credibility base to

1 start.

2 So we thought that with that just brief
3 overview of kind of the bit of who we are and what
4 we do, the next slide is our proposed outline for
5 today.

6 Just starting also with a bit of what
7 Accreditation is and isn't, our experience in
8 long-term care across Canada and Ontario to
9 leverage learnings, the program that has been in
10 place for assessing and accrediting long-term care
11 homes today and has been in for the number of
12 years, some of the observations from assessments
13 pre- and during COVID.

14 Give you a review of the new program
15 that's starting in long-term care for 2021 that has
16 really been built as a result of needing to update
17 based on some of the learnings and realities that
18 we're experiencing now, and our recommendations for
19 improving quality infrastructure going forward.

20 And with that, Commissioner, shall we
21 proceed?

22 LEAD COMMISSIONER FRANK MARROCCO:

23 Yeah, I think so.

24 LESLEE THOMPSON: Okay. Thank you. So
25 just as a background with standards, inspections,

1 and accreditation, they are all part of -- integral
2 parts to any quality infrastructure.

3 And just as a level set, there's lots
4 of people who say they develop standards, but the
5 kind of official mechanisms are through consensus
6 of experts, consistent agreed-upon evidence-based
7 criteria and guidelines.

8 They can be mandatory or voluntary.
9 They're distinct again from acts, regulations, and
10 codes, which can be referenced a lot in those legal
11 instruments.

12 Only an SDO that -- in Canada can issue
13 National Standards of Canada, and those standards
14 go to a regular update and review process.

15 Inspections, by contrast, are
16 instruments of government, as you well know, and
17 they focus on compliance with regulation and codes,
18 whereas accreditation bodies are independent of
19 government, and they're typically not-for-profit.
20 They can -- programs can vary in scope, rigor, and
21 cost.

22 Some develop their own standards versus
23 an SDO process. Ours goes through SDO process and
24 sometimes requirements -- sometimes there are
25 requirements by governments or other bodies that

1 say you have to have -- use only approved
2 accreditation bodies.

3 There's -- in Canada and in Ontario
4 specifically, the AC programs all require
5 compliance with laws and regulations as minimum
6 thresholds. So the accreditation program builds on
7 those and focuses on overall quality, management,
8 and improvement.

9 And we're going to take you through the
10 specifics of the Accreditation Canada program so
11 you can see exactly what's in there and how that
12 has been undertaken in long-term care homes to
13 date.

14 And, you know, there's lots of reports
15 and research, evaluations, and feedback that
16 consistently identify accreditation as part of
17 the -- as part of any quality infrastructure.

18 And there's correlation between
19 accreditation and quality culture, but there's no
20 one-to-one direct relationship between -- in a
21 complex adaptive system by saying this one thing
22 influenced this one indicator.

23 And so I just wanted to paint that
24 reality and acknowledge preventable harm
25 unfortunately still happens in every hospital and

1 health setting, but accreditation is one of those
2 vehicles to help clients keep quality and safety at
3 the forefront, constantly improve and demonstrate
4 progress, and helps hardwire it into daily
5 operations.

6 There's lots of evidence to show that
7 strong quality cultures and systems help
8 organizations prepare for and adapt to crisis
9 situations, and many top performers use multiple
10 vehicles for quality improvement including
11 accreditation. So that's just the general story in
12 context.

13 Let's look at Accreditation Canada
14 specifically. So we accredit -- and in long-term
15 care. We accredit 1,482 homes across Canada. Most
16 accreditation is mandatory in -- it shouldn't say
17 10." It should say -- I think there's -- in many
18 of the jurisdictions for -- or actually, for all
19 publicly operated long-term care and -- except in
20 Ontario.

21 And in Quebec, the 2018 government was
22 awarded -- awarded us a 10-year contract. We
23 accredit all health care authorities and their
24 long-term care homes.

25 The program has been tailored to them.

1 They receive provincial reports, and we customize a
2 program for seniors and long-term care for them
3 that will be started in 2021.

4 And then we outlined here B.C. and --
5 did I skip -- oh, sorry, I skipped slide 5. Let me
6 just go back there for one second. I apologize.

7 That also accreditation for the current
8 status in Ontario, before I do long-term care,
9 every hospital undergoes accreditation every four
10 years. The Royal College requires all teaching
11 hospitals to be accredited.

12 There are hospitals -- long-term care
13 beds within hospitals that are accredited, and the
14 AC reports are property of the hospital. There's
15 no posting requirements, and there is no direct
16 government involvement in Ontario, although the AG
17 report in 2019 when they pulled the results of
18 safety culture surveys and recommended that
19 government review the hospital reports, identify
20 areas where people aren't meeting standards and
21 safety practices and had that oversight of the
22 reports. But to date, there's been no specific
23 uptake on that.

24 In Ontario, just by -- just showing us
25 the precedent, every lab, public and private,

1 undergoes accreditation by IQMH, which is now part
2 of Accreditation Canada.

3 And in that situation, lab management
4 and proficiency testing is mandatory. The program
5 is funded by the Ministry of Health, and results
6 can and do lead to suspension of licenses for
7 specific tests and labs as a whole.

8 When it comes to accreditation in
9 long-term care, it's done by two Ministry-approved
10 accreditation bodies: Accreditation Canada and
11 CARF, which is a U.S.-based firm.

12 The Ministry does provide incentive for
13 homes to undergo accreditation as part of the
14 long-term care funding formula, but each home makes
15 its own decision.

16 There's no accountability back to the
17 Ministry, no transparency with reports, and we
18 often don't do province-specific reports for large
19 cross-country private chains. And there are 16
20 percent of homes in Ontario who choose not to
21 undergo accreditation.

22 LEAD COMMISSIONER FRANK MARROCCO: If I
23 could, I'm just trying to understand if you -- it
24 was ever explained why it would be voluntary.

25 LESLEE THOMPSON: It -- there's been no

1 decision by government in Ontario for long-term
2 care or even hospitals that it is mandatory.

3 LEAD COMMISSIONER FRANK MARROCCO:

4 Okay.

5 LESLEE THOMPSON: Unlike other
6 provinces.

7 KATE MCGRANN: Quick question before
8 you proceed to the next slide: When you're talking
9 about long-term care accreditation in Ontario,
10 you've got a point here that says that there's no
11 accountability back to the Ministry and no
12 transparency with reports.

13 Is it the case that Accreditation
14 Canada does not share its reports with the
15 Ministry?

16 LESLEE THOMPSON: No. The hospitals or
17 the homes are our clients. They are the ones in
18 Ontario that pay the fee to Accreditation Canada to
19 be part of their program, and there is no -- those
20 reports are theirs.

21 In situations where -- like Quebec, the
22 reports all go to the government, and then we do
23 trending analysis and province-wide reporting for
24 them.

25 KATE MCGRANN: Okay. And then for

1 organizations who choose to seek accreditation with
2 you, do they have any obligation to you to report
3 back on findings from Ministry inspections of their
4 homes?

5 LESLEE THOMPSON: Not specifically on
6 the Ministry inspections, but we do look at --
7 there's about 30 percent of our criteria that
8 overlap with Ministry inspection elements.

9 And if through our process there are
10 identified gaps that are identified during that
11 accreditation process and will show you the current
12 state, then they -- then that information is
13 considered in the accreditation process.

14 KATE MCGRANN: Okay. Just so that it's
15 clear in the transcript, it's the case, then, that
16 government inspections and any findings flowing
17 from government inspections are not considered in
18 the accreditation process that your organization
19 runs?

20 LESLEE THOMPSON: They would be
21 considered, but they are not -- it would be if the
22 home gave it to us.

23 KATE MCGRANN: Okay. And are they
24 required to give it to you?

25 LESLEE THOMPSON: They are not required

1 to give it to us. They are encouraged. We don't
2 have that teeth of the program right now.

3 LEAD COMMISSIONER FRANK MARROCCO: Were
4 there ever any conversations with the Ontario
5 government that you're aware of about making
6 accreditation mandatory?

7 The reason I ask is, you know, there's
8 a shortage of long-term care beds in Ontario,
9 38,000 bed shortage, so it's one thing if there's a
10 surplus of beds, then people could choose to go to
11 a place that's accredited as opposed to a home
12 that's not accredited.

13 But if there's a shortage of beds, then
14 you have no -- if you need to be in a long-term
15 care facility, you have no choice, and therefore,
16 accreditation becomes a kind of way of ensuring
17 that there's quality of care for people who have no
18 choice but to go into the homes.

19 LESLEE THOMPSON: Correct.

20 LEAD COMMISSIONER FRANK MARROCCO: Has
21 there been any -- has this issue come up?

22 LESLEE THOMPSON: Most recently, as we
23 will describe, where we did send reports to the
24 Ministry of Long-Term Care, given COVID situation,
25 when accreditation status of a couple of homes was

1 suspended, that notice prompted Ministry
2 discussions around the development of province-wide
3 programming and the option of mandatory
4 accreditation.

5 LEAD COMMISSIONER FRANK MARROCCO:
6 Discussions?

7 LESLEE THOMPSON: Discussions -- a
8 proposal was requested, and extensive discussions
9 have followed, but no decision, to our knowledge,
10 has been made.

11 LEAD COMMISSIONER FRANK MARROCCO:
12 Okay. There's been no shortage of discussions in
13 what we've heard.

14 LESLEE THOMPSON: Mm-hm.

15 LEAD COMMISSIONER FRANK MARROCCO:
16 Sorry, go ahead, Ms. Thompson.

17 LESLEE THOMPSON: No problem. So the
18 other -- just the piece for Ontario is each --
19 while each home make its decision, there are --
20 there is a funding formula, as you know, for
21 long-term care, and there is an incentive fund.

22 There's incentive payment there for
23 people who do choose to be accredited, but there's
24 no accountability loop-back and no follow-up of
25 what that really was, the extent and et cetera.

1 So if I go to the next --

2 ASMITA GILLANI: To add, we have to
3 notify Ministry if homes are accredited when
4 they're accredited, so then they can access the
5 fund. They need a nod from us.

6 So that's why when -- during COVID when
7 we suspended some homes, we had to notify the
8 Ministry that they were suspended. And that
9 spurred a whole lot of discussions, very detailed
10 proposal with costing, everything.

11 Suffice to say that the Ministry got
12 caught in several crisis management, and so I think
13 the will was there, but I think there was just too
14 much happening with that.

15 LESLEE THOMPSON: Okay. So the gist of
16 this slide just shows the variety of approaches to
17 long-term care across the country. And if I go --
18 I spoke previously about Quebec as an example, and
19 we accredit all publicly funded homes outside of
20 Ontario.

21 Again, Ontario has a mixed approach.
22 And of note is that 42 homes are run by hospitals,
23 and those are assessed by us as part of the
24 hospital accreditation process.

25 And we spoke on the requirement of --

1 there's no kind of follow-up or public reporting of
2 reports in Ontario.

3 LEAD COMMISSIONER FRANK MARROCCO: So
4 with respect to the 60 percent of the homes that
5 are not accredited, in addition to not wanting to
6 be accredited, they have chosen to give up whatever
7 financial incentive the province is offering for
8 accreditation on top of that?

9 LESLEE THOMPSON: That would be our
10 understanding, yes.

11 ASMITA GILLANI: Yeah, I think --

12 LEAD COMMISSIONER FRANK MARROCCO: That
13 strikes me as alarming, actually, that rather than
14 be accredited, you would choose to give up money.

15 ASMITA GILLANI: I think, if I may,
16 Commissioner, the financial incentive works out
17 better for larger chains and -- because it's per
18 bed, and it's per bed day. It's 36 cents per -- so
19 that the pot is about 10 and a half million or so.

20 I think the big chains take full
21 advantage of it, but everybody will go for the
22 cheapest, and we're not the cheapest.

23 And so I think that it's also difficult
24 to do accreditation. You have to be really pretty
25 conscious. And we'll get into that later. So some

1 of the smaller homes, it's difficult for them.

2 LEAD COMMISSIONER FRANK MARROCCO:
3 Commissioner Kitts?

4 COMMISSIONER JACK KITTS: Yeah, can I
5 just ask a question on the previous slide, Leslee?

6 LESLEE THOMPSON: Yeah.

7 COMMISSIONER JACK KITTS: The private
8 chains with cross-Canada presence are reviewed as
9 whole, so no Ontario-specific reports, can you tell
10 us more about that accreditation?

11 LESLEE THOMPSON: So that would be an
12 example of Extendicare or -- Asmita, give me an
13 example.

14 LEAD COMMISSIONER FRANK MARROCCO:
15 Chartwell?

16 LESLEE THOMPSON: Yeah.

17 ASMITA GILLANI: Chartwell, Sienna, and
18 we do Extendicare, yes, and they have Canada-wide
19 presence. So, you know, we do 80 percent sampling
20 and visit those homes.

21 We don't have the funding to go and
22 visit every home in the chain every year. That was
23 one of the proposals that we had put to the
24 Ministry because the incentive fund would more than
25 cover it.

1 LESLEE THOMPSON: The issue is, Jack,
2 that the -- or Commissioner Kitts, that Extendicare
3 is the client, or these are -- the big chain is the
4 client, not the individual homes.

5 COMMISSIONER JACK KITTS: But you would
6 have to make the assumption that an individual home
7 in Manitoba and another in Alberta would also be
8 the same in Ontario or another province?

9 LESLEE THOMPSON: We look at them --
10 sample them across the country, and we also -- we
11 have the data, which we are going to share with
12 you.

13 We've included there Ontario homes in
14 the pool of the data we're going to show you for
15 trending of results, but the -- and in a provincial
16 report, you could break out those homes, but right
17 now, overall, the national chain is the client.

18 COMMISSIONER JACK KITTS: Okay. So
19 you're going to talk more about the inspection
20 process --

21 LESLEE THOMPSON: Yes.

22 COMMISSIONER JACK KITTS: -- later on?
23 Okay. Thank you.

24 LESLEE THOMPSON: Yeah. So let's go
25 to -- let's go to that.

1 And, Asmita, if you could do, like, a
2 brief overview of how it works currently and want
3 to make sure that we show you -- we've got time for
4 the observations and the trending analysis that
5 we've done across all the homes.

6 ASMITA GILLANI: Sure. I think,
7 Commissioner Kitts, you may be aware of our
8 program. We have a set of standards specifically
9 for long-term care.

10 We have the IPAC, the med management,
11 leadership and governance, and then delivery of
12 care model, which includes the resident experience
13 and person-centered care and the delivery of care.
14 Sorry, med management is twice.

15 Each standard has a set of criteria,
16 and some of the criteria that are really related to
17 safety and ethics are deemed and they're tagged
18 digitally as high priority.

19 And then there is the self-assessment.
20 We start with the self-assessment that the
21 organization does a look-see on themselves, and
22 they -- this is in preparation for the survey
23 visit. So they see the gaps against our standards.

24 The standards, everything is available
25 to the home, to the organization through a client

1 portal. They can access it any time. It has all
2 kinds of resources on how to achieve the standard,
3 on what references we use, and all those things.

4 And then the on-site survey is
5 conducted by peer experts. These are practitioners
6 in the field. They generally come from other
7 provinces or, you know, other areas.

8 They include hospital leadership as
9 well. Most of them are, you know, the C-suite as
10 well as some clinical champions as well as
11 physicians, et cetera.

12 And then we have these, what we call,
13 required organizational practices, which are an
14 absolute must-have to pass an accreditation.
15 There's a certain algorithm that we go through.

16 And then the priority processes are
17 ways that the surveyors use to identify, you know,
18 how they will judge. So it's not just a checklist.
19 They actually have to go through a tracer
20 methodology, which means they have to go all the
21 way from governance, leadership.

22 They follow the chain all the way to
23 the frontline. They talk to residents. They talk
24 to staff. They see if what is documented is
25 actually valid. So there's a real deep dive in the

1 tracer methodology.

2 And then we have a ton of -- well, we
3 have four requirements of them having to fill out
4 surveys that they do during their prep time, and
5 that is the staff work/life experience, the patient
6 safety culture.

7 So staff judge, you know, what they
8 feel is missing or strong or not. It's all
9 anonymous. And then the patient experience survey
10 as well.

11 And then we have a governance
12 functioning tool, which means, you know, we get a
13 sense of how much focus the board pays on quality
14 and human resources and all those things and how it
15 is -- we have tracers in governance as well to see
16 if what is said actually translates to the
17 front-lines.

18 And then the results are all collated
19 in a portal. It's a different portal that the
20 surveyors use. They do the assessment. Those
21 results go to another body called the Accreditation
22 Decision Committee that is at arm's length from us.

23 And they then go over all the evidence.
24 They deliver it. They do follow-ups. They'll
25 write back and say, "Well, this is unmet here.

1 What is -- you know, what is your plan?" They give
2 them certain time to fulfill, and if they don't,
3 then they don't get accredited.

4 We generally take a stance of
5 nonpunitive because our interest, our social
6 mission is to encourage people to elevate their
7 quality, not to beat them down. It's how can we
8 support you to get to that endpoint?

9 So sometimes, you know, the three-month
10 time period sometimes will take six months, so we
11 negotiate. And sometimes we just say, "Sorry,
12 you're not meeting it." End of story.

13 In the past four, five years maybe,
14 we've not given accreditation to about three or
15 four long-term care homes.

16 And then we have a suspension policy.
17 If we find from third-party sources that there's
18 been egregious violation of our standards or
19 noncompliance, then we can lift their status.

20 KATE MCGRANN: A couple of questions --
21 sorry, Commissioner Kitts, please go ahead.

22 COMMISSIONER JACK KITTS: Just with the
23 standards, you're aware that the long-term care
24 homes have inspections periodically by the Ministry
25 of Long-Term Care, by Ministry of Labour, and

1 sometimes by Public Health or Food and Safety.

2 ASMITA GILLANI: Yes.

3 COMMISSIONER JACK KITTS: Are those
4 parts of the documents that you would study when
5 you're going in for an accreditation? Are the
6 standards --

7 LESLEE THOMPSON: Yeah, about 30
8 percent of the criteria are overlap and would be
9 looked at for sure. And then the other reports are
10 available, especially we would -- they would ask
11 whether there had been any major -- the surveyors
12 would ask if there have been any major issues or
13 gaps identified in previous reports, but it is not
14 a -- we don't review every aspect of those reports
15 now.

16 In the new program, which we will also
17 describe, there's actually a capability to attest
18 to some of the criteria, so to reduce the burden of
19 duplication and to have organizations identify
20 where there have been gaps in other reports and how
21 they are addressing those as part of their overall
22 quality improvement plan.

23 So we've taken steps to tighten up the
24 alignment for an overall quality improvement
25 approach better than it's been before.

1 ASMITA GILLANI: Yeah, we do take into
2 consideration in Ontario the old HQO, you know,
3 falls prevention, what they measure, and we look at
4 those because we have specific processes around
5 those outcomes.

6 But they're not necessarily all
7 integrated. That's our future that we are looking
8 to integrate the CIHI, the HQO, the interRAI.
9 There are a number of indicators that are
10 collected.

11 But we do look at minutes of board
12 meetings or leadership meetings, so if there's
13 inspection flags in there, we look at resident
14 council minutes and those kinds of things. So it
15 does give us a sense of, you know, what is the
16 home's culture.

17 But most surveyors tell us that they
18 learn so much when they're on the ground.

19 COMMISSIONER JACK KITTS: Okay. And
20 just one more question: Some of the big chains,
21 there's the owner, the license owner is a company
22 who hires a company like Extendicare to manage.

23 Do you survey both the owners and the
24 board or, like, how do you sort that one out in
25 terms of governance?

1 LESLEE THOMPSON: Governance with those
2 big chains is complicated, and we are often not
3 provided with information, the same kind of level
4 of governance detail that we would expect in a
5 hospital when it's those more complex governance
6 structures.

7 COMMISSIONER JACK KITTS: Okay. The
8 last question is do you survey these every four
9 years like hospitals, or what is the --

10 LESLEE THOMPSON: That's the current
11 program, yes. The new program, it will be a
12 continuous program with touch points each and every
13 year including unannounced surveys.

14 COMMISSIONER JACK KITTS: Thank you.

15 KATE MCGRANN: Couple of other
16 questions before we move on. You had mentioned
17 that over the last couple of years, I think, three
18 or four homes had not achieved accreditation.

19 Just to help us put that in context, is
20 that in Ontario, or is that across Canada?

21 ASMITA GILLANI: In Ontario. I'm
22 speaking now just in Ontario.

23 KATE MCGRANN: Okay. And about how
24 many homes would have achieved accreditation at the
25 same time? I'm trying to understand how many homes

1 didn't manage to get it in context.

2 ASMITA GILLANI: I would say that we do
3 about 50 or so a year because of the four-year
4 cycle. So it's about -- you know, 50 homes are
5 seen every year and accredited or not or, you know,
6 they have follow-ups.

7 KATE MCGRANN: Okay. Do homes lose
8 their incentive funding if their accreditation is
9 suspended?

10 ASMITA GILLANI: Yes. I mean, they
11 might have negotiations with the Ministry
12 particularly on COVID, but no. But technically,
13 yes, they do.

14 LEAD COMMISSIONER FRANK MARROCCO: Do
15 you have a process that people have to go -- that
16 you go through when you're suspending, or do you
17 just suspend?

18 ASMITA GILLANI: No, no, there's a
19 whole process --

20 LESLEE THOMPSON: Very detailed
21 process.

22 ASMITA GILLANI: Very, yeah, detailed
23 process, and we actually go back on-site, and we do
24 what we call a supplementary survey. And I think
25 that it's been -- that's been quite challenging in

1 the COVID period.

2 LEAD COMMISSIONER FRANK MARROCCO: How
3 long does the suspension process take to play
4 itself out?

5 ASMITA GILLANI: Well, it depends also
6 on the readiness of the home to say, "Okay, we
7 fixed these," you know, so it -- I mean, they can
8 stay, you know, permanently suspended and
9 eventually lose their status altogether, but they
10 do get, you know, time periods.

11 So we touch base with them right away
12 and say, "Okay, these are the standards that are
13 noncompliant. What is your time frame? We would
14 like to come in and see what is the state of
15 affairs, and then we can judge what effort it will
16 take for you to do these."

17 Sometimes they agree, sometimes they do
18 a written submission, but we are always insistent
19 that we absolutely need to go in and check things
20 out, you know, what we did.

21 LEAD COMMISSIONER FRANK MARROCCO: Are
22 they suspended, and then is the process about
23 lifting the suspension --

24 ASMITA GILLANI: Yes.

25 LEAD COMMISSIONER FRANK MARROCCO: --

1 or is the process directed towards imposing the
2 suspension?

3 ASMITA GILLANI: So it is with the
4 notion that if they work towards, you know, meeting
5 these standards, then we would lift the suspension.
6 Does that answer your question?

7 LEAD COMMISSIONER FRANK MARROCCO: So
8 is there some sort of an agreement reached that
9 they're going to work towards remedying whatever it
10 is --

11 ASMITA GILLANI: Correct.

12 LEAD COMMISSIONER FRANK MARROCCO: --
13 and that immediately result -- immediately upon an
14 agreement being entered into, the suspension is
15 lifted?

16 ASMITA GILLANI: No, no, no.

17 LESLEE THOMPSON: No, no, the
18 suspension is not lifted until the evidence is
19 provided and the supplementary survey is conducted.
20 So they are suspended through that time frame.

21 So there's a bit of an incentive for
22 some that you want to get it through -- they want
23 to do it quickly, and they want to move through
24 quickly.

25 And for some of the homes that have

1 multiple sites, in addition to looking at that
2 particular home, we also sample a few of the other
3 homes in that -- from that operator as part of the
4 suspension process.

5 ASMITA GILLANI: We just needed to make
6 sure that other homes under the control of that
7 operator were not experiencing the same issues, but
8 they just didn't get captured by, you know,
9 external reviewers like CAF or somebody.

10 Have we answered your question,
11 Commissioner?

12 LEAD COMMISSIONER FRANK MARROCCO: Yes,
13 for now, yes.

14 LESLEE THOMPSON: We'd be happy to
15 provide a, you know, copy of the policy and process
16 that's used if that would be helpful.

17 LEAD COMMISSIONER FRANK MARROCCO:
18 Thank you.

19 LESLEE THOMPSON: One of the things
20 that we've done is look at the -- kind of what are
21 some of the trends if you step back and look at all
22 long-term care homes across the country, over the
23 past couple of years the main findings from their
24 reports.

25 And one of the things that stands out

1 is actually Ontario data -- sorry, Ontario data is
2 not -- there's no significant difference between
3 the findings of Ontario and findings of other
4 provinces.

5 So these are some of the highlights of
6 things that over the past few years kind of has
7 been -- the most frequent unmet criteria are
8 typically around infection prevention and control
9 and within that, hand hygiene practices, monitoring
10 environmental cleanliness, lack of IPC education,
11 resources, and training. That's often one of the
12 top areas that people struggle with.

13 Leadership, overall leadership,
14 compliance with leadership standards is overall
15 weak in long-term care, especially compared to
16 hospitals, especially in the privately run chain
17 homes where there's often a lack of clarity on the
18 ultimate accountability that we were just talking
19 about with an on-site management, outsourced
20 management, and the owner. And, you know, it's
21 clear on-site leadership matters and qualified
22 on-site leadership matters.

23 In medication management, there's
24 frequent unmet criteria on the very specific
25 requirements and the standards and criteria for

1 double identification for high alerts, "do not use"
2 dose designations, documentation, and involvement
3 of patients and families, which is critical in med
4 management and especially in long-term care.

5 Resident and family engagement.

6 There's been a lot of movement in that in the
7 hospital and health system sector, not as much in
8 long-term care, as reflected in the standards that
9 people have not been able to meet those criteria in
10 really meaningful ways. Same with our
11 people-centered care criteria, which is peppered
12 through the entire program.

13 There are duplication, as you know,
14 of -- with the criteria of some inspection
15 protocols. And ours -- the nature and the review
16 of the process is quite different, so it's hard to
17 compare exactly criteria to criteria, but they're
18 just acknowledging that that duplication does
19 occur.

20 And ours is more of a carrot approach
21 than a stick approach, but you need a bit of both
22 in order to have your overall model.

23 And the trends arising from
24 accreditation reports can provide that valuable
25 insight, gaps, trending, and benchmarking reports,

1 but only certain governments or health authorities
2 commission those.

3 So depending on what the client wants
4 and if there is no government client, then those
5 are not provided. But they can provide early
6 warning signals --

7 LEAD COMMISSIONER FRANK MARROCCO: When
8 you say "the client," how do you define the client?

9 LESLEE THOMPSON: The one who pays
10 Accreditation Canada for access to the program and
11 for the delivery of the programs and services that
12 we offer.

13 LEAD COMMISSIONER FRANK MARROCCO: So
14 when there's a Ministry -- when part of the
15 financial -- part of the money that the home
16 receives is connected to accreditation, who do you
17 view as paying you the money? The home or the
18 government?

19 LESLEE THOMPSON: In the current model,
20 it's been clear that the client is the individual
21 home. They happen to get that money from the
22 government, but government has never set up the
23 expectation of any relationship with accreditation
24 bodies.

25 LEAD COMMISSIONER FRANK MARROCCO:

1 Okay.

2 COMMISSIONER ANGELA COKE: Sorry, can I
3 just clarify one thing?

4 LESLEE THOMPSON: Yes.

5 COMMISSIONER ANGELA COKE: For some
6 other jurisdictions, though, is the Ministry the
7 client?

8 LESLEE THOMPSON: Yes. The example of
9 Quebec is or for Alberta Health Services, the
10 Alberta Health Services, which is a regional
11 authority, is in all the homes that are part of
12 their system. Because they are an integrated
13 system, all fall under the contract that we have
14 with Alberta Health Services for accreditation.

15 COMMISSIONER ANGELA COKE: Okay. So
16 they would get the reports and be well aware of how
17 those homes are doing. Thank you.

18 LESLEE THOMPSON: Depending on the
19 jurisdiction, the authority or the government, we
20 work with them to have reports that meet their
21 needs.

22 So Quebec wants to look at, you know,
23 seniors across the whole continuum of care. You'd
24 produce a report that relates to that and others,
25 but it depends on what that relationship is.

1 ASMITA GILLANI: I mean, B.C., for
2 instance, right now they want us to come and do a
3 look-see on just their infection prevention and
4 control and how they manage COVID. So they want an
5 external review of, you know, potential gaps,
6 et cetera. So they commission these specific
7 studies.

8 LESLEE THOMPSON: This is an example of
9 looking at just the -- we can work with data in a
10 whole variety of ways. This is just an example of
11 the patient safety culture survey.

12 This was what the AG in Ontario drew on
13 the results of the safety culture tool in one of
14 the most recent reports on hospital safety.

15 And this just shows you, again, this
16 was -- LTC was included in these results, and it
17 just shows the example of the view of staff, which
18 is why it's so important to get their voices
19 directly, not just looking at papers and talking to
20 the administrators or the board about what they
21 feel is happening related to quality. And this is
22 another important dimension of looking at what
23 needs to be improved overall.

24 And, you know, in -- what's striking
25 with this is the high number of people, of staff

1 that feel reporting a safety issue can cause them
2 problems with their job, and they are worried about
3 declaring. And this is a concern to us and
4 something that we're working on with our programs.

5 KATE MCGRANN: And what dates was that
6 survey --

7 LEAD COMMISSIONER FRANK MARROCCO: Can
8 you just go back to the --

9 LESLEE THOMPSON: Hmm?

10 KATE MCGRANN: What dates was that
11 survey current of?

12 LESLEE THOMPSON: These were over --
13 these 260,000 staff sample is over three years. I
14 believe this report was -- this data is from about
15 2015 to 2019.

16 ASMITA GILLANI: 2019, yeah. 2019.

17 LEAD COMMISSIONER FRANK MARROCCO:
18 Before you leave this slide, at the very bottom,
19 and just so I understand it, this represents
20 260,000 staff across Canada that you surveyed?

21 ASMITA GILLANI: Right.

22 LESLEE THOMPSON: That completed the
23 survey instruments in the accreditation process,
24 yes.

25 LEAD COMMISSIONER FRANK MARROCCO: And

1 it says at the last one, the fourth category:

2 "Please give your organization
3 an overall grade on patient."

4 LESLEE THOMPSON: It should say
5 "patient safety." And so every home that would be
6 going through accreditation, the staff would be
7 giving their -- or hospitals, their staff give an
8 overall rating on patient safety.

9 And what this slide shows is that
10 55 percent in Ontario -- 55 percent is the rating.
11 It's the overall grade of patient safety that the
12 staff have given the hospitals in long-term care
13 settings.

14 LEAD COMMISSIONER FRANK MARROCCO: So
15 what does the 55 percent mean?

16 LESLEE THOMPSON: It means that people
17 are saying -- this is a pooling of the data that
18 says that 260,000 staff that were surveyed said
19 that in Ontario, our rating for patient safety is
20 about 55 percent, is what it turned out to be.

21 LEAD COMMISSIONER FRANK MARROCCO: And
22 that's the lowest across Canada?

23 LESLEE THOMPSON: It's lower than the
24 rest of Canada.

25 LEAD COMMISSIONER FRANK MARROCCO:

1 Yeah, that makes it the lowest.

2 LESLEE THOMPSON: Well, there may be
3 others -- there may be others, but that's the --
4 I'm just pulling the Ontario-specific data.

5 LEAD COMMISSIONER FRANK MARROCCO: All
6 right. And where you have on this "N=112,058,"
7 does that mean that the 55 percent, the grade
8 55 percent, is a grade extracted from the 112,000?

9 LESLEE THOMPSON: Yes, that's what --
10 from those staff what they rated Ontario, yes.

11 LEAD COMMISSIONER FRANK MARROCCO:
12 Right. Right. Because somebody working in another
13 province wouldn't be able to --

14 LESLEE THOMPSON: Exactly.

15 LEAD COMMISSIONER FRANK MARROCCO: --
16 right, fill that in.

17 LESLEE THOMPSON: Exactly.

18 LEAD COMMISSIONER FRANK MARROCCO: All
19 right. Okay.

20 LESLEE THOMPSON: So looking at COVID,
21 there were some key insights from -- of what
22 happened during COVID that we wanted to share about
23 what we did and then what are some of the other
24 actions that are underway.

25 We, during COVID, halted all on-site

1 surveys for a seven-month period, and then where
2 feasible -- and that was across Canada, and surveys
3 started in October where feasible, and there have
4 been some that have been done in Ontario.

5 We've mentioned already that when the
6 CAF report was published, we then went and reviewed
7 the status of homes for policy, decided that there
8 was enough evidence for four homes that were not
9 upholding the standard, so their accreditation
10 status was suspended. They had to go --
11 supplementary surveys, and the Ministry was
12 notified.

13 There was a release of all the relevant
14 standards. Knowing that there's a real mix of
15 uptake of accreditation and a variety of programs
16 out there, we decided to release all Accreditation
17 Canada relevant standards and toolkits at no fee
18 for all long-term care homes during the COVID
19 period, offered webinars, ongoing client support.

20 It was really clear to us that, you
21 know, lots of guidance and requirements of
22 everybody jumping in to help, so sometimes we took
23 more of a backseat too, just letting people know we
24 were here, but there were others that were being
25 asked to take a more forceful front role.

1 We did notice that when hospitals took
2 over the long-term care homes, that they brought
3 speed, scale, and deep experience in kind of key
4 areas of IPC, quality and crisis management.

5 And of note is they've already been
6 using AC standards for a long time, sometimes so
7 imbedded that you don't actually say, "Oh, this is
8 an AC standard." It's hardwired into your
9 processes and your ways of working.

10 But many of them did draw on the IPC
11 standards to set up their rapid, you know, COVID
12 boards in the hospitals.

13 And we are absolutely -- agree with the
14 importance of better connection and relationships
15 with hospitals and long-term care as needed on a
16 systematic basis, and we saw consequences of that
17 when that doesn't happen.

18 And then also during COVID, we
19 undertook a rapid review with outside experts of
20 all Public Health guidelines, COVID lessons
21 learned, and then standards were updated and
22 guidance updated for organizations on IPC and
23 emergency preparedness.

24 And there's some examples here of
25 criteria that have been added related to inventory

1 and supply chain of PPE, gowning protocols,
2 environmental factors, and other related issues.

3 And so now our Long-Term Care
4 Assessment Tool, the 2020 edition, includes these
5 updated standards. And this is kind of part of
6 what we do is making sure that we're bringing the
7 most relevant guidance to organizations for them to
8 follow.

9 KATE MCGRANN: A couple of questions on
10 that slide just before you move on. I understand
11 that the organization halted on-site surveys in
12 March and then didn't conduct any for the
13 seven-month period due to the pandemic.

14 What feeds of information did you have
15 available to you to allow you to assess eligibility
16 for ongoing accreditation during that period of
17 time?

18 ASMITA GILLANI: The first and foremost
19 was travel restrictions. Certain provinces -- is
20 that your question?

21 KATE MCGRANN: No. I'll give you an
22 example to try to help clarify because I don't
23 think I did a great job with that question.

24 You spoke to responding to the Canadian
25 Armed Forces report by suspending the accreditation

1 of four homes. You're not doing your own
2 on-the-ground surveys during this seven-month
3 period, so what information is available to you to
4 help assess whether the homes that you have
5 accredited should be permitted --

6 ASMITA GILLANI: Oh, for those homes --
7 for those homes that we suspended, we absolutely
8 went in again.

9 LESLEE THOMPSON: But the source of
10 information that led to that decision was the CAF
11 report which we deemed to be a credible publicly
12 posted report that -- with the seriousness of
13 examples that were brought there through that
14 credible mechanism, we actually -- you know, done
15 by the Canadian Military, we actually accredit the
16 Canadian Military Health Services that -- that was
17 what we relied on.

18 We don't rely on -- we don't go in
19 after a newspaper headline or informal reports.
20 They need to be in between surveys, a really public
21 egregious departure with good evidence that leads
22 to going in there.

23 Again, in the new program with
24 continuous, you're in there every year because this
25 is obviously one of the shortcomings of an

1 every-four-year cycle.

2 KATE MCGRANN: In the current program,
3 how often are you doing on-site surveys in the
4 homes that you've accredited?

5 LESLEE THOMPSON: Once every four
6 years.

7 KATE MCGRANN: Are those surveys
8 announced?

9 LESLEE THOMPSON: They are announced in
10 the current program. There will be a combination
11 of both in the new.

12 KATE MCGRANN: Other than the four
13 homes mentioned in the Canadian Armed Forces
14 report, did you suspend the accreditation of any
15 other homes in Ontario since --

16 LESLEE THOMPSON: No.

17 KATE MCGRANN: -- the pandemic has been
18 declared?

19 LESLEE THOMPSON: No, we have not.

20 LEAD COMMISSIONER FRANK MARROCCO:
21 Commissioner Kitts?

22 COMMISSIONER JACK KITTS: Just a
23 question about your last sentence:

24 "LTC Assessment Tool 2020
25 Edition now includes updated

1 standards."

2 Can you give us an idea of how many
3 standards there are and which ones you've updated?

4 LESLEE THOMPSON: Yeah, so we focused
5 on the update -- so I can show you exactly here
6 what the -- so the program is under transition
7 right now.

8 In the new program in the 2020 edition,
9 the Long-Term Care Assessment Tool, there are six
10 chapters that combine a variety of standards into
11 the assessment tool and focused on governance and
12 leadership, infection prevention and control,
13 delivery of care, medication management, emergency
14 disaster management, and resident experience.

15 And there are 200 criteria kind of
16 within those as well as what Asmita was talking
17 about with some required practices, priority
18 processes, et cetera, are identified.

19 But those are the areas -- infection
20 prevention and control, emergency disaster
21 management are two of the areas and resident
22 experience that have been updated specifically
23 since COVID.

24 COMMISSIONER JACK KITTS: Are those
25 criteria standards? Is there 200 standards or

1 is --

2 LESLEE THOMPSON: No, they're kind of
3 criteria within the standard. So you have the
4 standard, and then there's multiple criteria that
5 are set as -- that the -- to be specific about what
6 that standard is about, and they're assessed on
7 criteria.

8 ASMITA GILLANI: Each standard has a
9 set of criteria. Some are required organizational
10 practice criteria. Some are deemed high priority,
11 and then, you know, some are tagged as, you know,
12 attestable -- and we can go into that later -- so
13 that they can be done virtually. And then there
14 are those criteria that absolutely require an
15 on-site visit.

16 So the whole thing is digitally tagged,
17 the program, to give guidance. Like, you can do a
18 lot of the documentation review virtually kind of
19 thing.

20 And then, you know, the standard -- the
21 criteria from these existing -- these updated
22 standards have been pulled out that are completely
23 relevant to long-term care sector.

24 COMMISSIONER JACK KITTS: When the
25 Federal Government speaks about creating standards

1 for long-term care homes in Canada, is that you and
2 is that this?

3 LESLEE THOMPSON: Well, I think you
4 will hear from the Federal Government shortly on
5 their plan for how those -- how that national
6 long-term care standard will be developed. And you
7 could expect they will rely on standards
8 development organizations like HSO to provide a
9 leadership role.

10 COMMISSIONER JACK KITTS: Are you able
11 to share the standards that exist now with us?

12 LESLEE THOMPSON: Yes.

13 ASMITA GILLANI: Yes.

14 LESLEE THOMPSON: We can share the
15 Long-Term Care Assessment Tool with you.

16 COMMISSIONER JACK KITTS: Okay. Thank
17 you.

18 ASMITA GILLANI: It's not something we
19 can post, though; right?

20 LESLEE THOMPSON: It's okay. We can
21 share with you our -- we are not for profit but we
22 are not for loss, so we will provide the Commission
23 with the copy of the tool.

24 If the Ontario Government so chooses to
25 kind of roll out the program overall and have

1 everyone have complete transparent access, that
2 changes the situation.

3 COMMISSIONER JACK KITTS: Okay. So,
4 Kate, will you follow up and make sure we do the
5 right thing?

6 KATE MCGRANN: Yeah.

7 COMMISSIONER JACK KITTS: Okay.

8 LESLEE THOMPSON: And then this slide
9 just shows the migration to the new program, which
10 is moving from -- we are actually phasing out every
11 four-year survey cycles in all sectors including
12 hospitals and health systems over the course of the
13 next couple of years.

14 And the Qmentum Long-Term Care
15 Accreditation Program is ready for clients as of
16 June 2021 based on the tool, and then there's this
17 continuous approach.

18 There's updated survey instruments.
19 They're streamlined. Dr. Ross Baker and others
20 have been involved in updating our tools that will
21 be used.

22 There will be unannounced and virtual
23 surveys, new methods to ensure reducing
24 duplication, thresholds that have to be met every
25 year, benchmarking and trending data all on kind of

1 a platform that allows for people to continuously
2 improve and self-assess and share data across as
3 well as a significant amount of training,
4 education, and resources.

5 So that program is being implemented.
6 These are some of the key highlights, and most of
7 them I've already mentioned.

8 And should a province -- and this would
9 be discussions that we would have. Should a
10 province want more on-site visits, more of
11 something, deeper customized look at particular
12 areas like IPC or other areas, that's all possible
13 in setting it up, depending on the approach to the
14 program.

15 The real value comes when you pool
16 multiple settings in order to generate the insights
17 that can be actionable at a local level as well as
18 at a provincial and even national level.

19 This just shows the cycle, that it's an
20 ongoing -- there's an ongoing phase of activities
21 that are part of the program.

22 In summary, we wanted to highlight some
23 things that we see are kind of right in front of
24 you as opportunities to leverage programs that
25 currently exist, don't have to reinvent the wheel

1 for things and to show some examples of where AC
2 programs can be leveraged to achieve goals for
3 higher quality, safety, and resident experience in
4 Ontario.

5 We've spoken about the proven track
6 record and the role that we play but often in the
7 background. It's not always out front for
8 everyone.

9 When common approaches to accreditation
10 are used on a province-wide basis, there's
11 opportunities to increase standardization. And you
12 know well from quality improvement experience that
13 standardization is vital to a safe culture. It can
14 provide more robust reporting and analysis.

15 Every hospital already undergoes
16 accreditation with AC, and the approach can easily
17 be extended and connected to long-term care across
18 the province.

19 And then you've got common language,
20 common protocols, common policies, the clinical
21 oversight. We've got clinical governance
22 standards, et cetera. All of that can be there.
23 There's a much broader pool of standards that can
24 support the overall programming and work.

25 The report has a richness of data

1 that's available for trending early warning signals
2 and so forth that is available if asked for.

3 And the survey instruments really focus
4 on issues that -- metrics that matter, a lot around
5 resident safety culture, staff work/life,
6 governance functioning.

7 And, again, it can be tracked in a
8 variety of ways and, with support, can improve
9 the -- kind of the number of people completing
10 those surveys can -- the more that that's
11 increased, the better the data.

12 There's also -- we have Leading
13 Practices. Those were from the Canadian Quality
14 Commission that had the Leading Practices library.
15 Accreditation Canada assumed responsibility for
16 those and building them, and they're available.
17 And people can contribute case studies, and it's a
18 way to provide access to improvements to people.

19 We recognize really that the
20 empowerment, coaching, and support of staff is
21 essential over the long term. There's been a lot
22 of attention on staffing levels, hours of care.

23 While we agree that those are critical
24 to address, really we need to look at the overall
25 supports for staff. And there's lots of programs

1 again that currently exist: Education, training,
2 even certification for frontline staff on quality
3 improvement. And those programs exist and are used
4 in other jurisdictions.

5 On an immediate basis, knowing you're
6 also looking at short-term, there's education and
7 training that can be immediately provided through a
8 vast network of peer surveyors and trainers in
9 areas of IPAC, emergency disaster management,
10 et cetera.

11 Our surveyor training in these areas is
12 expensive, and it can be leveraged in a variety of
13 ways, and then it's consistent. One of the
14 observations now is there's a lot of individual
15 interventions, and there are opportunities to
16 leverage what already exists.

17 And then the use of data can certainly
18 be enhanced for evidence-informed improvements and
19 decreasing the burden of inspections and criteria
20 and protocols with the mechanisms that we have now.
21 With the digital platforms, you can reduce some of
22 that duplication and burden on homes, which is a
23 positive.

24 And finally, just some other kind of
25 recommendations for your consideration and

1 observations from our kind of experience in Ontario
2 and elsewhere that, you know, we certainly agree
3 that every long-term care home should have a formal
4 partnership with local hospitals and then the EMS,
5 Public Health, transport and ideally as part of
6 kind of an integrated system but, at the very
7 least, with hospitals as key. And we see lots of
8 examples of the value of that integrated system
9 approach in other jurisdictions.

10 That consistent use of language of
11 standards and the language of processes across
12 health settings that increase -- just like within a
13 hospital, if you had a different quality standard
14 in every -- you know, in OR, from the emerg, from
15 somewhere, you know, an inpatient unit, you all had
16 different ways to talk about infection prevention
17 and control, that creates problems in your -- and
18 risk for quality and safety.

19 Same across settings and really needing
20 to raise all votes including leadership for
21 quality, which is absolutely essential. And having
22 skilled leadership on-site we agree with.

23 Our hope is that you will really also
24 minimize one-off solutions, one-off, time-limited
25 solutions. They can be important for a focused

1 effort, but really if you want to strengthen
2 quality infrastructure for improvement over the
3 long term, need to take a broader approach and look
4 further than pumping out kind of individual
5 interventions.

6 You know, we also believe that there's,
7 you know, opportunity to make sure that you do
8 provide immediate access to recognized education
9 and training, and for staff, ensure those
10 investments for staff are sustained over the long
11 term so that they are supported to improve quality.

12 We believe that all kind of the three
13 legs of the quality infrastructure stool, if you
14 will, of licensing, inspection protocols, and
15 accreditation -- when those are mandatory and
16 mutually reenforcing, multiple reports, World Bank,
17 looking at ISO, multiple international reports that
18 look at national jurisdictions, all three are
19 required for having a strong, robust quality
20 infrastructure.

21 And so we believe that accreditation is
22 definitely a part of that and would ask you to
23 consider that as well as making, you know, any
24 reports and postings of accreditation results and
25 findings, if they are mandatory, especially making

1 those reports transparent and publicly available
2 and then encouraging Ontario to contribute to the
3 development and adoption of National Standards when
4 that call will be coming very shortly.

5 COMMISSIONER JACK KITTS: Just a quick
6 question, Leslee. We've spoken about this before,
7 but there was a time when hospitals were ramping up
8 to standards indicators, targets, metrics, and
9 we've heard that long-term care is highly regulated
10 with hundreds of regulations, standards, metrics,
11 indicators to the point of chaos in terms of which
12 one is more important than the other.

13 And I'm intrigued by your slide where
14 you have the six focus areas for long-term care
15 that you're going to be rolling out. I don't know
16 what slide it was.

17 LESLEE THOMPSON: Yeah, 13.

18 COMMISSIONER JACK KITTS: I mean, in an
19 effort to get away from indicator chaos, these six
20 look like very pragmatic things, that if you were
21 to evaluate them, you could get a pretty good idea,
22 maybe the 80-20 rule, of how well a home is
23 functioning --

24 LESLEE THOMPSON: Absolutely.

25 COMMISSIONER JACK KITTS: -- and you

1 don't have hundreds of other things.

2 The only thing I would suggest is where
3 you have resident experience, resident and staff
4 experience would be, to me --

5 LESLEE THOMPSON: That's what it should
6 say. That's what it -- yeah.

7 COMMISSIONER JACK KITTS: So to me,
8 everybody could remember that, and basically if all
9 of these things are in order, you've got a pretty
10 good chance that the home is well run and safer and
11 better quality than now.

12 Is there any thought to saying these
13 are the vital few or create the vital few so it's
14 not overwhelming?

15 LESLEE THOMPSON: I would say that
16 these would absolutely be that vital few, and
17 within there, there are specific criteria that have
18 been identified as these are the absolute
19 must-haves and these are the priority processes
20 that need to be assessed as well so that you've got
21 that full picture.

22 I think that sometimes -- and every
23 province is a little bit different with how much
24 they throw into their provincial regulations and
25 inspections, and so there is an opportunity to

1 streamline those, to pull some of the focus back on
2 some of those to not duplicate.

3 The key is you've got to make sure --
4 if you didn't have any accreditation, you'd need to
5 pile up more on the regulations and the
6 government-run oversight.

7 In a situation where you've got the
8 opportunity for both, you can also have government
9 rely on an independent third-party assessment of
10 these other elements and not do all the work
11 themselves against detail, more and more kind of
12 criteria each time you turn around.

13 COMMISSIONER JACK KITTS: Sounds good.
14 Thank you.

15 LEAD COMMISSIONER FRANK MARROCCO:
16 Well, I think that completes the questioning.
17 Ms. McGrann, do you have any further -- any
18 questions you want to ask?

19 I think the Commissioners -- we've
20 probably asked all the questions that occur to us,
21 so thank you very much to both of you for the
22 presentation.

23 You know, the issue has occurred to us
24 that some of these homes somehow did get under the
25 radar, and so the accreditation process is a matter

1 of interest in terms of what we're thinking about.

2 So thank you for the presentation.

3 It's extremely helpful, and it will be a help to
4 us.

5 LESLEE THOMPSON: And we will send you
6 the follow-up material and perhaps some other --
7 yes, we will send you that.

8 LEAD COMMISSIONER FRANK MARROCCO:
9 Yeah, and if there's something that you think we
10 should see, if you forward it to Ms. McGrann, I'm
11 sure she'll make sure that we see it.

12 LESLEE THOMPSON: That would be good,
13 including the call-to-action from a number of
14 other -- like, CMA, CNA, and others that are asking
15 for in their recent reports that, you know, there
16 be a requirement for long-term care services across
17 the continuum to be accredited.

18 So there's multiple voices that are
19 supporting this, and we are pleased to have the
20 opportunity to provide you with kind of our
21 detailed approach that would enable those kind of
22 recommendations to be implemented.

23 LEAD COMMISSIONER FRANK MARROCCO:
24 Yeah, you shouldn't feel inhibited in any regard.
25 If you think there's something we need to see that

1 for some reason wasn't mentioned, just send it to
2 Ms. McGrann, and she'll make sure we see it.

3 ASMITA GILLANI: Thank you very much.
4 I think the only parting words I would say that
5 the -- you know, the standards are really good,
6 robust, and very specific that give you the
7 scaffolding.

8 I think the review process, the
9 assessment is also a very key part. It's very
10 different from inspection, and that's why it gets
11 you to a very detailed view from staff perspective,
12 from resident/family perspective.

13 So I think we like to call it our
14 secret sauce, you know, our tracer methodology,
15 et cetera, which is really something we pay a lot
16 of attention to.

17 And these surveyors are not paid. I
18 mean, we give them per diem when they're on survey.
19 And the one thing is that -- the only reason is
20 every four years is if we had the right support and
21 right mandate from Ministry, we could go in much
22 more frequently.

23 Our surveyors are very committed.
24 They've been undergoing very specific training with
25 experts. So I think that's an untapped resource

1 that we're sitting on, and it will be very easy to
2 unleash that network. They're keen, they're ready,
3 and they're experienced and skilled.

4 So those would be my parting words.

5 LEAD COMMISSIONER FRANK MARROCCO:

6 Well, thank you.

7 KATE MCGRANN: A question coming from
8 that actually: When you say that they're not paid
9 but they're paid a per diem, can you just explain
10 what you mean by that?

11 ASMITA GILLANI: They're paid a per
12 diem when they are on survey to cover costs and,
13 you know, because they go -- over the weekend, they
14 review the documents, et cetera.

15 These are, you know, physicians, nurses
16 that have other day jobs as well, and they take
17 time off. And we actually insist that we have some
18 current and some retired because then they are
19 encouraged with the practice of what's happening.

20 And they also run webinars of
21 communities of practice where, you know, a certain
22 problem gets, you know, discussed by a few homes
23 together, so we are able to do a lot more.

24 Our stance has always been -- our
25 investment is to improve quality, not to beat them

1 down. You need a stick -- if we had the government
2 stick, we could do that as well, so...

3 LEAD COMMISSIONER FRANK MARROCCO: So
4 in order to unleash that, you need the support of
5 the Ministry of Long-Term Care in order to bring
6 that about?

7 LESLEE THOMPSON: We need, yeah, the
8 support, the funding of the program, and the
9 support --

10 ASMITA GILLANI: And the mandate.

11 LESLEE THOMPSON: -- that puts that
12 mandate forward. Encourages people to know that
13 government is there to support quality improvement
14 for the long term, not just to come and send their
15 own people or their own inspectors in to check
16 every so often on the technical requirements.

17 LEAD COMMISSIONER FRANK MARROCCO:
18 Okay. Thank you for that.

19 LESLEE THOMPSON: Thank you. All the
20 best.

21 LEAD COMMISSIONER FRANK MARROCCO:
22 Thank you.

23 COMMISSIONER JACK KITTS: Thanks,
24 Leslee. Bye-bye.

25 ASMITA GILLANI: Good luck. Bye-bye.

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LESLEE THOMPSON: Bye for now.

-- Adjourned at 10:43 a.m.

1 REPORTER'S CERTIFICATE

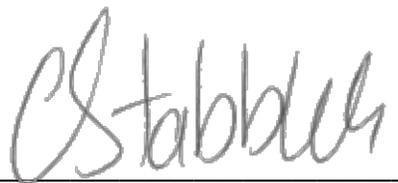
2
3 I, CARISSA STABBLER, Registered
4 Professional Reporter, certify;

5
6 That the foregoing proceedings were
7 taken before me at the time and place therein set
8 forth;

9
10 That all remarks made at the time were
11 recorded stenographically by me and were thereafter
12 transcribed;

13
14 That the foregoing is a true and
15 correct transcript of my shorthand notes so taken.

16
17
18 Dated this 8th day of February 2021.

19
20 

21 _____
22 NEESONS, A VERITEXT COMPANY

23 PER: CARISSA STABBLER, RPR
24
25

C L A R I F I C A T I O N S

Page 20, line 4: "16 percent" not "60 percent"

Page 20, line 21: "many might just go" not
"everybody will go"

Page 20, lines 23-25: Should be clarified to read
"There has to be a strong
focus and dedication to
quality and sometimes,
especially for smaller
homes, it is difficult.
Our new program, and we
will get into that later,
will help them achieve
these."

Page 21, line 24: "covers it" not "would more than
cover it"

Page 25, line 2: Strike "ton of"

Page 25, line 4: "survey instruments" not
"surveys"

C L A R I F I C A T I O N S

(Continued)

Page 25, line 24: "the accreditation award" not
"it"

Page 26, line 7: Strike "not to beat them down"

Page 30, lines 10-12: Should be clarified to read
"We are unable speak to
Ministry conversations, but
technically, [...]"

Page 38, lines 1-7: Should be clarified to read
"In BC, for instance, a
Health Authority wanted us
to review how they managed
COVID and whether there
were gaps - so specific
studies can be
commissioned."

Page 40, line 12: "and" not "in"

Page 43, line 12: "wards" not "boards"

C L A R I F I C A T I O N S

(Continued)

Page 53, line 13: "safety" not "safe"

Page 54, line 12: "expansive" not "expensive"

Page 55, line 20: "voices" not "votes"

Page 62, line 25: Strike "not to beat them down"

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