

Long Term Care Covid-19 Commission Mtg.

Meeting with the Association of Municipalities of
Ontario
on Monday, October 26, 2020



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MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

--- Held via Zoom, with all participants attending
remotely, on the 26th day of October, 2020,
11:30 a.m. to 12:53 p.m.

1 BEFORE:

2

3 The Honourable Frank N. Marrocco, Lead Commissioner

4 Angela Coke, Commissioner

5 Dr. Jack Kitts, Commissioner

6

7 PRESENTERS:

8 Graydon Smith, President, Association of

9 Municipalities of Ontario (AMO), and Mayor, Town of

10 Bracebridge, and Chair of Health Task Force

11

12 Monika Turner, Chair of Working Group, Director of

13 Policy, Association of Municipalities of Ontario

14 (AMO)

15

16 Michael Jacek, Senior Advisor, Association of

17 Municipalities of Ontario (AMO), alternate Chair

18

19 Cathy Granger, Director of Long-Term Care, Regional

20 Municipality of Peel

21

22 Dr. Robert Kyle, Commissioner & Medical Officer of

23 Health, Regional Municipality of Durham, and Past

24 President, Association of Local Public Health

25 Agencies (alPHa)

1 Dean Lett, Director, Long-Term Care, City of Ottawa

2

3 Lisa Levin, CEO, AdvantAge Ontario

4

5 Dan O'Mara, Mayor, Municipality of Temagami

6

7 Kelly James Pender, Chief Administrative Officer,
8 County of Frontenac

9

10 Kevin Queen, CEO & District Administrator, District
11 of Kenora Home for the Aged

12

13 Amber Crawford, Policy Advisor, Association of
14 Municipalities of Ontario (AMO), staff resource

15

16 PARTICIPANTS:

17

18 Alison Drummond, Assistant Deputy Minister,
19 Long-Term Care Commission Secretariat

20 Dawn Palin Rokosh, Director, Operations, Long-Term
21 Care Commission Secretariat

22 Jessica Franklin, Policy Lead, Long-Term
23 Care Commission Secretariat

24 Michael Finley, Gowling WLG (Canada) LLP

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1 ALSO PRESENT:

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3 Janet Belma, Stenographer/Transcriptionist

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I N D E X

The following list of undertakings, advisements and refusals is meant as a guide only for the assistance of counsel and no other purpose

INDEX OF UNDERTAKINGS

The questions/requests undertaken are noted by U/T and appear on the following pages: 25, 71

INDEX OF ADVISEMENTS

The questions/requests taken under advisement are noted by U/A and appear on the following pages:
None

INDEX OF REFUSALS

The questions/requests refused are noted by R/F and appear on the following pages: None

1 -- Upon commencing at 11:30 a.m.

2 COMMISSIONER FRANK MARROCCO (CHAIR):

3 Well, good morning, everybody. My name's
4 Frank Marrocco. I'm one of the commissioners. The
5 other two commissioners that are with me are
6 Commissioner Angela Coke --

7 COMMISSIONER ANGELA COKE: Good
8 morning.

9 COMMISSIONER FRANK MARROCCO (CHAIR):

10 -- and Commissioner Dr. Jack Kitts. We'd like to
11 thank you for meeting with us. We're kind of on
12 to, you know, formulating some more permanent
13 recommendations, and we felt the need to report,
14 you know, relatively quickly and in a very informal
15 way some observations we made. We did that on
16 Friday, and this is particularly helpful to us
17 because we think it will expand our understanding
18 of the role of municipalities in this process, and
19 we want to thank you for agreeing to do that.

20 So I don't know who's in -- there's a
21 transcript. Ms. Belma, I think, is taking care of
22 that, so you know, and we are in the practice of
23 posting the transcripts on our website so the
24 public have some idea of what we're up to here.

25 I don't know who's leading from your

1 end.

2 GRAYDON SMITH: Good morning,
3 Mr. Chair, it's Graydon Smith. I'm the president
4 of AMO, and I've got some opening comments for you
5 and the other commissioners this morning, and then,
6 of course, we've got many members of our long-term
7 care task force with us this morning as well.

8 COMMISSIONER FRANK MARROCCO (CHAIR):
9 Well, nice to meet you, Mr. Smith. I think we're
10 ready when you are --

11 GRAYDON SMITH: Okay. Well --

12 COMMISSIONER FRANK MARROCCO (CHAIR):
13 -- unless you're waiting. Are you waiting for
14 someone?

15 GRAYDON SMITH: I don't believe we're
16 waiting for anybody.

17 COMMISSIONER FRANK MARROCCO (CHAIR):
18 Okay. Then we're ready to go.

19 GRAYDON SMITH: I think we are. So
20 again, thank you and, again, thanks to all of the
21 commissioners for letting us have this time with
22 you today, and thank you for the opportunity to
23 take a look at the interim report on Friday as well
24 and the work that you've done so far with the
25 Commission.

1 My name's, as I said, Graydon Smith.
2 I'm here on behalf of the Association of
3 Municipalities of Ontario as president. I'm also
4 the mayor of Bracebridge, and I've been the Chair
5 of AMO's Health Task Force as well for the last few
6 years, so the issue of long-term care is one that
7 we've discussed on multiple occasions around the
8 AMO Health Task Force Table over the years.

9 Members that we have in attendance
10 today are all volunteer members of our Health Task
11 Force subworking group on long-term care. The
12 group was formed to develop responses and provide
13 input specifically to the Commission on behalf of
14 AMO. And a list of our members was provided in
15 advance of the secretariat, but we'd be happy to
16 do -- happy to do a roundtable of introductions if
17 you wish to formally record who's with us today.

18 COMMISSIONER FRANK MARROCCO (CHAIR):
19 It might be a good idea, Mr. Smith.

20 GRAYDON SMITH: Okay. So if I can call
21 on our members, perhaps, one at a time to introduce
22 themselves, and we'll start with Dr. Kyle just to
23 get things rolling.

24 DR. ROBERT KYLE: So, Commissioners,
25 you've already heard from me, Dr. Robert Kyle

1 Commissioner and Medical Officer of Health for
2 Durham region, and I'm a member of the AMO Health
3 Task Force, so good morning, everybody.

4 COMMISSIONER FRANK MARROCCO (CHAIR):
5 Good morning, Doctor.

6 DAN O'MARA: I'll go ahead. My name's
7 Dan O'Mara. I'm the mayor of the
8 Municipality of Temagami. Temagami is a little
9 community north of North Bay, and we're known for
10 our wilderness area, and we also have a very large
11 senior population.

12 Prior to being mayor, I was -- I was
13 involved in health care for 35 years. I started
14 out as an orderly and -- at South Centennial Manor
15 in Iroquois Falls, went to university, and
16 became -- got involved in administration in a home
17 for the aged and gradually worked my way up through
18 the system; and when I retired, I was the CEO of
19 the MICs Group of Health Services which is a group
20 of -- a grouping that takes care of the healthcare
21 services of three small communities, and so
22 healthcare has been an interest, and long-term care
23 has been an interest, and so I put my name forth.

24 And although I'm not involved in the
25 industry on a day-by-day basis, I do have some

1 experience and have some outlook from the 35 years
2 of work that I did and a lot of them dealing with
3 long-term care.

4 GRAYDON SMITH: Thank you.
5 Cathy.

6 CATHY GRANGER: Thank you and good
7 morning. My name is Cathy Granger. I'm the
8 director of long-term care at the Region of Peel,
9 and we have five homes in the Region of Peel, and I
10 just came off 15 months as Interim Health
11 Commissioner, so I have a good idea about how we
12 handled the response with paramedics and Public
13 Health as well, so welcome.

14 GRAYDON SMITH: Thank you.
15 Dean.

16 DEAN LETT: Morning. My name is Dean
17 Lett. I'm the Director of long-term care with the
18 City of Ottawa. We operate four homes in the area
19 (INDISCERNIBLE). We currently have three homes
20 that are on outbreak today, and I'm really thankful
21 for the opportunity today to connect with the
22 Commission.

23 GRAYDON SMITH: Thank you.
24 Lisa.

25 LISA LEVIN: Hi. Good morning,

1 Commissioners. I've met with you once before. I'm
2 the CEO of AdvantAge Ontario. We represent 400
3 not-for-profit and municipal long-term care homes
4 and seniors housing providers across Ontario, so
5 because we have so many municipal members, I am on
6 this task force as well.

7 And I have to just mention that a
8 meeting with Minister Christine Elliott popped into
9 my agenda on Thursday afternoon, and so
10 unfortunately, I need to leave between 12 and 12:30
11 which I would normally never do, so I will be
12 zooming in and out.

13 GRAYDON SMITH: Thank you.

14 Kelly.

15 KELLY JAMES PENDER: Hi. I'm
16 Kelly Pender, Chief Administrative Officer for the
17 County of Frontenac, and thank you for the
18 opportunity today.

19 Frontenac is the area of north and
20 south of the City of Kingston in Eastern Ontario,
21 and we do both long-term care and paramedics, and
22 pleased to be here to represent Eastern Ontario.

23 Thank you.

24 GRAYDON SMITH: Thank you.

25 Kevin.

1 KEVIN QUEEN: Yes, I'm the
2 CEO of the Kenora District Homes which is a home in
3 Kenora, Dryden, and Red Lake. I guess I represent
4 the far north rural area, and very pleased to be a
5 part of this. Thank you.

6 GRAYDON SMITH: Thank you. And I just
7 mentioned, Mr. Chair, we do have two others that
8 couldn't join us today, Sandra Hollingsworth is a
9 councillor from Sault Ste. Marie who was part of
10 our working group as well as Jane Sinclair who's
11 well known in the long-term care field and as a
12 general manager of Health and Emergency Services
13 for the County of Simcoe and also the chair for
14 AdvantAge Ontario.

15 We do have a number of staff members
16 that have been guiding this process as well, and
17 I'll just have them introduce themselves.

18 Monika.

19 MONIKA TURNER: Good morning, and thank
20 you for having us. I'm Monika Turner. I'm the
21 director of policy for AMO.

22 GRAYDON SMITH: Thank you.

23 Michael.

24 MICHAEL JACEK: And good morning, my
25 name's Michael Jacek. I'm a senior advisor with

1 AMO for health and social policy issues.

2 GRAYDON SMITH: And Amber. I can't
3 hear Amber, but she is with us this morning, and --

4 AMBER CRAWFORD: Oh, sorry about that.

5 GRAYDON SMITH: Oh, there you go.

6 AMBER CRAWFORD: I was on mute the
7 whole time, sorry.

8 COMMISSIONER FRANK MARROCCO (CHAIR):
9 You were on -- you were on mute.

10 AMBER CRAWFORD: Oh, my goodness.
11 Well, at least that takes care of that for you.
12 I'm Amber Crawford. I'm a policy advisor with AMO
13 as well.

14 GRAYDON SMITH: So that's -- that's the
15 gang this morning, and again, we're all pleased to
16 be here, pleased to have input into the Commission
17 outlining the recommendations.

18 First, I'll provide some brief
19 information about our association. So AMO is a
20 non-partisan, non-profit association representing
21 municipal governments throughout Ontario. And we
22 want to engage municipal governments and ensure
23 that they work together to achieve our shared goals
24 and meet common challenges.

25 One such cause is promoting healthy age

1 friendly communities which includes municipal
2 long-term care homes operating in an efficient,
3 safe, and effective manner. And while the
4 Provincial government is responsible for
5 legislation, regulation, and program requirements,
6 municipal governments, as you know, are mandated
7 under the Long-Term Care Act to operate homes. In
8 fact, about 16% of homes in the Province are
9 municipally operated and co-funded.

10 Municipal homes pride themselves on
11 providing high-quality services and safe
12 environments for their residents, and as we all
13 know, COVID-19 has been a challenging time for
14 long-term care.

15 From our perspective, the pandemic has
16 exposed the structural weakness in the system
17 especially chronic underfunding which has limited
18 the ability to respond effectively during the first
19 wave.

20 AMO acknowledges that the Provincial
21 response to date and the support that has been
22 provided and those other supports for long-term
23 care specifically, and we thank them for it.

24 However, more action is needed in both
25 the short-term to mitigate against future waves of

1 COVID-19 and the long-term to address persistent
2 structural issues.

3 Last week we submitted to you our
4 association's preliminary recommendation to inform
5 the Commission's interim report and future reports,
6 and AMO will also provide a more comprehensive
7 submission to the Commission with mid and long-term
8 recommendations before the end of the year.

9 So with that, I'll turn it over to
10 Monika Turner who you met moments ago, AMO's
11 director of policy. She's going to provide a brief
12 overview of our recommendations, and then we'll
13 open it up more broadly to our members to discuss
14 some of the components of our recommendations and
15 answer your questions. So, again, thank you very
16 much.

17 COMMISSIONER FRANK MARROCCO (CHAIR):
18 Just before you do that, Mr. Smith, we've tended to
19 ask questions as we go along --

20 GRAYDON SMITH: Okay.

21 COMMISSIONER FRANK MARROCCO (CHAIR):
22 -- rather than wait for it to be over, so as long
23 as that's okay with everybody, that's what we do
24 here.

25 GRAYDON SMITH: Yeah, absolutely. Not

1 a problem.

2 COMMISSIONER FRANK MARROCCO (CHAIR):

3 Okay. All right.

4 MONIKA TURNER: So I'm Monika Turner,
5 and thank you, President Smith. AMO is --
6 certainly appreciates the opportunity to provide
7 our perspective on how municipally funded and
8 operated long-term care homes have been impacted by
9 COVID-19 thus far.

10 I am the chair of our working group and
11 pleased to provide overview comments about our
12 written submission provided to you last week. We
13 know that you've provided an interim report to the
14 government last week. We are very encouraged by
15 what we've seen thus far and trust the government
16 will carefully consider your interim
17 recommendations.

18 Today, I'll touch upon our key themes
19 but will not go into detail about our
20 recommendations as you have our written report in
21 hand, and we'd actually like to get to the
22 discussion with you.

23 In our view, there are actions the
24 Province can take in the short, mid, and long-term
25 to improve and sustain the pandemic response be it

1 urban, rural, or northern. I'm pleased to be
2 joined by our working group members. As you can
3 see, they're a mix of elected officials and
4 municipal staff working in long-term care, Public
5 Health, and other municipal services. The members
6 are available to answer questions today and will no
7 doubt bring their unique and diverse perspectives
8 from across all of the Province and municipal
9 service sectors.

10 We're fortunate to have the CEO of
11 AdvantAge Ontario represented on our working group,
12 and as Lisa said, AMO works closely with AdvantAge
13 Ontario, which, as you know, is an association that
14 represents municipal and non-profit operators in
15 long-term care homes.

16 As you've seen in our written
17 submission, AMO is providing long -- high level
18 recommendations about policy, planning, funding,
19 and the provision of non-financial support to the
20 sector. Our seniors and long-term care residents
21 deserve high-quality care and utmost safety both
22 during the COVID pandemic and beyond.

23 Our recommendations were grouped under
24 the categories of planning and communications,
25 staffing, resident care, funding, health and

1 safety, and mental health supports.

2 One general comment that we'd make is
3 that we feel that data and analysis will
4 demonstrate that municipal homes have fared well
5 comparatively during the pandemic. We believe this
6 is due to the commitment and investment that
7 municipal governments have made to long-term care
8 over and above the provincial subsidy.

9 In 2016, it was an -- it was estimated
10 that municipal governments contributed an
11 additional \$350 million over and above the
12 provincial funding subsidy, and this does not
13 include capital expenditures.

14 Overall, municipal governments invested
15 over \$2 billion in seniors programs and other
16 health services on an annual basis. This funding
17 has an impact in our communities. It has enabled
18 municipal homes to be leaders. Staff generally are
19 paid higher wages with benefits that contribute to
20 higher rates of attraction through recruitment and
21 retention; we will say -- and we will get into
22 staffing issues because there are major concerns
23 that have been documented for years.

24 We also need to note that the funding
25 that municipal governments contribute is not

1 sustainable over the long-term. Municipal
2 governments cannot continue to fill in the gaps
3 where provincial funding is lacking. It's
4 healthcare which is an area of provincial
5 jurisdiction. The municipal property tax base was
6 never designed to pay for healthcare.

7 Many municipal governments and their
8 residents wish to see more municipal homes built or
9 expanded, but it's not currently affordable to do
10 so. Funding, therefore, is a key issue we wish to
11 highlight.

12 It's understood that today you'd like
13 to hear the story of the pandemic response
14 including what has happened, what worked well, and
15 what could be improved from a municipal
16 perspective. Our members can speak to these
17 questions in general and specific terms.

18 And right now, I'll turn it back to
19 you, Mr. Chair, to start the discussion, and we'll
20 ask our members to identify themselves when they're
21 speaking, so if I may. Thank you.

22 GRAYDON SMITH: Thank you, Monika.

23 And, Mr. Chair, we're happy to take any
24 questions that you and the other commissioners may
25 have this morning. Again, the submission is before

1 you, and Monika's given a great overview of what's
2 contained within, so we're -- we're welcome to hear
3 whatever you'd like more detail on.

4 COMMISSIONER FRANK MARROCCO (CHAIR):
5 I guess I'll ask the first question. There's been
6 a fair bit of public discussion about the
7 for-profit homes and not-for-profit homes. How
8 do -- and we've been told that there's a waiting
9 list of 38,000 people in the Province.

10 Do you see a role for the private
11 sector in the long-term care -- in the provision of
12 long-term care services?

13 GRAYDON SMITH: Mr. Chair --

14 COMMISSIONER FRANK MARROCCO (CHAIR):
15 And, Mr. Smith, please feel free if -- I'll direct
16 the question to you, but if you think somebody else
17 should answer it, just go right ahead.

18 GRAYDON SMITH: Yeah, and we do have
19 speakers on certain sections of our presentation.
20 You know, I would say it's a difficult question for
21 us to answer. It's not something that we've
22 contemplated through AMO.

23 As I said in our opening remarks, we're
24 really an association that looks at the health and
25 interests of 444 municipalities in Ontario. And,

1 of course, within that, we have a number of
2 long-term care homes that are operated, and so that
3 has been our focus, is the homes that
4 municipalities and regions operate and how the
5 service can be effectively delivered within those
6 homes including pandemic response. So I guess
7 that's a long way of saying that we really haven't
8 scoped that out in what we've presented or
9 discussed.

10 COMMISSIONER FRANK MARROCCO (CHAIR):

11 The thought behind the question was Ms. Turner's
12 statement that an increased role for municipalities
13 is not sustainable under the current funding model,
14 yet at the same time, municipalities have fared
15 fairly -- have fared better in terms of
16 providing -- coping with this pandemic than -- than
17 other models.

18 So, you know, if they're performing
19 better, you would say, well, that's a better --
20 maybe that's a better way of delivering the
21 services. And then someone says, well, yes, but
22 the current level funding model's just not
23 sustainable for an expansion.

24 So that's what generated -- that's what
25 generated the question. I'm trying to imagine

1 where the 38,000 beds come from.

2 GRAYDON SMITH: And I thank you for the
3 clarification of your question, Mr. Chair, and
4 maybe I'll let Monika expand a little bit more on
5 the comments that she made in her opening remarks.

6 MONIKA TURNER: And if I may -- and I
7 saw that Lisa also would like to follow. But
8 that's exactly our point, is we, as municipal
9 governments, are funding well above what the
10 Province is providing, and with that, we are able
11 to give higher salaries with benefits and such for
12 those staff we have. We'll get into the shortages
13 in a minute.

14 But -- so one can look at the municipal
15 sector which is putting in an additional estimated
16 \$350 million, and so we do see it as a fundamental
17 issue of funding and that if there is additional
18 money that the Province can provide, that may
19 encourage municipalities to expand, but right now,
20 it is not a sustainable funding model, and that
21 gets us into the division of the role of a
22 municipal government with property tax base versus
23 a province that has many other revenue sources, and
24 who is accountable and responsible for healthcare
25 of which long-term care is becoming more and more

1 the destination for those that have complex health
2 needs right now, but all in there, so from an AMO
3 perspective, we're looking at it very much on
4 funding, who should fund it, who is responsible.

5 But I'll turn it to Lisa at this point.

6 LISA LEVIN: Thanks so much, Monika.

7 So I would just add to the points that Monika made
8 that I would say that it would be important for the
9 government to consider how they can support the
10 not-for-profit and municipal sector more to make
11 sure it remains viable.

12 So, for example, there's new beds that
13 will be built, and there are many beds that need to
14 be redeveloped in the long-term care system, and,
15 generally, the for-profits tend to be, you know,
16 more efficient at doing that because they have a
17 lot of large chains, and it's something that comes
18 easier to them.

19 And we think that if more support could
20 be given to the not-for-profit and municipal sector
21 in terms of helping with capital development and
22 redevelopment and also expertise in terms of
23 looking at finances and operations of homes, then
24 that can make a huge difference. And I think that
25 the municipal homes can play a real leadership

1 role, and it has been -- it has gone somewhat
2 unnoticed, and I think that, in terms of expanding
3 the capacity of non-profit homes, the municipal
4 sector could help by providing expertise.

5 And even during COVID, I know that
6 hospitals have done a great job helping homes, but
7 some municipal homes or even larger not-for-profit
8 homes could help out and have helped out homes that
9 have had outbreaks. So I think that we need to
10 definitely look at empowering and enabling the
11 not-for-profit and municipal sectors.

12 COMMISSIONER FRANK MARROCCO (CHAIR):
13 I'll just check with the other commissioners. When
14 you say "empowering" -- and I don't want to
15 monopolize the questioning which is why I'm
16 hesitating -- when you say "empowering," empowering
17 in what way?

18 LISA LEVIN: So I guess in that case,
19 I'm thinking more of a smaller county or a smaller
20 not-for-profit home, in particular a smaller
21 not-for-profit home that's not as sophisticated and
22 they have to deal with the huge amount of
23 regulations that come their way, and how do they
24 meet all the expectations? How do they handle the
25 sophisticated finance that's required for long-term

1 care? We have a full-day long course just on the
2 introduction to long-term care funding, and so it's
3 a complex sector, and it definitely could use
4 supports to help these smaller players and also the
5 not-for-profit players and small municipalities.

6 COMMISSIONER FRANK MARROCCO (CHAIR):

7 All right. Well, Dr. Kitts?

8 COMMISSIONER JACK KITTS: Yeah, I just
9 want to go back to see if I've heard correctly.

10 The -- there's three types of homes:

11 Not-for-profit, for profit, and municipal. And I
12 think you said that there's -- I'm trying to
13 clarify. Is there one type of home that is more
14 successful in terms of performance for the
15 residents and the staff? And I think, you know,
16 there's -- there's -- some do well, some don't.

17 But is there an ideal model? Do we
18 need three different types of homes? And is there
19 an ideal model?

20 LISA LEVIN: Do you want me to answer
21 that?

22 COMMISSIONER JACK KITTS: Sure.

23 U/T

24 LISA LEVIN: So I don't know if there's
25 an ideal model, but, certainly, the research has

1 shown that not-for-profit and municipal homes have
2 better outcomes and quality of care; and if you
3 want, we can send you those studies.

4 That's not to say that -- you know, I'm
5 hesitant to make a general comment about every home
6 out there if they're not -- like, there are some
7 for-profit homes that do very good jobs, I'm sure.

8 But the overall evidence does show
9 municipal and not-for-profit do a better job, and
10 in the case of COVID, the municipal homes, the
11 evidence has shown, has done a better job in
12 reducing the outbreaks. But that was Wave 1, and
13 now we're in Wave 2, and who knows what will
14 happen.

15 COMMISSIONER JACK KITTS: Thank you.

16 COMMISSIONER FRANK MARROCCO (CHAIR):
17 Ms. Granger, you were going to say something, and
18 did you -- did you want to? I thought you were
19 about to say something, and I think, then, we asked
20 another question.

21 CATHY GRANGER: Yeah, I can just add on
22 to what Lisa said. You asked -- you mentioned why
23 we did well in the first wave. We also had staff
24 in municipal homes, and because we're part of a
25 community, we had staff we were able to redeploy.

1 We are also quite connected with our paramedics and
2 Public Health groups, so they came in to support
3 our homes as well.

4 And as a larger -- and to build on what
5 Lisa said as well as -- in terms of larger
6 municipal homes, we have five homes in the Region
7 of Peel, and we certainly do train for other
8 smaller homes. We have nurse practitioners focus
9 on dementia that support all our homes across the
10 sector and in our region, so certainly that model
11 is being used in our area and other areas really
12 well. We also partner with our local hospitals and
13 provide feedback about long-term care in terms of
14 the hospitals -- in terms of the homes that they
15 are overseeing. So that model is out there for
16 sure. Thank you.

17 DAN O'MARA: Yeah, it's Dan O'Mara.
18 Also, being the mayor of a small community, I
19 think -- I think one of the -- one of the aspects
20 is accountability. When municipalities and that
21 are involved in the homes, rightly or wrongly, I
22 have to walk down that -- down the street one day,
23 and if Mom's not getting the best care going, we're
24 going to hear about it.

25 Now, whether that's the best model or

1 not, the big issue, though, is the funding. If --
2 I guess if everything was funded appropriately,
3 then, yeah, probably, you know, the more local --
4 the more local kind of system that you have,
5 probably the better because these are our residents
6 and our community. And I guess that that's -- and
7 that increases accountability as you get closer to
8 the community, so that would be my comments on
9 that.

10 GRAYDON SMITH: Okay. And I think the
11 other thing, if I may just jump in, too,
12 Commissioners, is to remember that, you know,
13 municipalities, while on a day-to-day basis, their
14 long-term care homes perform very well, in this
15 particular situation of a pandemic, you know, we've
16 got other places to draw resources from.

17 But, again, this is not a sustainable
18 financial model, so the chronic underfunding that
19 has been part of the system has made it difficult
20 for us, and I think we've done an exceptional job
21 at trying to make a lot out of a little.

22 But at the same time, if additional
23 resources, financial or otherwise, have been put
24 toward supporting long-term care facilities that
25 are municipally owned during COVID or potentially

1 during another pandemic, that means something else
2 is not getting done. That means those resources
3 have been drawn from another pocket that will
4 inevitably suffer in some way.

5 So, you know, again, it really comes
6 back to a matter of sustainable funding as the --
7 kind of the underpinning of a system that can
8 respond well on not only a day-to-day basis but
9 also in a crisis such as this.

10 COMMISSIONER FRANK MARROCCO (CHAIR):
11 Yes, Commissioner Coke.

12 COMMISSIONER ANGELA COKE: Just with
13 respect to your first two recommendations, you talk
14 about planning and communications. And I'm just
15 interested in what sort of challenges you've had
16 with respect to representation on the planning
17 tables or implementation tables.

18 GRAYDON SMITH: Monika, do you want to
19 take that one?

20 MONIKA TURNER: So one of -- and
21 Angela, I -- hi, a long time we haven't saw --

22 COMMISSIONER ANGELA COKE: It's a long
23 time.

24 MONIKA TURNER: -- each other. But one
25 of the challenges, if I can be very direct, is the

1 Ministry of Health, of which I had the joy of
2 working for twice, unfortunately does not see
3 municipal homes as an entity. They invite the
4 for-profits and the not-for-profit associations of
5 which that's one of the reasons we work so closely
6 with AdvantAge, but they do not see the municipal
7 long-term care homes as part of the planning,
8 whereas Mayor Smith just said, we devote our
9 resources that if we need to shore something up, we
10 do, and we take it from another municipal service
11 or such like that.

12 But I will say that the Province often
13 has challenges in bringing or reaching out to the
14 municipal side of something which is one of the
15 reasons AMO is working so hard especially on health
16 issues.

17 So if I may, they go to the physicians;
18 they go to hospitals; they go to specific
19 organizations, but we really have to -- and forgive
20 me -- elbow our way in to have them recognize that
21 the municipal sector provides these services as
22 well, and we bring a different approach and ethos,
23 if I may, than -- we do everything else as well as
24 long-term care. We don't just do long-term care,
25 and that is something that often they -- the

1 Province, when they approach, don't see the -- that
2 in a systemic way.

3 COMMISSIONER ANGELA COKE: Okay.

4 COMMISSIONER FRANK MARROCCO (CHAIR):

5 MONIKA TURNER: I hope that makes
6 sense.

7 COMMISSIONER ANGELA COKE: Yes. Thank
8 you.

9 COMMISSIONER FRANK MARROCCO (CHAIR):

10 Does the municipality inspect the homes that it
11 runs or homes -- or created, or does it rely on the
12 Province to do the inspections?

13 GRAYDON SMITH: Which member of our
14 group would like to take that?

15 Cathy, did you want to jump in?

16 CATHY GRANGER: Yeah, sure, I'll jump
17 in. Yes, we do regular audits and inspections of
18 our homes. We also go through accreditation every
19 three years, so we do ongoing audits that
20 supplement what the Province does, so our homes are
21 in there quite frequently. And [indecipherable] --

22 COMMISSIONER FRANK MARROCCO (CHAIR):

23 Would that be --

24 CATHY GRANGER: -- homes are similar.

25 Sorry. Go ahead.

1 COMMISSIONER FRANK MARROCCO (CHAIR):
2 No. No. I'm sorry to cut you off. I'll wait
3 until you're finished.

4 CATHY GRANGER: No. I'm good. Thank
5 you.

6 COMMISSIONER FRANK MARROCCO (CHAIR):
7 Is that -- is that the way it is with all the
8 municipalities, or is it -- does it vary?

9 CATHY GRANGER: I think everybody would
10 have their own process. I know that our majority
11 of homes are -- do go through accreditation, and I
12 would assume they all have a similar way to inspect
13 their homes to supplement what's done by the
14 Province, but I'll let my colleagues and friends
15 jump in. Thank you.

16 COMMISSIONER FRANK MARROCCO (CHAIR):
17 Okay.

18 Mr. Pender.

19 GRAYDON SMITH: Kelly.

20 KELLY JAMES PENDER: Yeah, certainly
21 here in Frontenac, in a way of a quality
22 improvement team that's led by Lean Blackbelt, we
23 do accreditation. We do regular inspections. The
24 medical officer of health and his staff are in the
25 home on a regular basis.

1 I think what's being missed here is
2 that there's a governance issue as well. You know,
3 our -- our home reports to a council of eight, four
4 mayors and four deputy mayors representing a
5 significant geography who are responsible for make
6 funding decisions, and as well, they are, for lack
7 of a better word, the Board of Governors for our
8 long-term care home, so there's that added layer of
9 governance that I think the Province sometimes
10 misses that, you know, a directive from the
11 Province influencing a funding decision at our
12 council table without recognizing that they are
13 collecting tax dollars from our residents. So
14 that's an important distinction.

15 I'd also suggest that on the
16 not-for-profit front, you know, there are certainly
17 well-funded not-for-profits that do an amazing job.

18 There are others like one in Eastern
19 Ontario that a year ago had a bake sale to raise
20 money to pay for replacement windows. It's just
21 you can't just say the not-for-profit sector or the
22 for-profit sector or, to a lesser extent, the
23 municipal sector and picture it as a homogenous
24 lot. There's distinctions within each one of those
25 groups as well, so...

1 COMMISSIONER FRANK MARROCCO (CHAIR):
2 Is there a relation -- a working relationship with
3 the local medical officer of health in the
4 municipalities?

5 DR. ROBERT KYLE: So, Commissioner, I
6 can tackle this one. So we have excellent
7 relationships with all of our long-term care homes
8 and retirement homes including those in the
9 municipal sector.

10 Dialing back to the previous comment,
11 our involvement with respect to inspections of
12 long-term care homes, retirement homes, focus on
13 outbreak management, infection prevention and
14 control, and if they have kitchens and onsite
15 dining, food safety.

16 So we would be one of the -- I guess,
17 we and the either Ministry of Long-Term Care
18 Inspectors would be the two types of inspectors.
19 Of course, there's building codes, fire codes, and
20 all that type of stuff, so that's part of the
21 inspection, that landscape, but in terms of
22 COVID-19, we would certainly be involved as would
23 the Ministry of Long-Term Care.

24 If I can, in AMO's submissions and in
25 your first interim letter, you recommend a

1 collaboration and partnerships on the infection,
2 prevention, and control, or IPAC front with
3 hospitals and with the long-term care homes.

4 The words collaboration and partnership
5 resonated with me, and indeed, that's a part of the
6 AMO submission, and in particular, I think Public
7 Health can play a role in kind of situationalising
8 IPAC from a hospital perspective which may not
9 necessarily fit in long-term care homes, retirement
10 homes; and we can do that through our ongoing
11 relationships with the sector. Thank you.

12 COMMISSIONER FRANK MARROCCO (CHAIR):
13 Okay. I'll keep asking. You just -- if the other
14 commissioners would just tell me to stop, then I'll
15 stop, and I'll stop promptly.

16 There was a reference in the opening
17 remarks to chronic underfunding in this sector.
18 Can you give us a sense of, kind of, when that
19 started and how it manifests itself from a
20 municipal perspective?

21 MONIKA TURNER: If you will, I can
22 start. So, again, for municipal long-term care,
23 you also have to go back to why we were legislated
24 to provide for long-term care. And it started back
25 in the 1940s when it was basically housing for the

1 elderly and such like that, and what we have seen,
2 and the experts amongst us can tell -- can talk us
3 more, but it essentially started out as housing,
4 and now it is moved into very, very complex
5 healthcare. And the whole dynamics of those that
6 are in a long-term care home has changed
7 dramatically, so they're -- so the issue about
8 local housing provided for the destitutes, to use
9 1940s terminology, made sense as a local government
10 to do.

11 But as it's morphed, and as more and
12 more dementia is there, more issues about complex
13 illnesses, again, I'll look to the experts to talk
14 about it. That's where the funding has gone is to
15 deal with people with very complex medical care in
16 what used to be for housing for the destitute.

17 So it's -- there's an arc of how
18 municipalities have funded it but that it's taken
19 on a different change of what it was intended to,
20 and the issue about being legislated to do it, one
21 of the things AMO has said is, if you would allow
22 healthcare to be with the Province, it would allow
23 the flexibility for municipalities to work on the
24 local side of it.

25 So many municipalities right -- well,

1 all municipalities are very proud of their
2 long-term care homes, but there is the fundamental
3 question about is that the right thing for local
4 government to do seeing that we're 16% of the beds,
5 and that as Mayor O'Mara said, you walk down the
6 street, and the mayor will be approached by the
7 residents.

8 So the issue about when did it start, I
9 will say is the funding deficit, which was your
10 question, is probably when it morphed from a
11 housing focus to a complex care focus which was
12 probably -- and I'm not a health economist -- was
13 probably about the mid-90s where it started to
14 switch over, though I'll look to Cathy and perhaps
15 Kevin to talk about as you started to see the
16 change of the demographic of the residents in
17 long-term care.

18 That's the best I can do at this point.
19 We don't have a documented history of exactly where
20 that pivot point was.

21 DR. ROBERT KYLE: I'm long enough in
22 the tooth, Commissioner, to remember when, in
23 fact --

24 COMMISSIONER FRANK MARROCCO (CHAIR):
25 I have some sympathy with that, Mr. Kyle.

1 DR. ROBERT KYLE: Yeah. Yeah, when the
2 homes themselves actually were responsible for
3 placement.

4 So the other thing that happened in the
5 early to mid-90s is placement to municipal homes
6 for the aged, as they were called back then,
7 transferred to home-care programs. They were
8 called placement coordination programs. They
9 eventually merged with home-care programs to really
10 form the basis of what we have right now with
11 respect to case coordination under the LHINs.

12 That all happened in the '90s, and the
13 result was municipalities really lost the ability
14 to mitigate the cost risks associated with more
15 complex care because they lost the leverage and
16 ability to choose who could come into the homes.
17 And I think that was around 1992. Thank you.

18 COMMISSIONER FRANK MARROCCO (CHAIR):
19 Yes, Commissioner Kitts.

20 COMMISSIONER JACK KITTS: Is the issue,
21 then, more like we're continuing to call them
22 long-term care homes for residents who this is --
23 this is their -- where they live. But in the '90s
24 and into the 2000s, that whole dynamic shifted
25 because now they're -- you're saying that they need

1 continuing complex care which is not the idea of a
2 long-term care home, at least from what we've heard
3 so far.

4 So is that confusion contributing to
5 the funding and staffing challenges, do you think?

6 DR. ROBERT KYLE: If you're directing
7 it at me, and I'm not an expert, the brand changed
8 from home from (sic) the aged where it was a place
9 for those who were indigent to get housing to now
10 one of several types of long-term care homes which
11 really provide far more than housing, but medical
12 and other care and treatment for a population that
13 has had increasing complexity of care needs.

14 I would say certainly starting in but
15 certainly carrying on and accelerating in the early
16 '90s to the present today, if your question was
17 directed at me. But I'm going to shut up because
18 I'm not the expert. I'm the Public Health guy
19 here.

20 COMMISSIONER FRANK MARROCCO (CHAIR):

21 Okay.

22 Ms. Granger.

23 CATHY GRANGER: Yeah, so I'm not the
24 expert in terms of the dates and timing, but
25 certainly we have become -- the people who come

1 into our homes, their needs are quite acute now.
2 So they've changed significantly. Our rates of
3 dementia, just over the last ten years, have risen
4 significantly which are -- is impacting the care as
5 well we provide.

6 The numbers of people who come and live
7 in our homes, also, the comorbidities that they
8 have, so the mental health issues, when we lost
9 some of the mental health housing -- and, again, I
10 don't know the dates -- have really increased care
11 as well, so -- and our staffing has not, you know,
12 kept up the pace with all these changes, so it's
13 really become a challenge.

14 So to Monika's point, the increase on
15 our tax base has risen consistently because we care
16 about these people in our communities, but it's not
17 sustainable, so it -- and, you know, we've tried to
18 support as much as we can with increased training,
19 but again, it's not sustainable, so a very
20 different type of person if you'd -- if we do the
21 general profile for someone in our long-term care
22 home is extremely different from what it was ten
23 years ago even. Thank you.

24 DAN O'MARA: It's Dan O'Mara. One of
25 the -- I've been -- I've been involved -- I started

1 in the home for the aged -- this is Thunder Bay --
2 years and years ago, and the debate as to
3 municipalities getting involved and the question
4 between long-term care, I mean -- I mean, extend --
5 nursing home and municipal homes has been debated
6 for years.

7 And I guess one of the shortfall comes
8 in is very early on it became -- if the government
9 didn't provide it, the municipalities ended up
10 providing it, so the whole issue of municipalities
11 paying above and beyond the care has been going on
12 for years.

13 GRAYDON SMITH: And just to supplement
14 Dan's comment, you know, the \$2 billion that Monika
15 referenced in terms of healthcare spending that
16 municipalities contribute, a lot of that was
17 created by vacuums forming and municipalities
18 stepping in to fill that vacuum, not just in
19 long-term care but in other matters as well.

20 You know, quite simply, I don't think
21 that any municipal official or employee is willing
22 to be the one that was accused of being asleep at
23 the switch, you know, when a service stopped being
24 provided.

25 So by necessity, the money gets put

1 into the system, but again, that has impacts on the
2 other functions that municipalities are required to
3 perform. So we have seen over the years in
4 long-term care and in other facets that this number
5 continues to climb, and our involvement and
6 investment in the healthcare sector as a whole
7 continues to climb.

8 But it wasn't by design by
9 municipalities. It was somewhat systemic in the
10 system, and I'm not pointing the finger at any one
11 government because, again, this has happened over
12 decades that this vacuum was created and
13 municipalities stepped in and filled it.

14 COMMISSIONER FRANK MARROCCO (CHAIR):
15 Correct me if I'm wrong --

16 Oh, go ahead, Mr. Pender. You're on
17 mute.

18 KELLY JAMES PENDER: Oh, thank you.
19 Just to point out that, you know, in 2008 when the
20 Sharkey report came out, the average length of stay
21 in our home was just under five years. It's now
22 under two years. And what's changed in that time
23 was the provincial aging-in-place strategy, and
24 with -- somebody with aging parents, I fully
25 endorse and support an aging-in-place strategy, but

1 where that pressure shows up is in our long-term
2 care facility, and one of our consultants is fond
3 of saying that you can tell the age of a long-term
4 care facility by the size of the resident parking
5 lot.

6 You know, we have an aging home which
7 is scheduled to be replaced. There's nobody
8 driving here anymore. Ten years ago, we had
9 residents that were still driving. When they
10 arrive on our doorstep, this is their last home,
11 and that's how we like to treat it. And I think
12 it's important to separate the political desire to
13 do the right thing as President Smith said, know
14 our politicians are fully invested. Our home is
15 20% of our budget, but it's a big part of the heart
16 of our community from the funding portion which,
17 you know, the circumstances around us have changed
18 fundamentally with the aging-in-place strategy.

19 And people are arriving sicker and in
20 more need than they ever have, and we welcome that,
21 but we do not have the resources to deal with it.
22 And the answer can't be going back to the municipal
23 taxpayer to ask for more funding. It just isn't
24 sustainable.

25 COMMISSIONER FRANK MARROCCO (CHAIR):

1 So, then, do I have it right --

2 Oh, Commissioner Coke?

3 COMMISSIONER ANGELA COKE: No. Sorry.

4 If you want to continue with this, I have a
5 completely different question.

6 COMMISSIONER FRANK MARROCCO (CHAIR):

7 Do I have it right that the problem has its origins
8 in -- in the idea that -- in the home care model
9 that this is a part of the home-care model that
10 wasn't thought through?

11 KELLY JAMES PENDER: I think that's
12 fair to say, and it's not -- I wouldn't just take a
13 long-term care perspective. Like, the community
14 care centres, you know, providing meals on wheels
15 and some of these programs, that they're stretched
16 to the -- they're stretched to the ends of the
17 rope, and, you know, we saw the problem first in
18 hospitals, but it's long-term care and community
19 support programs as well.

20 COMMISSIONER FRANK MARROCCO (CHAIR):

21 Yes, Mr. Lett.

22 DEAN LETT: Thank you. I just want to
23 add a few more comments that my colleagues have
24 brought up. Definitely, the increased acuity
25 levels having a significant impact.

1 The way our case-mix index is
2 calculated is also, I believe, a concern for our
3 sector. It does not capture dementia, the
4 behaviours of dementia, the reasonable require
5 [indecipherable] or the activities of
6 [indecipherable]. And -- [indecipherable] for
7 long-term --

8 COURT REPORTER: I'm sorry, sir.
9 You're cutting out quite a bit --

10 DEAN LETT: Sorry.

11 COURT REPORTER: I'm sorry, Mr. Lett.
12 You're cutting out a bit. If you could --

13 DEAN LETT: Yeah. I'm sorry. I'll try
14 again.

15 The other thing I wanted to say was
16 there's a readjustment factor that's applied to the
17 CMI each year as well. So while we're seeing the
18 increased acuity level, the adjustment factor will
19 bring down the CMIs, so we're not truly getting the
20 funding that's associated with the care levels that
21 we're having to provide in the homes. Thanks.

22 COMMISSIONER FRANK MARROCCO (CHAIR):
23 Commissioner Coke, you were going to ask a question
24 on a different topic, you said, or a different --
25 slightly different direction.

1 COMMISSIONER ANGELA COKE: Just on the
2 staffing issues, and we've heard a lot of the
3 challenges that people have: I'm just curious to
4 hear -- elaborate a little bit more about
5 particular challenges for the rural and northern
6 areas. I just want to hear a bit more about that.

7 KEVIN QUEEN: Yeah, Kevin Queen. When
8 you say you want to hear a little bit more about
9 that, in what context? In the level of staffing
10 generally? Or --

11 COMMISSIONER ANGELA COKE: Yeah, I'm
12 assuming you have some of the same issues as
13 everybody else, but I'm trying to figure out if
14 there are any nuances or particular issues in your
15 rural areas and northern areas other than it just
16 might be more difficult. I don't know.

17 KEVIN QUEEN: Well, yeah, we've had
18 chronic staffing shortages in our smaller homes in
19 the North, and the problem is when you try to have
20 an education system or develop new personal support
21 workers, for example, you have to have a certain
22 threshold of students. If they don't have enough
23 in the class, they don't have the class.

24 But the Act requires you to have PSWs,
25 so you're stuck without -- you might have people

1 who want to work, but they can't get into the class
2 because there's not enough people to take the
3 course, which then ends up you can't hire them, so
4 you're overworking the people that you do have.

5 So that end -- that results in burnout,
6 mistakes, stress in the workplace which you don't
7 need. And then one of the big things in the
8 staffing study was the culture of the homes, and
9 this all contributes to an unfortunate culture
10 where people are overworked and stressed.

11 And so what we're looking at in the
12 North and smaller areas is more flexibility in the
13 hiring practices, allow us to bring in students
14 that we can train in-house.

15 I worry more about, when you're talking
16 about culture, the characteristics of the
17 individual you're hiring is equally as important as
18 their -- whether or not they have their PSW. They
19 have to be in a -- be able to provide care
20 compassionately and effectively.

21 So what we do -- I mean, even with the
22 additional funding for more staff, if the staff
23 aren't available, it's great to have the funding.
24 I totally support it, but we still have to have
25 mechanisms in which to attract them. And again,

1 like I said, we have to improve the culture, have
2 the flexibility to bring people in and train them,
3 give them a certain time period to learn -- to
4 learn the skills.

5 COMMISSIONER FRANK MARROCCO (CHAIR):
6 Do you mean training on the job?

7 KEVIN QUEEN: Absolutely. Actually,
8 training on the job would be -- would be really,
9 really advantageous for smaller homes. I think it
10 would work well in larger homes as well. We have a
11 buddy system. It's like -- almost like an
12 apprentice.

13 The benefits to that is the staff --
14 the new people get to learn the job to see whether
15 they're suited for it. We get -- also get to see
16 whether they're suited for it as well before
17 investing a lot of money into getting the training.

18 Just having the PSW certificate does
19 not necessarily make a proper staff person or an
20 RPN or an RN for that matter. They have to be --
21 I'm not saying an RPN and an RN has to have their
22 regular -- their certificate, but the -- but the
23 PSW, we certainly could be putting them on the
24 floor with the -- with the -- as a buddy -- in a
25 buddy system.

1 COMMISSIONER FRANK MARROCCO (CHAIR):
2 And I guess that addresses, in part, what happens
3 when they decide -- community college decides not
4 to have the class because there aren't enough
5 people who want to take it, but you still want to
6 hire somebody.

7 KEVIN QUEEN: Absolutely. We've had
8 several years where we were not able to do a course
9 because there's only three or four people. They
10 wouldn't have it for that many, so -- but we -- but
11 in the past when we were going through the
12 development of the Act when it first came into
13 play, we had several people that didn't have their
14 certificate. It was just a misinterpretation, but
15 we were able to get them all trained through a fast
16 program within -- with the college within three
17 months.

18 So we actually tried different models
19 that work really well. It's just that there is no
20 flexibility in the Act right now, so in a way, the
21 Act is intended to protect the care, but in -- by
22 enforcing it, it's actually making it more
23 dangerous for the residents in the home because you
24 can't get the people to work. And not having
25 enough staff is just as unsafe as not having

1 somebody with a PSW, so it's kind of a which is
2 worse.

3 COMMISSIONER FRANK MARROCCO (CHAIR):

4 Mr. O'Mara. You're on mute.

5 DAN O'MARA: Yeah, I'm involved in --
6 I'm involved in a home in West Nipissing as being
7 part of a municipal rep on a Board. They've come
8 up with what they call a helping-hands program
9 where they do bring people in and to assist. I
10 don't know how necessarily they do it under the
11 Legislation, but I guess, worse come to worse, if
12 you need somebody in your home and you need someone
13 to take care of you, you have to -- you have to do
14 different things.

15 But, you know, the whole aspect of, you
16 know, getting younger people involved early on,
17 like myself, I had a choice of working in a
18 papermill or becoming an orderly. I started as an
19 orderly, got interested in the healthcare field.
20 It wasn't cool in those days to be -- for a male to
21 become a nurse, so I ended up eventually getting
22 back in healthcare through the fact that I got a
23 job as an assistant to administrator, got -- got
24 it, and I worked my way through the system.

25 The trades do it all the time. You

1 know, they bring people in. They train them. They
2 have work program. At least in the North, that
3 would at least allow the homes to start educating,
4 and it can just start -- PSW could work towards the
5 RPN, and one of the concepts there, it's not new.
6 It can be used if it was -- if it was organized
7 appropriately. And I think it's -- at least
8 that's -- that's something, I think, that would at
9 least start producing some of the people that we
10 need in healthcare.

11 COMMISSIONER FRANK MARROCCO (CHAIR):
12 Yes, Mr. Pender.

13 KELLY JAMES PENDER: I think what --
14 you can't separate the staffing issue from the
15 labour relations issue, too, and this may be a tad
16 bit outside the scope, but the current collective
17 bargaining and arbitration process in Ontario means
18 that -- and we deal with CUPE, ONA, OPSEU. They're
19 all the same. They know perfectly well that as
20 long as they drag their feet and throw enough
21 spaghetti on the wall, they can pretty much
22 stalemate anything or take it -- take it to the end
23 of the process and delay change.

24 And there is no incentive for any union
25 working in long-term care to bargain freely in

1 Ontario because they just end up going to an
2 arbitrator, putting 23 issues on the table, and the
3 arbitrator picks 6 of them and tries to normalize
4 things across the spectrum. And they know that as
5 long as they can keep this process going through
6 freeze periods, that there is no way for management
7 to make any effective changes like introducing a
8 resident aide or another position.

9 In our home, we have been in a
10 perpetual freeze period for almost six years
11 because the union, and it's CUPE, and it's not the
12 local people -- it's CUPE Provincial -- knows that
13 they just need to keep dragging their feet and
14 change won't happen, and to a lesser extent, the
15 colleges, too, and I've dealt with the colleges
16 enough to know, you know, for the most part,
17 they're well-intentioned, but there is no incentive
18 for any of the colleges to change. And that is a
19 big piece of the resistance puzzle that you're
20 going to face any time we look at changing the
21 system.

22 And I can assure you that, you know, I
23 fully support the four hours of care, although I
24 question whether it's enough. But as soon as
25 that's announced and as soon as you start talking

1 about PSWs or full-time hours, the expectation with
2 our unions is going to be that that's going to
3 happen over night, and there just aren't the staff
4 to make that happen.

5 So it's a double-edged sword, but we
6 can't ignore that the labour-relations process in
7 Ontario does not -- does not provide for change.
8 In fact, it works against any change that may
9 happen, so...

10 COMMISSIONER FRANK MARROCCO (CHAIR):

11 And it strikes me, though, that there's -- you
12 could really run into some headwinds in terms of
13 making change if you managed to unify a group of
14 people against what you're recommending. I take
15 the point, but I worry that you don't end up biting
16 off more than you can chew kind of thing.

17 KELLY JAMES PENDER: Yeah, I don't
18 disagree, and, I mean, I look to the hospital
19 amalgamations, the same kind of thing. I mean,
20 it -- there were the amalgamations, and I worked in
21 Muskoka Algonquin Healthcare during parts of this.
22 There was no incentive for any staff or any union
23 to be a part of the change process.

24 If it isn't mandated, it won't happen. And I
25 recognize that that would result in significant

1 headwinds, but if you're looking for systemic
2 change, if you ignore the union process and the
3 current labour-relations process, you're just going
4 to get that headwind anyway. So -- and I think
5 there's enough in what you're saying to say, okay,
6 here's some carrot, but here's a little bit of
7 stick. And it could be an 18-month window while it
8 gets implemented or a pause in maybe negotiation
9 process or a speeding up of the arbitration process
10 or a one-year extension of current collective
11 agreements.

12 There's all kinds of mechanisms that
13 could allow change to happen, and I think you would
14 have the ear of a lot of the unions on that change
15 if it was thoughtful and well thought out because
16 they support four hours of care, and they
17 support -- they support more full-time hours, but
18 they'll resist with the -- their dying breath if
19 that change means that -- you know, that they're
20 going to lose some control over the process, so --
21 and I recognize there is no simple answer to that,
22 but...

23 COMMISSIONER FRANK MARROCCO (CHAIR):

24 M-hm.

25 Yes, Ms. Turner, I guess.

1 MONIKA TURNER: Just to say, and,
2 again, just building on this, I think it's well
3 documented that there's been long-term staffing
4 shortages, and one of the challenges is the -- is
5 movement to better paying jobs with benefits and
6 such like that.

7 And I think one of the things we're
8 looking at is we're not going to solve this
9 long-standing issue by using the same old, and
10 we're looking to you, and we're probably trying to
11 encourage you with all the -- our staffing
12 suggestions of looking for something that we
13 haven't tried before and even -- and bringing in
14 the unions, bringing in all those folks that care
15 desperately that residents in long-term care are
16 well looked after and that the staff are safe, the
17 residents are safe.

18 But there needs to be some different
19 ways to do things, and -- that you don't get
20 perverse consequences such as, you know, the
21 changes in the regulation has prevented folks that
22 would like to work in place if they're already
23 living in Kenora or Ir Falls or Red Lake, but that
24 they train up and with the ideas about new virtual
25 learning, there's got to be some new opportunities

1 we can do to grow staff in place so that everybody
2 benefits.

3 And if I may, to Kelly's point, the
4 unions are looking for innovative ways as long as
5 they're part of it. So, again, I think you're
6 seeing that everybody wants positive change, but
7 doing the same old, same old hasn't worked well and
8 especially not in the northern and rural
9 communities where you get people pulled from
10 long-term care to work in hospitals, and so you
11 constantly get movement of health staff who are
12 just looking for good, stable employment as well.

13 So it -- to use negotiating parlance,
14 it needs to be in everyone's interest as you're
15 moving it forward so that they are part of the
16 change as opposed to resisting the change.

17 And we're happy to help you with some
18 ideas of that, but that's what we're looking at,
19 and even things such as we were asking you to keep
20 the redeployment orders in and things like that
21 just says that we have a -- we all have a staffing
22 shortage issue, and we're finding ways to do
23 band-aids when you really need a systemic approach.

24 And that was our question of -- our
25 recommendation for a province-wide health human

1 resources strategy to address the long-standing
2 staffing issues and that we want to be part of that
3 solution. Thank you.

4 COMMISSIONER FRANK MARROCCO (CHAIR):
5 Yes, Ms. Granger.

6 CATHY GRANGER: Yeah. Yeah, I agree
7 with that, Monika.

8 We're not asking just for more money,
9 right? It does require a whole new strategy,
10 different ways to recruit people, different ways to
11 grow your own.

12 For one small example, what we've had
13 quite success at is we train all our staff to
14 provide care, so our housekeepers are some of the
15 best people who do provide emotional care to the
16 people in our homes. So that doesn't -- won't cost
17 the Province a lot more money, but we need to
18 invest in everybody; it's all hands on deck. It's
19 someone's home.

20 Yes, our -- the people living in our
21 home are much more complex in terms of their needs,
22 but in terms of basic needs, helping people get
23 to -- to their meals, making them feel less lonely,
24 we need to invest in all our staff because there
25 aren't that many staff to go around, so we need to

1 support our staff as well if we want to provide the
2 best care for the people living in our homes.

3 COMMISSIONER FRANK MARROCCO (CHAIR):
4 Commissioner Coke.

5 COMMISSIONER ANGELA COKE: So I just --
6 I notice your recommendation about the pharmacy
7 funding, and I'm just trying to understand a bit
8 more from your view what the on-the-ground, sort
9 of, impact has been with respect to changes to the
10 pharmacy funding.

11 MONIKA TURNER: Michael, is that
12 something you can speak to? Or I'll look at -- to
13 the other members.

14 MICHAEL JACEK: I think for the
15 on-the-ground impact, perhaps one of the
16 administrators or directors or perhaps Lisa might
17 be better placed to answer that question.

18 LISA LEVIN: I apologize. I was
19 interrupted. Can -- would you be able to repeat
20 that question again, Commissioner Coke?

21 COMMISSIONER ANGELA COKE: I just want
22 to understand a bit more about the, sort of,
23 on-the-ground impact of the changes to the pharmacy
24 funding.

25 LISA LEVIN: Oh, yes. Yes. Okay. So

1 the on-the-ground impact, it's somewhat hard to
2 assess because of the pandemic because things have
3 been in such chaos in general, but there's a
4 significant -- so first of all, the funding changed
5 to a capitation model from a fee for service which
6 we actually agree with because it didn't make
7 sense.

8 But it also -- the funding levels
9 reduced significantly, and they're supposed to
10 continue reducing over the next three years
11 start -- the next one being in January.

12 So things like pharmacy -- like
13 medication destruction is no longer being done by
14 many pharmacy companies, so instead, it has to be
15 done by the clinical staff.

16 There's no one change that's across the
17 whole sector necessarily because every home has a
18 different pharmacist, but medication reconciliation
19 may not be done as often. Pharmacy audits may not
20 be done as often. There's just a lot less
21 involvement.

22 Another thing that pharmacy companies
23 typically do is they take what's called government
24 stock which is, like, vitamins and laxatives, and
25 they package them in the strips that go out to --

1 for each resident, so many companies are no longer
2 doing that which means that the nurses have to do
3 it.

4 So the general impact has been,
5 firstly, more of a workload for existing staff,
6 typically nursing staff; and secondly, somewhat
7 less oversight. So it's very concerning, and we
8 are hoping that the continued cuts do not happen or
9 at least are delayed until we get through the
10 pandemic.

11 COMMISSIONER ANGELA COKE: And, sorry,
12 did you know what the rationale for those were, for
13 the cuts were in the first place?

14 LISA LEVIN: So first of all, it was a
15 move away from a current model which was not a
16 great model to a capitation model. So the way it
17 was working before, pharmacies were paid a certain
18 amount per resident, and there was a lot of
19 competition between the pharmacy providers, so then
20 they were throwing in stuff to homes, and so some
21 of the stuff that was provided are things like
22 medication carts which are very expensive for homes
23 to be able to purchase on their own, and probably
24 the government should formally pay for that as
25 opposed to it being something that the pharmacies

1 provide.

2 There's also a number of homes that
3 received financial incentives from pharmacy
4 companies beforehand which was not seen necessarily
5 as the best way to do things.

6 So move to capitation makes a lot more
7 sense, and I think the government had the feeling
8 that there was too much money going to pharmacies
9 if they were able to give financial incentives to
10 some homes, but the level of the cuts has been
11 quite significant, and it's very hard to determine
12 the exact impact because every pharmacy provider's
13 doing things differently.

14 So it's been hard for us to advocate
15 for this, and we did surveys of our members to see
16 what would be cut, and some of the things I
17 mentioned to you are things that were indeed cut,
18 and further cuts will happen because it's a
19 three-year phase in in January if these continue to
20 occur.

21 There's also less education for staff,
22 and other members can talk to you about -- I think
23 Cathy has had some impact in her homes. Maybe she
24 can talk to how it's impacted her home, or maybe
25 she stepped away for a minute.

1 CATHY GRANGER: No. It's Cathy. Yeah,
2 I typed it in. Certainly, we've had a significant
3 decrease, so it really has impacted staff training,
4 their participation in care conferences, overall
5 support to families, supplies, just regular
6 training they would provide. As you're probably
7 aware, the complexity of medications that we give
8 to the people in our homes is very complex, so just
9 ongoing training, it's just decreased
10 significantly.

11 COMMISSIONER FRANK MARROCCO (CHAIR):
12 Well, I think we've exhausted our questions. I
13 don't know --

14 Oh, Ms. Turner.

15 MONIKA TURNER: I just wanted to --
16 thank you very much, Commissioner. I just wanted
17 to add something, and we'll probably capture it in
18 our next series of recommendations, but it's
19 actually a real need right now which is how there
20 can be rapid deployment of staff to those homes
21 that are encountering an outbreak.

22 Again, especially in rural and Northern
23 Ontario, you can't always depend on the Red Cross,
24 but I just wanted to say that this is something
25 that we're hearing of, and I don't know if it's --

1 if there can be teams that can be available on a
2 regional basis or such, but it is -- I -- a need
3 that we're hearing of.

4 We have heard of there's less staff now
5 than there were especially as those that were
6 redeployed are going back to their home positions.

7 But it is something that we are aware
8 of, and we wanted to bring it to your attention.
9 And I don't know if any of those that are running
10 long-term care want to speak to the -- and have
11 either have an outbreak or have had an outbreak,
12 want to speak to the human staffing needs that
13 you're encountering.

14 COMMISSIONER FRANK MARROCCO (CHAIR):
15 Can I just -- while they're thinking about that,
16 can I just ask you about this deployment? If you
17 have five -- if you have more than one home that's
18 a municipal home, can you redeploy under the
19 current directive from one home to the other?

20 LISA LEVIN: You can redeploy from one
21 home to another, but that -- that -- or those
22 individuals cannot return back to the other home
23 because of the one-site order, so --

24 COMMISSIONER FRANK MARROCCO (CHAIR):
25 Do you think it would be better, then, if you had

1 the flexibility to move your own staff around?

2 LISA LEVIN: We have asked for the
3 Ministry to consider what we're calling staffing
4 bubbles, which would be exactly what you're talking
5 about, Commissioner, where either a home that has
6 more than one homes, like a municipality, for
7 example, or if it's an independent home that they
8 partner with another local independent home so that
9 they can work together on infection, prevention,
10 control and have their staff share because when the
11 one-site order came in, we were all shut down.

12 Now, we're not all shut down, so staff
13 that are working in long-term care and, as you've
14 noted, there needs to be more full-time work,
15 many -- half of them are not working full time, and
16 many of them, but not all, want to be full-time, so
17 they go seek employment elsewhere.

18 And now they're ending up in Walmart.
19 They're ending up in grocery stores because they
20 can't go to healthcare, and one might say that the
21 risk in those environments is actually higher than
22 if they worked in another home.

23 MONIKA TURNER: If -- it's Monika. I
24 might take it a different way as well. What I
25 understand from a number of municipal commissioners

1 and such, and Cathy and Robert may want to speak to
2 it, is having a municipal structure where you're
3 not necessarily moving long-term care staff around
4 but rather folks that are not long-term care but
5 can come in and do some of the nonclinical work so
6 you're redeploying municipal staff to do things
7 that will free up those that already work in the
8 long-term care to focus on the resident care items.
9 And that has helped especially when you have a
10 number of staff across a municipal corporation.

11 And I know Peel has done that very
12 effectively. I don't know if Robert wants to talk
13 about what Durham or what you've done in the
14 counties, but it's those redeployment orders that
15 we're asking you to keep in place that allow
16 flexibility of municipal staff not just long-term
17 care municipal staff.

18 Cathy, did you want to comment?

19 CATHY GRANGER: Yeah, thank you,
20 Monika. Yeah, that was -- that significantly
21 helped us, and I think I mentioned that briefly in
22 my first comments, manage the first wave.

23 However, as we enter the second wave,
24 as you can understand, we, as a regional
25 government, we do want to support all services,

1 so -- and the economy, so we probably won't have as
2 many staff available to support us this time around
3 because everybody's trying to open up their own
4 business.

5 And when we were in the first
6 emergency, certainly, we did have lots of support,
7 but to Lisa's point, when it -- when it comes into
8 our homes, it happens fast, and the need for staff
9 is urgently needed.

10 And while the hospitals had said that
11 they would provide staff, they really, the majority
12 of time, they couldn't, and the IPAC support that
13 they tried to provide was not necessarily the IPAC
14 support that we needed in long-term care, so that
15 wasn't exactly what we needed. We need on the
16 body -- on-the-ground bodies to help support.

17 DR. ROBERT KYLE: What I would say,
18 Commissioner -- thanks for the question -- is for
19 boards of health to work effectively in the
20 COVID-19 response including responding to outbreaks
21 in long-term care homes and retirement homes, we
22 have relied on the emergency order specific to
23 boards of health to allow us to optimize staff
24 within the health department.

25 In addition, the emergency order with

1 respect to municipalities allows us to import, if
2 you will, staff from other parts of the
3 municipality depending on their skillset and so
4 forth and allows us to redeploy to long-term care
5 homes. I think we're a net importer of redeployed
6 staff versus an exporter. But both emergency
7 orders have been crucial not only for the long-term
8 care home response, but the Public Health response
9 that, among other things, has assisted with
10 outbreak management in affected long-term care
11 homes, retirement homes, including municipal
12 long-term care homes. Thank you.

13 COMMISSIONER FRANK MARROCCO (CHAIR):
14 Somebody else. Well, oh, yes, Mr. Pender. I knew
15 there was someone else.

16 KELLY JAMES PENDER: Thank you. And I
17 just want to end with one single thought: There
18 seems to be a push of long-term care to become
19 hospital-like, and having worked in both the
20 hospital sector and the long-term care sector, I
21 think that that is completely the wrong direction.

22 We have to remember that the people in
23 our long-term care homes, as my director of care
24 likes to remind me, it's their last rocking chair,
25 and to push long-term care closer to the hospital

1 model will only increase costs.

2 I think what we need to do is do a
3 better job of providing that last rocking chair.
4 And one of the problems with the Case Mix Index is
5 (a) it's two years old, and the people that we're
6 measuring by the time it amounts to funding have
7 passed way, so it's a retrospective work.

8 Plus in our small home of 130 beds,
9 it's 1.8 FTEs of RPNs collecting data, meaningless,
10 meaningless data. Those RPNs are much more
11 valuable on the floor than they are in front of
12 their computers translating data that goes into a
13 formula that's basically an estimate times a guess
14 divided by an assumption. It's a meaningless
15 process, and to move long-term care closer to the
16 hospital sector, in my mind, is completely the
17 wrong direction because that will just impose far
18 more regulation and far more data collection that
19 frankly is meaningless to my mother's last 18
20 months on this earth, so if that makes any sense.

21 LISA LEVIN: If I can -- if I can add
22 to what you said, Kelly, and what Cathy alluded to
23 before, I agree with you.

24 And I wanted to thank the Commission
25 for their comment about the relationship between

1 long-term care homes, hospitals, and Public Health
2 units must be based on trust, collaboration, and
3 respect for all sides. I think that's really
4 important.

5 But above that, you talk about how a
6 collaborative model should be mandated, and what
7 we're seeing in some cases, and certainly not all
8 cases, is that the hospitals that come in do not
9 understand the long-term care environment, and
10 they're going into a home that's in outbreak, and
11 it becomes, in some cases, a bit of -- it becomes a
12 situation where the hospital is telling the home
13 what to do in an authoritative way which isn't
14 always appropriate for the environment of long-term
15 care. And that's something that we need to really
16 take a look at and determine how to improve that.

17 And one of the side effects of that has
18 been demoralization of the staff in long-term care,
19 and this is an area where I understand you've
20 already been speaking about staffing where it's so
21 hard to find staff to work in long-term care.

22 COMMISSIONER FRANK MARROCCO (CHAIR):
23 Can I just follow up on that? Do you agree,
24 though, that in an emergency, sometimes, you just
25 have to -- somebody has to show some leadership and

1 give some direction and have the authority to give
2 direction that you don't often in an -- you may not
3 in an emergency have too much time for consensus?

4 LISA LEVIN: Yes, I hear you, and
5 that's an excellent point, and I think that you do
6 need that, but I think what's happening in some
7 cases, and once again, I reiterate not all, the
8 voice of the home is completely lost. And so we
9 need to figure out a way to have that quick
10 response that you're referring to, Commissioner,
11 but not completely lose the voice of the home.

12 COMMISSIONER FRANK MARROCCO (CHAIR):
13 Okay. Well, I mean --

14 Sorry. Commissioner Coke, did you --

15 COMMISSIONER ANGELA COKE: No. It's
16 fine.

17 COMMISSIONER FRANK MARROCCO (CHAIR):
18 Well, I want to thank you, Mr. Smith, and all of
19 the rest of you that came here. This has been
20 extremely helpful, and we do really appreciate the
21 opportunity to just ask the questions and get --
22 and get your answers. It's extremely helpful for
23 us.

24 You're so connected on the ground to
25 what's really happening that it's very important

1 for us not to -- to remember that and not get
2 caught in an entirely policy-driven analysis, or we
3 will have some -- we might miss the point of it.

4 So thank you very much for -- for the
5 time, and thank you for the presentation. And
6 we --

7 GRAYDON SMITH: And thank you --

8 COMMISSIONER FRANK MARROCCO (CHAIR):
9 -- might be back.

10 GRAYDON SMITH: We'll definitely have
11 more for you, and we'd be happy to come back and
12 talk about our next submission. Thank you.

13 COMMISSIONER FRANK MARROCCO (CHAIR):
14 There's one request: Just, you have a website,
15 and -- I think -- and I was wondering if we could
16 link -- we could put a link on your website to ours
17 so that anybody -- any of your members who were
18 curious about what we're up to could have an easy
19 way of getting to us. It helps us be a little more
20 transparent, and -- if you wouldn't mind?

21 U/T GRAYDON SMITH: We'll take that with us
22 and find a way to make that happen.

23 Monika.

24 U/T MONIKA TURNER: If I can,
25 Mr. Commissioner, just to say that to contact me or

1 Michael which your staff already know our contact
2 information, we have on our website a section on
3 health and long-term care, and we can put your link
4 right in there.

5 COMMISSIONER FRANK MARROCCO (CHAIR):

6 Well, thank you very much.

7 Well, thank you all, and have a good day.

8 GRAYDON SMITH: You too. Thank you.

9 -- Adjourned at 12:53 p.m.

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1 REPORTER'S CERTIFICATE

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3 I, JANET BELMA, CSR, Certified
4 Shorthand Reporter, certify:

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6 That the foregoing proceedings were
7 taken before me at the time and place therein set
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10 That all remarks made at the time
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14 That the foregoing is a true and
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