

# Long Term Care Covid 19 Commission Mtg.

C.A.R.P. Advocacy Working Group on Long-Term  
Care  
on Thursday, November 26, 2020



77 King Street West, Suite 2020  
Toronto, Ontario M5K 1A1

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MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

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--- Held via Zoom, with all participants attending  
remotely, on the 26th day of November, 2020,  
11:00 a.m. to 11:41 p.m.

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BEFORE:

The Honourable Frank N. Marrocco, Lead Commissioner  
Angela Coke, Commissioner  
Dr. Jack Kitts, Commissioner

1 PRESENTERS:

2  
3 Kathy Wright, Volunteer Board Member at C.A.R.P.  
4 Margaret Eisner, Volunteer Board Member at C.A.R.P.  
5 Barbara Schulman, Volunteer Board Member at  
6 C.A.R.P.  
7 Darlene Jamieson, Volunteer Board Member at  
8 C.A.R.P.

9  
10 PARTICIPANTS:

11  
12 Alison Drummond, Assistant Deputy Minister,  
13 Long-Term Care Commission Secretariat.  
14 Ida Bianchi, Counsel, Long-Term Care Commission  
15 Secretariat  
16 Derek Lett, Policy Director, Long-Term Care  
17 Commission Secretariat  
18 Adriana Diaz Choconta, Senior Policy Analyst for  
19 the Operations Branch, Long-Term Care COVID-19  
20 Commission Secretariat  
21 John Callaghan, Gowling LLP

22  
23 ALSO PRESENT:

24 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: 22, 32

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 11:00 a.m.

2 COMMISSIONER FRANK MARROCCO (CHAIR):

3 I'm Frank Marrocco; Commissioner Angela Coke; and  
4 Commissioner Dr. Jack Kitts, we are the Commission.  
5 So, Ms. Wright, if you're speaking, is everyone on  
6 your side here?

7 KATHY WRIGHT: Yes.

8 COMMISSIONER FRANK MARROCCO (CHAIR):

9 Well, we're ready to proceed, then. You know, I  
10 think -- I think you know, you know, we're looking  
11 back at what happened in Wave 1 and trying to think  
12 of recommendations that we can make that are --  
13 that can be implemented that will try to prevent  
14 this sort of thing from happening again. Although,  
15 Wave 2 is posing a set of difficulties that are  
16 reminiscent of Wave 1. But be that as it may,  
17 that -- that's -- our job is to try to come up with  
18 recommendations, and that's what we're doing.

19 We'll probably put out a second interim  
20 report and maybe -- you know, because we think that  
21 may be a better way of going at it than putting out  
22 one large report at the end of -- months from now  
23 and maybe there's a vaccine and people have -- want  
24 to forget about the problem rather than be reminded  
25 of it.

1 KATHY WRIGHT: M-hm.

2 COMMISSIONER FRANK MARROCCO (CHAIR):

3 So that's what's -- that's what's going on on our  
4 end. You were talking to Janet, who's the court  
5 reporter, and we will post a transcript of this so  
6 that people can follow along with what we're doing.

7 So with that having been said, we're in  
8 a position to proceed as whenever you're ready.

9 KATHY WRIGHT: Okay. Okay. First of  
10 all, before I start, I would just like to say that  
11 we were very pleased and fully supportive of your  
12 interim recommendations.

13 COMMISSIONER FRANK MARROCCO (CHAIR):  
14 Thank you.

15 KATHY WRIGHT: We thought they were  
16 excellent, and we were hoping, and we did send a  
17 letter to the Minister in the hopes that they would  
18 act on those sooner rather than later. So good for  
19 you. Congratulations for doing that.

20 COMMISSIONER FRANK MARROCCO (CHAIR):  
21 Well, thank you for doing that. They would  
22 probably be wondering when we're going to do it  
23 again, so -- and they will find out.

24 KATHY WRIGHT: Right. Right. Okay.  
25 Well, I'll just go ahead, then?

1 COMMISSIONER FRANK MARROCCO (CHAIR):

2 Yes, please do.

3 KATHY WRIGHT: Okay. So first, I'd --  
4 we'd like to extend our sincere thanks to the  
5 Commission for this opportunity to present some  
6 very real possibilities that exist to change the  
7 way care is delivered in Ontario's long-term care  
8 homes. This change would not only improve the  
9 lives of residents, family, and staff, but would  
10 also help to mitigate the future impact of viral  
11 infections.

12 C.A.R.P. Ottawa, we are from C.A.R.P.  
13 Ottawa as you know, also known as the Canadian  
14 Association of Retired Persons, is Canada's largest  
15 non-partisan advocacy association for older  
16 Canadians with more than 320,000 members, most of  
17 whom live here in Ontario. C.A.R.P.'s mission is  
18 to advocate for better healthcare, financial  
19 security, and freedom from agism.

20 I'd like to introduce now the other  
21 members of C.A.R.P., Ottawa's Advocacy Working  
22 Group On Long-Term Care who will share the  
23 presentation with me today: Barbara Schulman,  
24 Marg Eisner, and Darlene Jamieson who will be our  
25 resident observer today from our working group.

1 Collectively, we have had decades of  
2 dementia and healthcare experience, and three of us  
3 have had parents who lived in a long-term care  
4 home.

5 And as mentioned in the brief, C.A.R.P.  
6 is recommending that the Government bring about  
7 transformative culture change in Ontario's  
8 long-term care homes. We are advocating for every  
9 long-term care home in Ontario to adopt one of the  
10 existing innovative models of transformative care,  
11 the Butterfly Model, the Eden Alternative®, the  
12 Green House Project, and Hogewey Villages.

13 There are successful examples of these  
14 models that have existed for years already in the  
15 U.S., Europe, the U.K., and more recently, and to a  
16 more limited extent, in Canada and even right here  
17 in Ontario.

18 It is interesting to note when we look  
19 at the fundamental principles of transformative  
20 culture change that they are very consistent with  
21 the principles outlined in Ontario's Long-Term Care  
22 Act which states: (as read)

23 "A long-term care home is  
24 primarily the home of its residents  
25 and is to be operated so that it is

1 a place where they may live with  
2 dignity and security, safety, and  
3 comfort, and have their physical,  
4 psychological, social, spiritual,  
5 and cultural needs adequately met."

6 And despite many regulations, millions  
7 of dollars over the last three to four decades,  
8 it's clear these fundamental principles in the  
9 Long-Term Care Act have definitely not been met.

10 And, as we all know, over the last nine  
11 months, COVID-19 has exposed the inherent  
12 weaknesses in the long-term care system, but it has  
13 also provided us an opportunity to shift our  
14 thinking and to transform the system right now.

15 So what exactly is transformative  
16 culture change? It's a philosophy that uses an  
17 emotion-based approach to care where residents,  
18 staff, and families feel part of a community and  
19 are treated with dignity and respect where there  
20 are small home-like environments, more direct hours  
21 of care for residents, where staff work full time,  
22 are well paid, and are trained in empathy and  
23 culture change, and where families and caregivers  
24 are recognized as an integral part of the team.

25 A leader from one of the innovative

1 models that have embraced transformative culture  
2 change shared her experiences with us. And I  
3 quote:

4 "Small households where  
5 residents and staff live and work as  
6 a family with emotion-focused care  
7 have shown that residents do better,  
8 use fewer harmful medications, have  
9 better sleep, more happiness. There  
10 is weight gain, less pain, less  
11 staff illness and turnover as staff  
12 know the residents very well and are  
13 empowered to live a normal day with  
14 their residents."

15 And in fact, preliminary reports from  
16 the homes that have embraced transformative culture  
17 change have better -- have shown better outcomes  
18 both pre and during COVID-19.

19 So I will now pass it over to Marg and  
20 Barbara to fill you in on some elements of the  
21 current culture of care as compared to what care  
22 might look like if transformative culture change  
23 were to be implemented.

24 COMMISSIONER JACK KITTS: Just before  
25 you go on, Ms. Wright, what would you -- what would

1 you define as a small home or a small household?

2 KATHY WRIGHT: I think, ideally, it  
3 would be about 10 to 12 or 8 to 12. We know that  
4 this could be difficult for sure in all the  
5 existing buildings now that are being renovated  
6 because they're all built for 32 residents, but  
7 we'd also understand that some of the companies who  
8 have been implementing or launching now the  
9 Butterfly Models have managed to take the 32-bed  
10 unit and come somehow create two living spaces for  
11 16 each. So I guess that's -- I mean, it's maybe  
12 not optimal, but it's certainly a lot better than  
13 the 32.

14 COMMISSIONER JACK KITTS: So are you  
15 saying that if you have one with 120, you'd make  
16 units within that facility, or those facilities  
17 should never be built?

18 KATHY WRIGHT: Well, I mean, I guess if  
19 we had the option of starting from scratch and  
20 building, it would be much easier and much cheaper  
21 to build the smaller units, I would think. But  
22 there are possibilities, as I mentioned, to --  
23 actually, to separate spaces within larger -- in  
24 larger areas to make it work as well.

25 COMMISSIONER JACK KITTS: Okay. Thank

1 you.

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

4 COMMISSIONER ANGELA COKE: You had  
5 mentioned that the -- you know, some of the homes  
6 that are following this model seemed to have had  
7 better outcomes during COVID.

8 Can you just elaborate a little bit on  
9 what you -- what specifically has contributed to  
10 that based on this model that you're describing?

11 KATHY WRIGHT: Well, I think it is  
12 partly due to the fact that there are -- they are a  
13 smaller number of residents, so there are fewer  
14 contacts being made with each other and with the  
15 staff. And I think they have somehow managed to  
16 isolate residents in an easier fashion because of  
17 that.

18 If you have private or semiprivate  
19 rooms as opposed to rooms -- you know, some of the  
20 older buildings have four residents in one room,  
21 it's very difficult to isolate the residents.

22 I think those would be probably the two  
23 most important ones.

24 Maybe Marg or Barbara might have some  
25 other comments on that?

1 MARGARET EISNER: I think one of the  
2 big things is the HVAC systems with the smaller  
3 units so you're not -- the circulation of air in  
4 the smaller units that helps lessen infectious  
5 disease. I think that's another factor that they  
6 found, yeah.

7 COMMISSIONER ANGELA COKE: Thank you.

8 MARGARET EISNER: Okay. If there's no  
9 further questions, then, maybe I'll just proceed.  
10 And I -- and thank you. I'd like to be speaking  
11 about staffing and inspections, those two elements.

12 And I'd like to start with the  
13 Long-Term Care Act, and it states that:

14 "A long-term care home is  
15 primarily the home of its  
16 residents."

17 And so that begs the question, what is  
18 a home? And is -- our current long-term care  
19 homes, are they considered home? I would say that  
20 it really isn't.

21 Instead, our current long-term care  
22 homes give off an institutional feeling where staff  
23 are trained in clinical care, and they tend to  
24 carry out their functions in quite a regulated  
25 manner.

1           The current Long-Term Care Act supports  
2 person-centred language, but this is not what is  
3 happening in most long-term care homes today. Yes,  
4 staff need to be trained to support residents'  
5 health needs, but a home full of skills and  
6 competencies does not necessarily make a home.

7           A long-term care home turns into a home  
8 when people want to be together, when they feel  
9 comfortable with each other, and I think staff in  
10 long-term care homes must be adequately trained to  
11 connect on an emotional level with each resident,  
12 and this takes emotional intelligence.

13           And I think developing emotional  
14 intelligence in staff should be the primary  
15 competency that we need to invest in, and so we  
16 need to hire staff not only for clinical skills but  
17 also for their ability to show and develop  
18 emotional intelligence.

19           We know that staff in long-term care  
20 are forced to focus on completing tasks rather than  
21 providing holistic care. Staff are overworked.  
22 There just doesn't seem to be enough time in the  
23 day to get it all done. There's been an increase  
24 in number of residents with chronic health  
25 problems. There's been higher rates of dementia.

1 This all contributes to the understaffing problem.  
2 These issues lead to stress, contribute to high  
3 staff absenteeism, turnover, and injuries.

4 When completing tasks is the main  
5 focus, then it takes away from other aspects of  
6 care such as observation and early detection of  
7 COVID.

8 Leadership in long-term care homes has  
9 traditionally been a top-down approach rather than  
10 bottom-up. I think shared decision making needs to  
11 be the norm where all staff feels valued, and they  
12 can all contribute to the decision-making process.

13 Frontline staff like personal support  
14 workers, they're the ones that are best positioned  
15 to detect changes in their residents' needs.

16 However, staff fear reprisals under the  
17 current inspection system. They spend a lot of  
18 time documenting the tasks that have been carried  
19 out.

20 What is needed is a structural change  
21 in policies and procedures that shift culture in  
22 long-term care to one that prioritises emotional  
23 well-being of residents, a person-centred approach,  
24 if you like, based on residents' needs and not just  
25 standards of operating procedures.

1           So the question is, how do we enact a  
2 culture change in how care is delivered in  
3 long-term care that will hopefully prevent or  
4 reduce infectious diseases in the future?

5           So I believe it requires a move from  
6 our current siloed approach to care to one that is  
7 directed towards a person-centred approach, and it  
8 shifts the culture to prioritise emotional  
9 well-being of the residents.

10           We need to be able to flatten the  
11 hierarchy of staff so that all staff are valued,  
12 viewed, and respected as team members. Shared  
13 decision making is really important amongst staff  
14 especially to decrease fear of reprisals, and that  
15 would result in better bottom-up reporting, better  
16 care planning, better care provision.

17           And we need to hire staff for emotional  
18 intelligence, and we need to shift the pool, the  
19 talent pool, to focus on valuing and supporting our  
20 residents. Critical thinking skills and  
21 observational skills are important. We need to  
22 hire for those so that they can detect problems  
23 early and then faster implement the things that  
24 need to be done.

25           And we need to return the role of the

1 long-term care inspector back to the role of the  
2 compliance advisor who works in partnership with  
3 government and providers of care where they can  
4 work together, where they can all help improve care  
5 that's being given.

6 But above all, we need to focus on  
7 delivering quality-of-life care based on the  
8 individual needs of residents, and I think if this  
9 happens, it will go a long way to making a home for  
10 our long-term care residents. Thank you.

11 COMMISSIONER FRANK MARROCCO (CHAIR):  
12 Thank you.

13 BARBARA SCHULMAN: Shall we carry on?  
14 Or are there any other questions before --

15 COMMISSIONER FRANK MARROCCO (CHAIR):  
16 No. I think we should carry on. We'll just -- you  
17 know, we will -- if you don't mind, we'll interrupt  
18 and ask questions as we go, and so if --

19 BARBARA SCHULMAN: Okay.

20 COMMISSIONER FRANK MARROCCO (CHAIR):  
21 -- nobody's saying anything, it's because we don't  
22 have any questions.

23 BARBARA SCHULMAN: Okay. Good. Thank  
24 you. I'm going to be speaking about design which  
25 is a very critical respondent for transformative

1 culture change. And some of the questions that  
2 Dr. Kitts has already posed, we've answered, but I  
3 will repeat them as I think they bear repetition.

4 So currently, the resident units are  
5 usually 32 beds with long hallways that are often  
6 cluttered with laundry carts, drug carts, and food  
7 carts, and with lacklustre walls. These large  
8 units have proven to lend themselves to the  
9 transmission of infectious diseases as witnessed  
10 most recently with COVID-19. Overall, a very  
11 institutional environment, there is seldom anything  
12 warm and kind about the settings in today's  
13 long-term care homes.

14 However, with transformative culture  
15 change and its relevance to COVID-19, there would  
16 be a shift, as has already been said, from a  
17 ward-like institutional environment to a small  
18 home-like environment with approximately 8 to 12  
19 residents. This type of environment supports a  
20 culture of person-centred care and shared living  
21 spaces. Private and semiprivate bedrooms and  
22 bathrooms are also a feature of this type of  
23 design.

24 Why would this make a difference?  
25 There would be contact with a small number of

1 residents and staff daily, reducing the potential  
2 spread of an infection. Families can be involved  
3 with less chance of infecting a large number of  
4 residents and staff and with a positive impact on  
5 lessening their loved one's feelings of isolation,  
6 depression, and of being locked in a prison.

7 And I'd like to quote now from a  
8 husband whose wife is in a long-term care home  
9 where the Butterfly Model was implemented:

10 "The whole idea that family  
11 members should be excluded from  
12 visiting a loved one is not  
13 conducive to good care even in the  
14 COVID-19 circumstance. There are  
15 statistics available that show the  
16 COVID-19 outbreaks at long-term care  
17 centres are not due to visitors, but  
18 rather the workers."

19 The other aspect is that the private or  
20 semiprivate bedrooms and bathrooms would make it  
21 easier to isolate any residents infected by a  
22 virus, which Kathy mentioned previously; and as  
23 Marg indicated, small households in the existing  
24 32-bed units can be designed in zones so that HVAC  
25 can be isolated to prevent the spread of disease.

1 A small household can be completely shut down to  
2 prevent the cross-contamination to other  
3 households.

4 We need to design for resident, family,  
5 and staff well-being. Although COVID is part of  
6 this, we need to look beyond that.

7 Also, let's not forget that flu outbreaks are a  
8 pretty regular occurrence in long-term care homes,  
9 so these changes are not just for COVID-19, but for  
10 other types of outbreaks. We are not just  
11 designing for a once-in-a-century event, and  
12 residents would know and feel like they are living  
13 in a warm, caring environment which looks and feels  
14 like home.

15 Early evidence shows that there are  
16 fewer COVID deaths and cases in those long-term  
17 care settings that have a transformative model.  
18 Examples: Malton Village in Peel, Henley House in  
19 St. Catharines, and Henley Place in London, and  
20 there are more details about this in our Appendix  
21 III of the brief.

22 So our message overall about design is  
23 we cannot afford to continue to perpetuate the  
24 current design of long-term care homes. We must  
25 change the design from an institutional to a

1 home-like environmental. The magnitude of the  
2 proposed design change is nothing short of the  
3 magnitude of the opportunity that the Commission  
4 has to chart the future course of long-term care in  
5 Ontario.

6 The design element is one of the  
7 critical components of transformative culture  
8 change with or without COVID. There is nothing  
9 home-like about the majority of our long-term care  
10 homes today. Thank you.

11 COMMISSIONER JACK KITTS: Can I just  
12 ask a question? And it's similar to the question I  
13 asked Ms. Wright. So we have 626 homes in the  
14 province now. We won't be building all new ones,  
15 so I'm trying to figure out what you're saying in  
16 terms of the large homes with, you know, a hundred,  
17 200 residents, and it sounds like the wards are 32  
18 or 36 beds per ward.

19 So are you saying that if those homes  
20 can't be replaced, they should be modified or  
21 redesigned to house 10 to 12-bed units that could  
22 be isolated in the case of COVID with separate HVAC  
23 units, and so no more than two people per room and  
24 either private or semiprivate bathrooms?

25 Would the rest of the time those

1 residents be eating and convening and meeting other  
2 residents in a common area? So are you talking  
3 about these units, these homes being just, sort of,  
4 bed and bathroom, or is there something more to it?

5 BARBARA SCHULMAN: There would be -- it  
6 won't be as easy in the redesign of the existing  
7 models, but they will -- if you were to go to the  
8 places where, like, Malton, and I haven't been  
9 there, but that's what they have tried to do.

10 I'm not sure to what extent there would  
11 still be common living areas for all the residents  
12 in that what was formally a 32-bed unit.

13 And, certainly, for eating purposes,  
14 the 8 to 12 would be those residents that would eat  
15 together even if they had to have different times  
16 for meals.

17 COMMISSIONER JACK KITTS: So they'd  
18 share a common kitchen, but everybody wouldn't  
19 gather in the same place at the same time.

20 BARBARA SCHULMAN: They wouldn't gather  
21 in the same place at the same time. You'd have 8  
22 to 12 that may have a shift in wherever the dining  
23 area is, and then subsequently, the next -- the  
24 next zone would go in and have their meal as well.

25 COMMISSIONER JACK KITTS: Okay. Thank

1 you.

2 BARBARA SCHULMAN: But I think probably  
3 we could learn from how those organizations have  
4 already proceeded. My recollection is, for the  
5 ones like Henley House and Henley Place, that  
6 they've actually installed some cross-corridor  
7 barriers, but I'm not familiar with the actual  
8 design.

9 COMMISSIONER JACK KITTS: Thank you.

10 U/T KATHY WRIGHT: Yeah, I think that's a  
11 good question, and we could check again with the  
12 Glebe Centre here in Ottawa. They launched the  
13 Butterfly Model and then, unfortunately, had to be  
14 put on pause because of COVID right in the middle  
15 of their training. But they have managed on their  
16 units because it's such an old building, they could  
17 not afford to tear down walls and so on to make  
18 smaller units. So they have managed to separate  
19 and just have two completely different living  
20 spaces.

21 But, anyway, your detailed questions  
22 make good points, and it would be interesting to  
23 speak to them on how they've actually accomplished  
24 that, but...

25 U/T COMMISSIONER JACK KITTS: I think you

1 can always get back to us. You've already  
2 contacted; you submitted a report, so you can get  
3 back to us with that information.

4 BARBARA SCHULMAN: Okay. Good.

5 KATHY WRIGHT: So I just have a couple  
6 of concluding remarks, if that's okay?

7 COMMISSIONER FRANK MARROCCO (CHAIR):  
8 Sure. Go ahead.

9 KATHY WRIGHT: So Ontario's Long-Term  
10 Care Home System is, in many ways, operating on the  
11 flawed premise that if we just have more rigorous  
12 inspections, hire more inspectors and more staff,  
13 all will be fixed. We believe that nothing could  
14 be further from the truth.

15 Yes, the system needs proper oversight  
16 of good clinical care, as Marg had mentioned. In  
17 no small part, this is because those coming into  
18 homes now are more vulnerable than ever with at  
19 least a few chronic conditions that require expert  
20 clinical care.

21 But while these regulations measure  
22 outputs of fluid each meal -- at each meal and so  
23 on, they ignore the value of life offered to people  
24 living in the homes: (as read)

25 "What is needed is laughter,

1 friendship, energy, tenderness,  
2 freedom, and hope. In other words,  
3 let the residents live until they  
4 die.

5 It is possible to offer the  
6 medical side of care without  
7 sacrificing our sense and purpose of  
8 life, the need for relationships and  
9 the connections that can counter the  
10 isolation and feelings of  
11 hopelessness that many feel with or  
12 without COVID-19 in our long-term  
13 care homes."

14 And I would just say that was a passage  
15 I took from Moira Welsh, a reporter from the  
16 Toronto Star who's done an awful lot of work  
17 studying the long-term care homes.

18 So it seems like our time for major  
19 reform, the opportunity is now. We would like to  
20 ask the Commission to recommend the Ontario  
21 Government commit to move towards transformative  
22 culture change in all Ontario's long-term care  
23 homes.

24 This commitment could start by  
25 examining the long-term care homes that have

1 already embraced transformative culture change to  
2 determine best practices and lessons learned  
3 including how they have managed financially within  
4 current budgets and the current legislation.

5 The commitment could also include  
6 revisiting the new builds that are being fast  
7 tracked to ensure Ontario does not end up with the  
8 same old institutional designs that, once built,  
9 will be with us for the next three or four decades.

10 Bringing about transformative culture  
11 change would result in the most profound change of  
12 Ontario's Long-Term Care Home System ever.

13 Obviously, this cannot happen overnight, but we do  
14 have to start somewhere. And it can be done, and,  
15 in fact, it is being done already right here in  
16 Ontario, as we have said, by a few leaders who have  
17 taken the leap and the risk to improve the lives of  
18 residents, staff, and families.

19 There are currently 11 long-term care  
20 homes in Ontario that have either implemented or  
21 launched the Butterfly Model of care resulting in  
22 transformative culture change.

23 What keeps us up at night is the fact  
24 that we will lose this window of opportunity while  
25 there is so much awareness to make a lasting

1 change. This kind of profound change, if we don't  
2 do it now, the system will stay the same for  
3 another three decades or until another tragedy  
4 strikes.

5 So what is needed now, we feel, is the  
6 political will, and we urge the Commission to help  
7 make this happen. Thank you.

8 COMMISSIONER FRANK MARROCCO (CHAIR):  
9 Commissioner Coke.

10 Thank you.

11 COMMISSIONER ANGELA COKE: I just have  
12 a question. You mentioned there are a few or a  
13 number of homes that have embarked on this journey.  
14 I know culture change is not an easy or quick fix.

15 KATHY WRIGHT: Right.

16 COMMISSIONER ANGELA COKE: But I'm just  
17 curious, for those who have been through this  
18 experience, what has proven to be the most critical  
19 success factors? You know, what are the conditions  
20 that have enabled some of them to be successful?

21 KATHY WRIGHT: That's a good question.  
22 I think -- and I'll ask Barb and Marg to jump in as  
23 well, but I think the key factors, I believe, is  
24 having the buy-in from the leadership. It has to  
25 be -- as Margaret said, it's not just training the

1 frontline staff. It's a whole organizational shift  
2 where they need to buy in and believe in culture  
3 change.

4           And I think we did ask one of the  
5 leaders at one point what she thought the two --  
6 one of the two major areas were, and she said that  
7 really having the small home-like environment along  
8 with staff who understood culture change, staff and  
9 leaders who understood culture change, were the two  
10 key elements.

11           Marg and Barbara, were there any other  
12 things?

13           MARGARET EISNER: No. That's  
14 absolutely right, Kathy. The leadership is key,  
15 and the commitment of the leadership to keep  
16 trying, and I think the same -- other leaders have  
17 said to us that you have to keep trying because  
18 it's not easy, so you don't give up, and you take  
19 the small wins.

20           But they also hire staff who have --  
21 and they do empathy training, and they help them so  
22 that they can see the needs, emotional needs of  
23 their residents. So they do a lot of training,  
24 cross-training, and so on with staff to get them to  
25 that point.

1 KATHY WRIGHT: Barb, I don't know --

2 BARBARA SCHULMAN: Yeah, I mean, we  
3 just haven't had the champions that we've needed  
4 for long-term care, and the more we can get who are  
5 going to provide that leadership and bite the  
6 bullet, because it is a risk -- there's no  
7 guarantee. I think in the case of those homes that  
8 have adopted the Butterfly Model, somehow they've  
9 been able to work it out within their budgetary  
10 constraints to purchase what comes as a package for  
11 implementation.

12 But they have had the leadership that  
13 has taken and driven them to go to do this, and  
14 then they have this excellent training program, or  
15 so it seems, for educating the staff, and that's  
16 for all the staff throughout the organization, and  
17 to continue that training so that it's not once you  
18 have a little bit of turnover, that commitment to  
19 culture change is going to disappear. It's a  
20 philosophy. It needs the leadership, the will, and  
21 hopefully, we'll have more and more champions down  
22 the road who are going to support this cause.

23 COMMISSIONER ANGELA COKE: My other  
24 question was, in terms of the homes that have gone  
25 this route, have they been from across the spectrum

1 privately -- you know, private, municipal  
2 not-for-profit?

3 BARBARA SCHULMAN: There have been, and  
4 it's only more recent in our work that we were  
5 fortunate to meet and be -- it was suggested we be  
6 in touch with Joan Lalton (phonetic), and  
7 PrimaCare, they've had -- implemented the Butterfly  
8 Model in Henley House and in Henley Place. And I  
9 believe their new home -- I can't recall -- maybe  
10 where it's coming up in Brampton or Waterton,  
11 they're going to try building from scratch to adapt  
12 the Butterfly home.

13 KATHY WRIGHT: With smaller units.

14 BARBARA SCHULMAN: Right.

15 KATHY WRIGHT: Yeah.

16 COMMISSIONER JACK KITTS: So I think  
17 what I've heard, then, is that the vision, the  
18 culture that you're trying to create is defined in  
19 the fundamental principle that Ms. Wright read  
20 right off the top, right? That's the culture  
21 you're trying to create is written there in the  
22 Long-Term Care Home Act as the fundamental  
23 principle. And you say that you need the right  
24 leader to lead that change to that.

25 You need compliance officers or

1 inspectors to become compliance officers because as  
2 you've said, we're not meeting the promise of that  
3 fundamental principle today, so you need  
4 compliance, and then you need to train the staff.

5 And I think you said that the patient  
6 acuity is much higher than it has been, but you --  
7 and you -- and the staff are trained, skilled, to  
8 deal with the physical -- physical health of the  
9 residents, but you feel they need more training on  
10 the mental and emotional aspect of well-being.

11 And finally, a means to that end is  
12 creating 10 to 12 -- 10 to 12-person units where  
13 they could feel more like a home. Does that  
14 capture it?

15 KATHY WRIGHT: M-hm. Yeah. Yeah.  
16 That's good.

17 BARBARA SCHULMAN: That's it.

18 KATHY WRIGHT: If I could add just one  
19 thing about the staffing, we heard from the project  
20 manager who opened the first official Butterfly  
21 Model in Ontario, Mary Connell, she mentioned when  
22 they were doing the training, they used the  
23 staff -- or they were just doing it on one unit,  
24 and it also was a very old building, I understand.

25 When they were doing the training,

1 because the training is not task-oriented and so  
2 on, which is what the staff are used to, there were  
3 a few staff who just could not grasp what was being  
4 asked of them in terms of having, I guess, that  
5 emotional intelligence that Marg was talking about,  
6 and they had to -- they had to move them into  
7 another unit because they just couldn't -- you  
8 know, and this is -- this is how difficult, I  
9 think, it is for some people and how important it  
10 is to try and have the right hiring practices and  
11 the right qualifications in the first place because  
12 some staff just -- some people just can't get it,  
13 right? And they're just -- it's just too hard to  
14 make that change.

15 COMMISSIONER ANGELA COKE: M-hm. Yeah.

16 COMMISSIONER FRANK MARROCCO (CHAIR):

17 Well, I think that we've asked all the questions we  
18 wanted to ask. On behalf of the three of us, I  
19 want to thank you for the presentation.

20 I must say, in all of the presentations  
21 that we've had up to now, no one has really touched  
22 on a transformative culture change as an important  
23 consideration for us, and so it's very helpful to  
24 get that kind of suggestion because I really don't  
25 think we've had it.

1                   We're well aware of the possibility of  
2 the -- of the -- of a home having an institutional  
3 nature to it. That's unfortunate, but your  
4 presentation, at least, helps direct us towards how  
5 we might -- how we might reconsider that or prevent  
6 that sort of trend.

7                   So thank you very much, and we will --  
8 oh, one other thing: You have a website, and if  
9 you do, I was wondering if we could have a link on  
10 your website so that any of your members who want  
11 to find us could easily do so, and I don't know if  
12 that's possible, but we would appreciate it if it  
13 is.

14                   KATHY WRIGHT: Well, most  
15 unfortunately, locally C.A.R.P. Ottawa does not  
16 have a website. All the local C.A.R.P. Ottawa  
17 branches are a hundred percent volunteer-driven.

18                   COMMISSIONER FRANK MARROCCO (CHAIR):  
19 Right.

20 U/T               KATHY WRIGHT: And not to say that some  
21 haven't managed -- if they managed to get a few  
22 volunteers with the technical expertise that they  
23 have done it. We have not to date. We could see,  
24 perhaps, if we could get it put on the national  
25 website.

1                   COMMISSIONER FRANK MARROCCO (CHAIR):  
2 Well, that would be -- that would be -- that would  
3 achieve the same purpose from our perspective, so  
4 thank you very much for at least looking into it.

5                   KATHY WRIGHT: Sure.

6                   COMMISSIONER FRANK MARROCCO (CHAIR):  
7 And just let us know.

8                   KATHY WRIGHT: Okay.

9                   COMMISSIONER FRANK MARROCCO (CHAIR):  
10 But, in any event, thank you all very much. And  
11 we'll continue our work, and if you -- don't feel  
12 that you can't get back to us if something occurs,  
13 just contact us through our executive director and  
14 tell us what -- you know, tell us whatever it is  
15 you want to tell us if something occurs to you  
16 after.

17                   KATHY WRIGHT: Thank you so much.

18                   COMMISSIONER FRANK MARROCCO (CHAIR): I  
19 know that always happens to me after I say  
20 something. I think -- I leave, and I said, yeah, I  
21 wish I had said something else. Don't hesitate to  
22 get back to us if you feel the need to do that.

23                   KATHY WRIGHT: Okay. Thank you.

24                   MARGARET EISNER: Thank you so much.

25                   COMMISSIONER ANGELA COKE: Thank you.

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COMMISSIONER FRANK MARROCCO (CHAIR):

Bye.

MARGARET EISNER: Bye.

-- Adjourned at 11:41 a.m.

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REPORTER'S CERTIFICATE

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

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

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

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

Dated this 27th day of November, 2020.



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NEESONS, A VERITEXT COMPANY

PER: JANET BELMA, CSR

CHARTERED SHORTHAND REPORTER

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