

Long Term Care Covid-19 Commission Mtg.

Meeting with AdvantAge Ontario
on Tuesday, November 24, 2020



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MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

--- Held via Zoom, with all participants attending
remotely, on the 24th day of November, 2020,
10:00 a.m. to 11:30 a.m.

BEFORE:

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

1 PRESENTERS:

2

3 Lisa Levin, CEO, AdvantAge Ontario

4 Lynette Katsivo, Director of Public Policy,

5 AdvantAge Ontario

6 Riaz Shaikh, Manager, Environmental Services, City

7 of Toronto

8 Sue Graham-Nutter, CEO, Re kai Centres

9 Carolyn Clubine, Consultant and past Director,

10 Seniors' Services Development. Region of Peel

11 Tim Siemens, CEO, Radiant Care, St. Catharines

12 Sean Keays, Directeur Général, Foyer Richelieu,

13 Welland

14 Steven Harrison, CEO of Tri-County Mennonite Homes

15 Debbie Humphreys, Senior Director of Corporate and

16 Public Affairs, AdvantAge Ontario

17

18 PARTICIPANTS:

19

20 Alison Drummond, Assistant Deputy Minister,

21 Long-Term Care Commission Secretariat.

22 Ida Bianchi, Counsel, Long-Term Care Commission

23 Secretariat

24 Sanjay Bahal, Team Lead for Operations, LTCC

25 Derek Lett, Policy Director, Long-Term Care

1 Commission Secretariat

2 John Callaghan, Gowling LLP

3

4 ALSO PRESENT:

5

6 Janet Belma, Stenographer/Transcriptionist

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1 -- Upon commencing at 10:00 a.m.

2 LISA LEVIN: So it is 10 o'clock. So
3 what I can do is share the screen now, and we can
4 get started. And we do have one or two more people
5 that might join, but they can just join as they
6 come on.

7 COMMISSIONER FRANK MARROCCO (CHAIR):
8 Okay. That's fine.

9 SUE GRAHAM NUTTER: Lisa, can I make a
10 suggestion that we do an intro before you share
11 screen so we can still see everybody?

12 LISA LEVIN: That's good idea, Sue.
13 Okay.

14 COMMISSIONER FRANK MARROCCO (CHAIR):
15 Well, let me -- let me sort of kick it off, and
16 then please introduce everybody that you want to,
17 and I'll skip -- I'll skip some of it because
18 AdvantAge Ontario is familiar with what we are
19 doing.

20 We've prepared, as you know, a first
21 interim report. I should tell you we're thinking
22 of issuing a second interim report looking for
23 further immediate improvements that can be made to
24 try to lessen the impact of Wave 2 or and prepare
25 for Wave 3 if there is indeed one, which there very

1 well might be. So that's kind of where we're at.

2 The format is the same. We will ask
3 questions, with your permission, as we go along.
4 We have a reporter. There will be a transcript,
5 and we will post the transcript on our website so
6 that people that are interested can, sort of,
7 follow our inquiries along and understand what
8 we're doing on a day-to-day basis.

9 So with that, why don't you take over
10 and introduce everyone, and then we're quite --
11 we're ready to listen when you're ready to present.

12 LISA LEVIN: Okay. Thank you very
13 much. So just for the record, I'm Lisa Levin, CEO
14 of AdvantAge Ontario, and I'm just going to call
15 out people's names, and we'll let them introduce
16 themselves. But I have some senior staff here with
17 me today as well as some -- as well as a member of
18 our Board, past Board Chair, and some other members
19 who have expertise that we feel would be helpful
20 for today's call.

21 So first, I'm going to ask that Sue --
22 and I also have Carolyn Clubine -- yeah, she's also
23 a consultant working with us.

24 So, Sue, can you introduce yourself
25 first, please?

1 SUE GRAHAM-NUTTER: Sure. Thanks,
2 Lisa.

3 I'm Sue Graham-Nutter. I'm the CEO of
4 the Re kai Centres. We are building a new long-term
5 care home down by the Distillery District in
6 downtown Toronto, and we, unfortunately,
7 experienced COVID during the first wave and -- in
8 both of our homes in downtown Toronto, but we have
9 been very happily negative for six months now; so
10 we're proud of our negative status.

11 LISA LEVIN: Okay. Great. And Sue is
12 on our Board of Directors, and she also chairs our
13 COVID-19 task force.

14 Tim, if you could introduce yourself,
15 please. I think you're on mute, Tim. Although you
16 don't look like you're on mute, but we can't hear
17 you.

18 TIM SIEMENS: Hello.

19 LISA LEVIN: There. That's good.

20 TIM SIEMENS: Okay. Hi. My name's Tim
21 Siemens. I'm the Chief Executive Officer of
22 Radiant Care. We operate two full campuses of care
23 in Niagara, in St. Catharines, and
24 Niagara-on-the-Lake, combination of long-term care
25 and housing and funded support of housing by the

1 Ministry. But Tabor Manor was one of the 611 homes
2 redeveloped after 2019, and we opened a new home in
3 2013, and plus the manor recently on Friday
4 received approval for another 38 beds, so we have a
5 number of beds popped up now to build -- quadruple
6 the size of our 41-bed long-term care home in
7 Niagara-on-the-Lake to 160 beds, so our Board is
8 all geared up and ready to go as the second round
9 for us in terms of long-term care redevelopment,
10 and I'm the past Board Chair of AdvantAge Ontario.

11 LISA LEVIN: Okay. Great. Thanks so
12 much, Tim.

13 Riaz.

14 RIAZ SHAIKH: Hi. My name is Riaz
15 Shaikh, and I am the manager of Environmental
16 Services and manager of Capital Redevelopment on
17 behalf of the City of Toronto, Senior Services and
18 Long-Term Care. We -- I was responsible for the
19 Kipling Acres project recently developed on the
20 Kipling site. Happy to be part of this.

21 LISA LEVIN: Thank you.
22 Steven.

23 STEVEN HARRISON: We're always either
24 muted or unmuted these days. Hi, I'm Dr. Steven
25 Harrison. I'm the CEO at Tri-County Mennonite

1 Homes. We're a home. Our corporate office is in
2 is in New Hamburg which is just west of
3 Kitchener-Waterloo, in the region of Waterloo. We
4 have two campuses of care. One is in New Hamburg.
5 The other one is in Stratford. We were announced
6 last Friday as well with an opportunity for 95 new
7 beds and a redevelopment of 97 here in New Hamburg.

8 Our footprint has been 50 years in
9 New Hamburg and 25 years in Stratford plus a couple
10 of years on both of those, actually, so have been
11 in the long-term care, retirement living, and
12 seniors supported-living, independent-living
13 environments with a campus model since inception,
14 actually, 50 years ago. So I'm happy to be here to
15 share information.

16 And just as an aside, not really
17 related to all of this, we also offer a seniors
18 program and group-home environment through the
19 Ministry of Children, Community and Social
20 Services, the new long term. We've been doing that
21 for the better part of 25 years as well. We have
22 38 people living in our group homes and offer day
23 supports, and they're all seniors who are
24 dual-diagnosed usually, so a very exciting and
25 interesting mix of supports and services.

1 LISA LEVIN: Okay. Great.

2 Sean.

3 SEAN KEAYS: Merci. Bonjour, Lisa. My
4 name is Sean Keays. I'm CEO of Foyer Richelieu in
5 Welland. We're the only fully designated French
6 LTC in all Southern Ontario. We have independent
7 living with the Résidence Richelieu, and we were
8 blessed to get licenses that were well underway
9 with the drawings to build a brand-new,
10 state-of-the-art LTC with a hospice in it. That's
11 a deal we've made with Hospice Niagara, and it will
12 be one of the first points of -- along the four
13 points of continuum of care in Canada when it's all
14 done, and it will be fully bilingual. And I sit on
15 the Minister Elliott's advisory council for
16 Francophones as well.

17 LISA LEVIN: Okay. Fantastic.

18 And I'm just going to take the liberty
19 to introduce my staff so that we can get through
20 things quickly.

21 So, Debbie, if you can wave.

22 We have Debbie Humphreys, our Senior
23 Director of Corporate and Public Affairs. And
24 amongst many of her talents, she's also the
25 Association historian, so if you have any questions

1 about pre-2000, even, Debbie knows a lot of that
2 information as well as current.

3 Carolyn Clubine, if you could wave, is
4 a consultant that we've retained to help us work
5 with Capital Development and Redevelopment with our
6 members, but Carolyn also has a long career and
7 worked with the Region of Peel and is very
8 well-versed in the entire long-term care world and
9 beyond for seniors care.

10 And, Lynette Katsivo, if you could
11 wave. She's, I think, been here before, yes, last
12 time we presented, and she's our Director of Public
13 Policy.

14 So I think that that is our whole
15 group, and so I'm now going to share our
16 presentation slides, and can everybody see them?

17 LYNETTE KATSIVO: Yes.

18 COMMISSIONER FRANK MARROCCO (CHAIR):
19 I can.

20 LISA LEVIN: Okay. Great. So what
21 we're going to do is different people are going to
22 be presenting different slides, and so that way, we
23 can have a variety of speakers and perspectives.
24 We're going to start talking about the roots of
25 long-term care, home design, sort of the history of

1 modernization growth and redevelopment in the
2 sector, the current situation. And so that's the
3 development piece.

4 And then we're going to just interject
5 for a short period to talk about not-for-profit and
6 municipal homes and the not-for-profit municipal
7 difference.

8 Then we're going to go on to some
9 capital development challenges and pandemic
10 considerations for COVID design, and because we
11 have this opportunity to speak with you today, we
12 had a few more thoughts about COVID in particular
13 and some concluding thoughts. So that is our
14 outline.

15 So I'm going to ask Carolyn if she
16 could start talking about the history of long-term
17 care development in Ontario.

18 CAROLYN CLUBINE: Okay. Thank you very
19 much, Lisa. The long-term care sector in Ontario
20 is a bit of a mishmash. It's come about through
21 less deliberate planning and more by circumstance.
22 So we thought we'd just give you a sense of how it
23 came to be.

24 In the 1800s, municipalities were given
25 the responsibility of looking after the poor and

1 infirmed in their communities, and there were a
2 number of houses of refuge that were established
3 before 1900. The Association formed in 1919, 101
4 years ago, and began to represent what then became
5 homes for the aged and rest homes in the municipal
6 mandate in the 1940s. They were under the Ministry
7 of Community and Social Services as well as the
8 charitable institutions which were the
9 not-for-profit and charities that were running
10 services for the same population.

11 Nursing homes came about around about
12 the end of World War II. It was started primarily
13 as for-profit family businesses, and it was
14 necessary to regulate this as the number of homes
15 began to take off in the '50s. And by 1990 -- by
16 1972, there was a Nursing Homes Act that was
17 actually formulated. That's about the time that I
18 first came into the long-term care sector as a high
19 school student in 1972, so I've been around a
20 while.

21 The long-term care sector creation then
22 really started to take off with a need to bridge
23 all three of these that were providing similar
24 services. Funding model was developed. It was
25 very different for each of the three streams and

1 became necessary to streamline how it would be
2 funded and how clients receiving services would
3 pay.

4 In 1998, the Conservative Government
5 determined that 20,000 new beds will be needed, and
6 they implemented the Competitive Good Process,
7 which I will come back to in just a few minutes.

8 Allocations were given. The first home
9 that was opened as a result of that was in 2001,
10 and for the next several years, they began to take
11 their place.

12 With that growth, then, it became
13 really apparent that a Long-Term Care Homes Act was
14 needed. The Bridging Legislation that was put in
15 place in 1992 needed to be established in a much
16 more significant way, and it was written in 2007
17 and then implemented in 2010 with a regulation
18 model which came from American sources that used
19 inspection protocols and risk frameworks.

20 COMMISSIONER FRANK MARROCCO (CHAIR):
21 Ms. Clubine, can I just interrupt you for a minute?
22 When do for-profit homes start to be a factor?

23 CAROLYN CLUBINE: M-hm. Yes. So
24 the -- there were a number of homes in the pre-1998
25 era. The significant growth in the for-profit

1 sector came about as a result of that infusion of
2 20,000 beds back around '90, '98, and 2000, and
3 some of those larger companies were really given a
4 substantial component of the allocation that gave
5 them their presence in the sector.

6 COMMISSIONER FRANK MARROCCO (CHAIR):

7 Okay.

8 CAROLYN CLUBINE: Next slide. So there
9 are different types of beds. We thought that we
10 would just briefly give you a bit of background on
11 them. They're -- in the 1998 introduction of the
12 20,000 beds, they also provided us a Design
13 Standards Manual, and new beds that were created as
14 a result of that design standards are referred to
15 as new. A-beds were previously constructed, and
16 they generally meet the design standards. They
17 were all pre-1998 and reviewed by the Ministry to
18 determine their configuration and alignment with
19 the standards. Many of them in the municipal
20 sector were actually buildings that had been
21 renovated on existing aging infrastructure, and
22 today, they are not eligible for construction
23 funding subsidy.

24 The B-beds are where a resident home
25 area doesn't really fully meet the standard.

1 And C-beds are those homes that we know
2 today have experienced tremendous stress during
3 COVID. Sorry. Did someone speak? No. Okay.

4 The very old stock was eliminated in
5 2009. Now, I've also mentioned that there is two
6 types of licenses. One is that there's a
7 time-limited allocation for not-for-profits and
8 for-profits. Currently, they're offering 30-year
9 allocations, but there's also this thing called
10 approved beds which municipalities are given. The
11 beds are granted without a time limit.

12 Next slide. So the redevelopment
13 journey, just to go back and recap this, the D-beds
14 were asked to be eliminated in 2002. The first
15 time that there was an attempt to redevelop the B
16 and C-homes was in 2009, but unfortunately, the
17 offering wasn't very well regarded by the sector,
18 and not much happened. Again, 2015, they revised
19 the program. They changed the funding formula, but
20 there was still a limited uptake in the sector.

21 So then in 2018, the Liberal Government
22 provided a promise of 15,000 new beds and the
23 redevelopment of all the older beds by 2025. Some
24 of those new allocations were announced after a
25 competitive process just before the election in

1 2018.

2 During the election period, the
3 Conservatives promised 30,000 beds and the
4 redevelopment of the older beds and about 50% of
5 the older beds at that time.

6 Next slide. So just --

7 RIAZ SHAIKH: Sorry. Carolyn --

8 CAROLYN CLUBINE: Yeah.

9 RIAZ SHAIKH: This is the redevelopment
10 site where I could add in about the City's homes?

11 CAROLYN CLUBINE: Go ahead.

12 RIAZ SHAIKH: So the City basically has
13 approved the divisions, capital renewal plan, of
14 course, pending budget approval for homes, so we
15 had five homes which were following under BRC which
16 were slated for redevelopment, and I'll talk a
17 little bit about it briefly in the future slides.

18 But we did get funding for approval for
19 GSR, which is the George Street Revitalization and
20 the Carefree Lodge Project, which are two of our
21 homes. We have submitted the Carefree Lodge, and
22 we have not received any further communications
23 yet. Thank you.

24 CAROLYN CLUBINE: Thanks, Riaz. So
25 just to go back briefly and to the point that

1 Commissioner asked about what had happened in the
2 timeframe where for-profit homes become
3 established, this competitive process that was in
4 1998, 2000 included two rounds of competitive
5 bidding with a guaranteed subsidy for 20 years with
6 this construction funding subsidy of \$10.35. Some
7 municipalities, particularly the upper-tier
8 municipalities took the opportunity to grow. And
9 I've named four of the municipalities that had
10 substantial growth during that period.

11 There wasn't a lot of participation by
12 the not-for-profit sector, but as you'll see and as
13 I mentioned earlier, the for-profit sector
14 submitted and were granted significant number of
15 the beds. This is where the Schlegels established,
16 Extendicare grew tremendously, and Leisureworld was
17 granted -- now they've become Sienna, but there was
18 a large allocation that went to them as well.

19 Next slide.

20 TIM SIEMENS: Carolyn --

21 CAROLYN CLUBINE: Yes.

22 TIM SIEMENS: Tim Siemens here. To
23 Slide 5, would it be worthwhile just providing a
24 real high note on the disbursement and procurement
25 of licenses?

1 CAROLYN CLUBINE: We haven't talked
2 about the purchase of licenses at all in our slides
3 yet, but, Tim, you make a good point that there
4 is -- there has been a market for the sale of
5 licenses over the years, and I don't know if you
6 want to mention anything more about that
7 particularly, Tim. Go ahead.

8 TIM SIEMENS: Sure. Specifically, that
9 we draw a distinction between licensed beds and
10 approved beds. There is a market for licensed
11 beds, and for-profits are able to purchase bed
12 licenses from other for-profits, but they're
13 precluded in the Legislation, prevented in the
14 Legislation from purchasing bed licenses from
15 not-for-profits.

16 On the contrary, not-for-profits are
17 able to purchase bed licenses from for-profits and
18 not-for-profits, but approved beds that are granted
19 to the municipality, approved beds are not able to
20 be purchased or sold on the open market.

21 CAROLYN CLUBINE: Great points, Tim.

22 So just recapping the condition that we
23 call redevelopment, there are approximately 30,000
24 beds in operation today that need to be
25 redeveloped, so those are the B and C-beds that are

1 out of date with the current design standards. The
2 funding's been identified by the governments for
3 only 15,000 of the 30,000, and up to last week,
4 about 78% of that 15,000 have been announced.

5 Going on to the next slide, I think
6 it's -- Lisa's going to take over from here.

7 LISA LEVIN: Okay. So, yes, they just
8 announced our fire alarm is being tested shortly,
9 so anyhow, so this is the distribution of beds in
10 terms of the for-profit versus not-for-profit
11 sector. And as you can see, there are
12 significantly more long-term care beds and homes in
13 the for-profit sector than the not-for-profit.
14 Eldcap is just a -- it's a bit of an anomaly.
15 They're hospitals typically up North where they
16 also have long-term care beds in them, so is the
17 breakdown of the -- I guess you could call it the
18 market share of not-for-profit and for-profit.

19 COMMISSIONER FRANK MARROCCO (CHAIR):
20 So, Ms. Levin, just so I understand it, the
21 for-profit segment is the largest segment, and
22 that's roughly happened since the 1998 announcement
23 or -- for 20,000 beds, I think it was.

24 LISA LEVIN: Yes.

25 COMMISSIONER FRANK MARROCCO (CHAIR):

1 But that -- so in -- since 1998, for-profits have
2 really grown from virtually nothing to the largest
3 segment of the market?

4 LISA LEVIN: Correct. That's my
5 understanding, although I have to admit I wasn't in
6 this particular business in those years.

7 But, Carolyn, that -- that's correct,
8 right?

9 CAROLYN CLUBINE: I wouldn't say that
10 they were non-existent for -- prior to 1998 at all.
11 I think that their presence was a smaller portion.

12 TIM SIEMENS: Yes.

13 CAROLYN CLUBINE: I see Debbie as the
14 expert's nodding her head there. So they were
15 present for sure. They weren't the largest segment
16 at that time.

17 Debbie.

18 DEBBIE HUMPHREYS: Yeah, I was going to
19 say the same, not quite that they didn't have a
20 presence at all, and I don't have the data right in
21 front of me, but I remember for a long time it
22 was --

23 And, Tim, you might remember, a 48-52%
24 market share and in favour of not-for-profits, and
25 after 1998, that flipped and has since changed.

1 TIM SIEMENS: Yes, absolutely.

2 COMMISSIONER FRANK MARROCCO (CHAIR):
3 Okay.

4 TIM SIEMENS: I think it would be fair
5 to say that in the 1998, two -- sorry, 20,000 bed
6 allocations, the for-profit operators walked away
7 with the lion's share of those 20,000 beds and then
8 offset things.

9 COMMISSIONER FRANK MARROCCO (CHAIR):
10 And, Ms. Clubine, I apologize because I think this
11 is a little bit different than what you asked, and
12 I don't want to get to it in any great detail, but
13 in terms of the business model, why is it
14 profitable? Like, how do they make their money?
15 On a per bed -- how do they make their money?

16 CAROLYN CLUBINE: I think this is --

17 COMMISSIONER FRANK MARROCCO (CHAIR):
18 You know, if I'm investing -- let me -- if I'm
19 investing --

20 CAROLYN CLUBINE: Yeah.

21 COMMISSIONER FRANK MARROCCO (CHAIR):
22 -- I'm expecting a rate of return, I think. But
23 how do I -- what am I looking forward to?

24 LISA LEVIN: So, Steve --

25 STEVEN HARRISON: Yeah, I can --

1 CAROLYN CLUBINE: Do you want to
2 describe that?

3 STEVEN HARRISON: Sure. I can speak to
4 that. And this comes up a little later in our
5 presentation, sort of.

6 COMMISSIONER FRANK MARROCCO (CHAIR):
7 Well, I'm happy to wait. I don't want to take
8 you --

9 STEVEN HARRISON: I can certainly plant
10 the seed now for you if that will help, and it
11 might foster some different questions as we go
12 forward.

13 I used to work previously for one of
14 the for-profit organizations that does home care
15 and long-term care in Ontario and across Canada.
16 And basically, the notion is that there is a -- the
17 EBITDA Contribution from the resources that are
18 garnered through the provision of services, so
19 basically a percentage on the bottom line, has to
20 be kicked back to the shareholders and to the
21 corporation. That is usually in the low double
22 digits, but it is -- it is not inconsequential or
23 insignificant. It can be anywhere up to 13% but
24 usually ranges somewhere between 9.8 and 13%
25 depending on the year, and that investment goes

1 back to the shareholder, so that's where their
2 money comes from.

3 What it does do, however, now that I'm
4 in the not-for-profit world, and that was -- my
5 heart has always been in the community and
6 not-for-profit world -- what it does is it puts
7 financial pressure on the provision of services and
8 allocation of resources towards other things.

9 Most recently, in COVID, there have
10 been questions around the provision of PPE or
11 infection control practices, updates to the homes,
12 things like that.

13 Now, that is all still pending. I know
14 that's part of what you're looking at, but
15 certainly, a diversion of resources from the bottom
16 line over to a shareholders' component is what has
17 happened over the years, and I would believe that
18 that probably has not changed up to this point.

19 COMMISSIONER FRANK MARROCCO (CHAIR):
20 Is it considered a relatively safe investment?
21 That double-digit rate of return, is that -- is
22 that, if you get the licence, is that relatively
23 certain, then, that you're going to get that kind
24 of a return?

25 STEVEN HARRISON: As a staff person,

1 and I was -- I was vice president for operations
2 for Canada, so it was -- it was a requirement. It
3 was, kind of, the contribution back to the
4 shareholders was the first thing that came off the
5 bottom end, and then we worked our budgets
6 backwards from there. So, yeah, it's a fairly safe
7 bet.

8 COMMISSIONER FRANK MARROCCO (CHAIR):

9 And is that over -- if it's a 30-year license, then
10 that rate of return would be over the 30 years?

11 STEVEN HARRISON: Usually an annualised
12 rate of return that's being contemplated.

13 COMMISSIONER FRANK MARROCCO (CHAIR):

14 No, but each year, it would be pretty much a
15 certainty for as long as you have the beds.

16 STEVEN HARRISON: Yes, that was --
17 that's their business model in the for-profit
18 world, yeah.

19 COMMISSIONER FRANK MARROCCO (CHAIR):

20 Okay. So the advantage for me is that -- I don't
21 want to belabour this, but the advantage for me as
22 an investor is I can get a fairly certain
23 double-digit rate of return on my investment for an
24 extended period of time?

25 STEVEN HARRISON: Correct. And I would

1 argue that up to the point where COVID-19 came
2 along, that was a pretty sure bet, but COVID-19
3 pointed out, perhaps, some of the gaps that existed
4 in that -- in that reallocation of resources when
5 it comes to modernisation of homes or a continued
6 investment into homes, things like that.

7 So up until recently, you know, it was
8 a fairly certain investment model, if you want to
9 call it that. I think with COVID-19 coming along,
10 what it's done is poked a lot of holes in that --
11 in that philosophy and forced those for-profit
12 homes to think a little differently about how to
13 move forward. You know, speaking in strictly
14 financial terms, if you delay your crude
15 operational liabilities on your homes, you don't
16 invest in infection control; you don't upgrade
17 equipment, things like that, it looks great on the
18 bottom line, but that snowballs you and eventually
19 catches up.

20 COMMISSIONER FRANK MARROCCO (CHAIR):
21 M-hm.

22 STEVEN HARRISON: And when you look
23 across Canada -- I'm not going to pick on Ontario
24 specifically, but when you look across Canada,
25 predominately in the for-profit homes that are

1 experiencing outbreaks, the conversations that are
2 coming back from unions, staff, even administration
3 is lack of support around PPE, training,
4 infection-control protocols, even infrastructure to
5 support appropriate outbreak procedures.

6 So I think the narrative is starting to
7 write itself as we -- as we crack the books open
8 and take a look at the longer-term strategy.

9 COMMISSIONER FRANK MARROCCO (CHAIR):
10 Okay. Thank you.

11 LISA LEVIN: So the bottom line is all
12 homes get funded and regulated in the same way, but
13 for-profit homes divert some of the money to the
14 bottom line, whereas not-for-profit and municipal
15 homes reinvest any surplus they have into
16 operations.

17 COMMISSIONER FRANK MARROCCO (CHAIR):
18 And as I understood it, Ms. Levin, that diversion
19 takes place -- that that's the first thing that
20 happens to that money.

21 LISA LEVIN: I don't know that because
22 I've never --

23 COMMISSIONER FRANK MARROCCO (CHAIR):
24 But I thought that's what -- that in terms of the
25 allocation of the funds, the first thing is

1 allocated to ensuring the rate of return on the
2 investment.

3 Did I have that right, Mr. Harrison?

4 STEVEN HARRISON: So that's the
5 business model that's employed. Generally
6 speaking, my experience when I worked with this
7 company -- this would have been about ten years
8 ago, eight, ten years ago -- that was very much the
9 business model that we employed because that was
10 the expectation, right? Shareholders and you're --
11 and when you had your annual meeting with your
12 shareholders, you wanted to show that they had a
13 healthy return on their investment.

14 Whether that is a forward-facing kind
15 of business model that they shared openly or not is
16 another question, but certainly on the internal
17 side, that was definitely the model that we were
18 told to work towards.

19 COMMISSIONER FRANK MARROCCO (CHAIR):
20 Okay.

21 Sorry, Ms. Levin. Sorry for the
22 interruption.

23 LISA LEVIN: That's okay. So this
24 slide, just quickly, shows how beds are allocated
25 regionally across the Province, and you're going to

1 be able to look at these slides afterwards. I just
2 want to keep moving.

3 And in here, this is interesting. This
4 shows the waitlist. So if you're going to go into
5 a long-term care home or your family member is, you
6 have to choose homes that you want to be on the
7 waitlist for. And interestingly, 30% -- 32% of the
8 waitlist are people selecting for-profit homes, and
9 the remainder, which I would say consumer
10 preference, which is 68%, choose not-for-profit or
11 municipal homes.

12 COMMISSIONER JACK KITTS: Can I just
13 ask -- could I just ask what would be the defining
14 characteristic that would lead someone to choose
15 one of those over the other?

16 LISA LEVIN: I would say word of mouth
17 is a big thing that influences most consumer
18 decisions, wanting to be with your own cultural
19 community, understanding that the care seems to be
20 better in those homes which we have more empirical
21 evidence of in upcoming slides as opposed to just,
22 you know, consumer preference, but we did want to
23 show the consumer preference here.

24 COMMISSIONER JACK KITTS: Okay.

25 LISA LEVIN: And then when you look at

1 funding that's been awarded, it has been awarded in
2 a different way for new beds. So this is funding
3 that was announced recently. It was, I would say,
4 somewhat of a reannouncement of funding. The
5 Government just wanted to clarify that they
6 increased the construction funding subsidy, which
7 we were very supportive of, and then they indicated
8 how many new beds and redeveloped beds were going
9 to be covered by that.

10 And as you could see, 64% is going to
11 for-profit, and then the remainder is going to
12 municipal and not-for-profit.

13 COMMISSIONER FRANK MARROCCO (CHAIR):
14 Does that reflect -- what does that reflect? Does
15 that reflect a preference on -- by the Government
16 for for-profit homes, or does it reflect something
17 else?

18 LISA LEVIN: That's a really good
19 question. I think it's a combination of things.
20 Partly, it could definitely reflect a preference.
21 It also, I think, reflects the fact that not --
22 that for-profit homes are very sophisticated in the
23 way that they can apply. They have -- you know,
24 the chains have departments, that this is what they
25 do, whereas not-for-profit homes are disadvantaged

1 because they're individual stand-alone homes
2 typically that don't have the same level of
3 sophistication. And we really are trying to
4 encourage Government to help us empower
5 not-for-profit homes so that they can be more
6 successful in their applications so that they
7 provide stronger applications for long-term care
8 because the people that operate the homes are very
9 committed, excellent at caring, but they're not
10 necessarily architects and developers, and people
11 like Tim and Sue, for example, have had to educate
12 themselves in this area and have done very well,
13 but not every home can do that, and they need more
14 help.

15 COMMISSIONER FRANK MARROCCO (CHAIR):
16 So when you say additional funding, for-profit and
17 not-for-profit homes have applied for funding, and
18 this is the result of the application approval
19 process.

20 LISA LEVIN: Yes.

21 COMMISSIONER FRANK MARROCCO (CHAIR):
22 But there were -- correct me if I'm wrong because I
23 don't know, and that's why I'm asking, although I'm
24 sort of stating it, but I'm actually asking:
25 The -- is it the fact that the for-profit and

1 not-for-profit applications for funding would have
2 exceeded -- that there would be applications that
3 are still pending or not approved, and so you could
4 have approved more not-for-profit applications and,
5 therefore, provided additional funding to the
6 not-for-profit sector?

7 LISA LEVIN: Absolutely. I'm going to
8 let Carolyn answer that because my friendly fire
9 alarm is going off right now.

10 Carolyn, can you continue?

11 COMMISSIONER FRANK MARROCCO (CHAIR):
12 Well, it must be a good question, then.

13 CAROLYN CLUBINE: So this slide shows
14 you the result of announcements that were made from
15 the 2018 round of applications. So applications
16 went in from all types of sectors, and approvals
17 are still in the pipeline, I think, but these are
18 the ones that had been previously announced and
19 actually then got a top-up with the new funding
20 that was approved this summer.

21 So you're right in saying, you know, it
22 would probably relate to the ones that were
23 previously approved and not necessarily anything
24 more than that.

25 LISA LEVIN: But there are many

1 not-for-profit applications, and we just did an
2 analysis of the recent announcements, so the
3 Government is choosing for-profit applications in
4 the same geography over not-for-profits; so it's
5 not necessarily that in some geographies there
6 aren't any not-for-profits, and that's why the
7 for-profits get picked.

8 I think Commissioner Kitts has a
9 question?

10 COMMISSIONER FRANK MARROCCO (CHAIR):

11 Yes, Commissioner Kitts.

12 COMMISSIONER JACK KITTS: Yeah, I'm
13 just trying to understand what they're basing their
14 approval process on because I would think that
15 funding or costs would be large and quality of
16 care. I think you're going to speak to quality of
17 care in a bit.

18 But do the for-profit homes in their
19 application process -- is there something about it
20 costs the Government less to approve a for-profit
21 home? Or I know you said the funding is the same
22 whether you are or not.

23 So I'm just trying to figure out what
24 would tip the scale, and I would think that finance
25 and quality of care would be big ticket items in

1 terms of approval.

2 LISA LEVIN: I'm not sure the answer to
3 that, and I don't know if anyone on the call that
4 we have here can answer that question.

5 CAROLYN CLUBINE: I can just offer --

6 STEVEN HARRISON: I [indecipherable]
7 offer a perspective. Go ahead, Carolyn.

8 CAROLYN CLUBINE: So I'll just very
9 briefly offer that in the applications that went in
10 in 2018, they did spend some time collecting
11 information about the commitment to quality, but I
12 think that at the end of the day, it was about the
13 financial model, and certainly, what we see with
14 the next round that had been just completed really
15 focused on the financial model and the viability of
16 the project rather than the quality of care.

17 COMMISSIONER FRANK MARROCCO (CHAIR):

18 When you say the financial -- I appreciate,
19 Mr. Harrison, but before you --

20 When you say the financial model,
21 what do you mean?

22 CAROLYN CLUBINE: Simply that they can
23 afford to do the redevelopment project, that they
24 have an amount of equity that goes into the
25 project, and that they have -- and a manageable

1 debt-service recovery that they can actually pay
2 the expenses over the period of the license.

3 COMMISSIONER FRANK MARROCCO (CHAIR):

4 Okay. And so they're competing with the
5 not-for-profit applications by saying, we're better
6 able to discharge the financial burden or
7 obligation than the not-for-profit; therefore, we
8 should get the funding. Is that --

9 STEVEN HARRISON: Well, I think -- I
10 think if I can -- if I can add to that, I think
11 it's -- the ability to financially dispose of the
12 debt over the term of the licenses is higher with a
13 for-profit simply because of their ability to
14 leverage against -- leverage different financial
15 models than not-for-profits.

16 So, as I mentioned at the beginning, we
17 were just announced for a redevelopment and
18 expansion of our home in New Hamburg. We've been
19 here for 50 years, so we have no outstanding debt
20 load other than, you know, regular debt associated
21 with operating a home here in New Hamburg.

22 For us to move forward, our financials,
23 even with that, we were able to demonstrate, you
24 know, almost a hundred-million-dollar asset as an
25 organization which we will have to leverage

1 approximately 65 cents against the dollar in order
2 to build and expand our home.

3 That is the only thing that tipped the
4 scale for us. If we were still carrying a mortgage
5 or debt associated with our main facility or even
6 our home in Stratford -- both are now debt free --
7 we would be hard pressed to meet the financial
8 requirements.

9 And to Carolyn's earlier comments, I
10 did my application for beds in March of 2020. The
11 quality of care commentary that was required for
12 the application was limited, if almost nonexistent,
13 to be honest with you. We inserted it under
14 comment sections, but it was -- 95% of it rolled
15 against our financial capacity to actually sustain.

16 And I agree with the premise that that
17 is remarkably important for organizations; however,
18 we are also told in the same breath that this is
19 about resident-centred care, and when the entire
20 conversation revolves around your financial
21 viability, it doesn't give you a whole a lot of
22 opportunity to insert that commentary about
23 resident-centred care or your commitment to that
24 level of care or your community, and that is one
25 place where we are at a deficit when we're

1 competing against for-profit homes because they
2 didn't have to include any of that commentary into
3 their conversation.

4 COMMISSIONER FRANK MARROCCO (CHAIR):

5 Well, and it's not like you're going to close the
6 home if the -- you're not going to close it down if
7 there's a financial problem. You're going to have
8 to have some sort of corporate reorganization.
9 That's all -- that's all it -- that's not all, but
10 that's what's going to happen.

11 TIM SIEMENS: A contributing caveat,
12 too, is typically in the redevelopment of the
13 long-term care homes, the cost of the building can
14 be expressed in a number of ways, and in -- on the
15 construction side, it's typically -- it's typical
16 to talk about cost per bed.

17 And earlier in the presentation, there
18 was an acknowledgement of the three different types
19 of beds, municipal, not-for-profit, and for-profit
20 beds. And typically -- and this may be a
21 generalization --

22 Steven, maybe you could comment a
23 little bit about this, but the cost of construction
24 for municipal beds seems to be higher than the --
25 than the not-for-profits and certainly higher than

1 the for-profits, but that, I believe, is in the
2 capitalization of the design materials, the
3 construction materials. The for-profits build it
4 for the exact timing of the license and the
5 financing, and for -- not-for-profits and
6 municipals tend to have a longer horizon, 40, 50
7 years out. So there is a difference at that level
8 as well.

9 And, Steven, I don't know if you had a
10 comment to confirm that general --

11 STEVEN HARRISON: Absolutely. I mean,
12 my short -- and my very short answer to that is is
13 we're looking at our own home. We're looking at a
14 45-year amortization rate across our expenditure,
15 so, yeah, it is a very different model and
16 capitalization model than the for-profits would
17 use.

18 COMMISSIONER FRANK MARROCCO (CHAIR):
19 I think the Commissioners have some questions.

20 COMMISSIONER JACK KITTS: Yeah, can
21 I -- can I just see if I understood that whole
22 conversation because I think it -- what I heard was
23 that the Government funds every home the same
24 whether it's not-for-profit, for-profit, or
25 municipal. So the money going out to fund these

1 homes is the same.

2 The challenge is that the for-profit
3 homes reduce the debt much quicker than the
4 not-for-profit or municipal, and, therefore, in the
5 long run, there's a significant financial advantage
6 to the not-for-profit -- or sorry -- for-profit.
7 Did I get that right?

8 SUE GRAHAM NUTTER: I don't know about
9 that, Commissioner. It's Sue Graham-Nutter from
10 the Re kai Centres. But certainly, the point that
11 my colleagues Steven and Tim are making about our
12 buildings are designed to last longer.

13 And I can give you an example: The
14 Re kai Centre at Sherbourne, which is being rebuilt
15 and we're moving it to the Re kai Centre at Cherry
16 Place down at the Distillery District, we're
17 repurposing the existing nursing home which still
18 has quite a long lifespan to it for supportive
19 housing to deal with the homeless situation in
20 downtown Toronto, so -- but the fact our asset was
21 built to last longer has certainly contributed to
22 that discussion.

23 COMMISSIONER JACK KITTS: Okay. So
24 the --

25 COMMISSIONER FRANK MARROCCO (CHAIR):

1 So -- okay.

2 COMMISSIONER JACK KITTS: Yes. So the
3 debt, the time of debt isn't as significant if the
4 asset is -- lasts longer; is that -- is that that
5 what you're saying?

6 SUE GRAHAM NUTTER: Well, in our case,
7 we've paid off our nursing home quite some time
8 ago, so we're debt free, much like Steven, and so
9 it's been very prudent management to get us to that
10 point which I think is one of the reasons the
11 Ministry allocated us beds.

12 But because we're a non-profit, rather
13 than the selling the building, which would be an
14 easy thing to do in downtown Toronto for a condo,
15 we want to repurpose it for supportive housing
16 because we know in downtown Toronto, many of the
17 residents in long-term care homes are actually
18 previously in shelters, so we're recognizing that.

19 But part of the reason, I believe, the
20 Ministry has allocated us beds is, again, going
21 back to our prudent finances.

22 COMMISSIONER FRANK MARROCCO (CHAIR):
23 Commissioner Coke, you --

24 COMMISSIONER ANGELA COKE: Yeah, I just
25 was interested in understanding how you would want

1 the Government to try and level the playing field
2 or help build more capacity in this regard for the
3 not-for-profit sector, and any thoughts about do
4 you need to change some of the criteria for the
5 approvals of these projects?

6 LISA LEVIN: Yeah, we would definitely
7 want there to be a different criteria and a
8 different process for not-for-profit and municipal
9 homes and also more support provided to
10 not-for-profit homes to help in them developing
11 their application.

12 SEAN KEAYS: The other piece, if you
13 don't mind me adding, Commissioners, is I think of
14 our example, and this year in a COVID year, we'll
15 have raised approximately \$3 million in fund
16 raising. And there's a slide that you'll see later
17 that if you go to some of the big box for-profits,
18 that's what you'll see for the minimum requirement
19 of a build, meaning there might be one window for a
20 shared room. You know, that way, somebody's got to
21 cross through somebody's room to go to the
22 washroom.

23 Where we'll invest more, potentially 75
24 to 80 square feet more per resident throughout the
25 home, and that costs more. So to get those dollars

1 sometimes might take a little bit more time than
2 the meaning -- the reason why maybe we're not as
3 preferred.

4 LISA LEVIN: We also think that the
5 Government should make a statement that -- I'm just
6 going to jump ahead for a moment, and then I'll go
7 back again -- that long-term care home bed
8 allocations and redevelopment applications should
9 be prioritised for not-for-profit and municipal
10 long-term care home beds given the consumer
11 preference. And I still want to get to our slides,
12 if we can, about the not-for-profit difference
13 because there's a lot of studies that show that
14 not-for-profit and municipal homes have much higher
15 quality of care.

16 So if we only have 15 minutes left,
17 although we're happy to stay longer --

18 COMMISSIONER FRANK MARROCCO (CHAIR):
19 Well --

20 LISA LEVIN: -- if you could.

21 COMMISSIONER FRANK MARROCCO (CHAIR):
22 Well, I think we -- we've taken up a lot of your
23 time with our questions, so, you know, we can go a
24 little longer if we have to.

25 LISA LEVIN: Yay. Okay. That would be

1 good. All right. So now I've moved around. I
2 don't remember where we were.

3 Okay. So I'm going to go on now, if
4 that's okay. So we just wanted to make a note
5 about a recent trend which is that hospitals have
6 been getting a lot of the new allocations, and so
7 there's a number of long-term care home
8 applications that are, sort of, in the hopper, and
9 a number of our members have applications that
10 haven't been approved yet for development or
11 redevelopment.

12 But this government has worked with
13 hospitals to come up with some rapid-build projects
14 which looks like it could be a good way to get
15 things built quickly. These homes are funded, I'd
16 like you to note, at 90 to 100% of the capital
17 development costs, whereas other long-term care
18 homes are funded at 40 to 60%, which for non-profit
19 homes means they have to fund raise significant
20 amounts of money which they have varying capacities
21 to do and for municipalities means they need to,
22 you know, tax the citizens in their area.

23 These projects also include modular
24 construction, Ministry zoning orders so that
25 they'll be successful in getting through quickly,

1 and they are very large which will be good because
2 they will be able to serve a lot of people. But we
3 really are hoping the hospitals will work to make
4 the homes home-like and not, you know, large, large
5 I guess you could say, institutional types of
6 buildings. So --

7 CAROLYN CLUBINE: I didn't speak to
8 this one, Lisa, but I think we've done that one
9 already. The next slide.

10 LISA LEVIN: Okay.

11 CAROLYN CLUBINE: We'll just go on from
12 there.

13 LISA LEVIN: Okay. So go ahead,
14 Carolyn. So this is the one --

15 CAROLYN CLUBINE: Yeah, so the --

16 LISA LEVIN: Yeah.

17 CAROLYN CLUBINE: I'm sorry. There was
18 an announcement last Friday. This is the
19 allocation that came out for new beds. There was
20 also an announcement that related to the
21 redevelopment of some buildings, but we've just
22 summarized the allocation there that, again,
23 favours the for-profit homes in the distribution.

24 Back to you -- or back to Riaz.

25 RIAZ SHAIKH: Yeah, so I'm going to

1 talk about the municipal homes because the
2 municipal homes basically are within -- and I'll
3 speak for the City of Toronto. As you'll see in
4 the slide, 17% of the long-term care homes are
5 operated by municipalities providing roughly 21% of
6 the beds, and as you would see from the municipal
7 or southern municipalities and the northern
8 municipalities, there's a difference because the
9 southern municipalities operate several homes under
10 an LTC, and the northern municipalities are under a
11 joint Board of management by participating
12 municipalities.

13 So there's a significant contribution
14 for municipalities. We have an increased demand
15 for long-term care resulting from an aging
16 population. You look at the demographics of the
17 City of Toronto again. A lot of seniors and people
18 are aging. The City currently has -- the City of
19 Toronto has 10 long-term care homes. We provide
20 roughly 2,641 beds, and five of our homes are
21 slated to be redeveloped now, and City Council
22 continues to provide increased interest on
23 seniors-services focus. So that's why that's quite
24 important.

25 Next slide. So, again, this goes about

1 to say investment closer to home and high quality
2 of care and for everyone. So I'll speak to the
3 LHIN first. The plan is really to keep the beds in
4 close proximity to their current location which is
5 really maintained within the same LHIN as there's
6 been some discussion on that as a result.

7 And when we talk about the services, we
8 recently completed a project at Kipling Acres which
9 offered a lot of services in one place. For
10 example, we had a daycare -- a seniors wellness
11 centre. We had a children's daycare and an adult
12 day program all within that home.

13 The new GSR Project what we are looking
14 at which talks, again, to having a lot of services
15 is going to have 378 long-term care beds. It's got
16 a hundred shelter beds, 130 transitional assisted
17 living beds, and 21 affordable housing beds in
18 addition to a campus-of-care kind of thing.

19 We are also looking at, as a part of
20 that, to have a specialized unit for the transition
21 for homeless individuals into the home, so that
22 becomes a kind of a transition home for various
23 services that the City offers.

24 And we can certainly incorporate
25 community service needs to make these new homes a

1 community hub for City service delivery at least
2 for the City of Toronto.

3 Anything else to add, Lisa?

4 LISA LEVIN: I think you did a really
5 great recap of that, Riaz, and just can you remind
6 me again how many redevelopment applications do you
7 have that have not yet been approved by the
8 Province?

9 RIAZ SHAIKH: So we had five
10 altogether. We got funding approval from the City
11 for two, and then we are waiting for one from the
12 Ministry.

13 LISA LEVIN: So just to stress,
14 Commissioners, that there are 30,000 beds that need
15 to be redeveloped by 2025 or the homes will be
16 closed, and there's only 15,000 that are in the
17 allocation from the Government. So we need to make
18 sure that homes are not going to have to be closed
19 in 2025. And we know that Government is now
20 looking at some funding to potentially help homes
21 get sprinklers which is one of the reasons that
22 they really do need to be redeveloped.

23 And it was just announced yesterday
24 that there will be some funding for not-for-profit
25 homes from the Federal program, and we're hoping

1 that this will be a help to the situation.

2 SUE GRAHAM NUTTER: Maybe, Lisa, I
3 could just jump in. Just -- I don't want to be too
4 Toronto-centric, but there are 50 -- 5,789 people
5 on the waitlist in the City of Toronto for any home
6 in the city currently, and there are 2,227 beds
7 that are slated to leave by 2025 which will mean
8 that there will be roughly 10,000 people looking
9 for a long-term care bed in the City of Toronto in
10 four years. And I'm sorry. They're the
11 Toronto-centric comments, but I don't know the data
12 for Ontario.

13 LISA LEVIN: Okay. So, Steven, are you
14 doing this slide now?

15 STEVEN HARRISON: I can. I mean, I
16 think we talked about a fair bit of this, but just
17 a little context about not-for-profit homes: Of
18 course, there's the quote that's in the preamble to
19 the Long-Term Care Act for -- from 2007 before you.
20 I think that kind of lays out a good foundation
21 stone upon which not-for-profits have found
22 themselves in the business of long-term care.

23 I can speak for my own home, and I
24 think it's broadly speaking, it applies to most
25 not-for-profit homes, you know, where, here in our

1 home, we are very much fundamentally rooted in our
2 community. We are probably the largest employer in
3 our small township right now, in our county. We
4 are the only not-for-profit home or any long-term
5 care home, actually, in our entire township.

6 We have both a cultural and religious
7 affiliation to our community. We are steeped in
8 Mennonite heritage here as an organization, but
9 more broadly speaking, the Mennonite philosophy for
10 the community.

11 And, you know, whenever there's
12 something going on from a tractor rally to, you
13 know, picking apples to drive through the country
14 to look at the colours in a world where you can do
15 those kinds of things, our residents and our staff
16 in our community rally around, and we're usually a
17 starting point for that.

18 We have been, right from the Day 1, a
19 campus-of-care model, so we have independent living
20 for seniors, retirement home living, long-term care
21 here in New Hamburg. On top of that, we partner
22 with other organizations for adult day programs.
23 As I mentioned early, we also run a developmental
24 services program throughout the region which is
25 adult-day programs for individuals who are --

1 either have a developmental service need or are
2 dually diagnosed, and we also have group homes to
3 support that.

4 In extension to that, also in
5 Stratford, we have a co-located church on our site,
6 and we have a hospice in the back -- in the back
7 part of our property which we sold the property to
8 the hospice as they were looking to develop in the
9 community because it is, again, the next step of
10 the continuum of care. So we're deeply rooted in
11 the community that we -- that we find ourselves in,
12 and you will see examples of a ton of different
13 programs. This is just a smattering of those
14 companion services that exist in --

15 LISA LEVIN: One of the benefits are,
16 for example, cross-subsidization, so you could, for
17 example, have life-lease housing, which many of our
18 members do, or not-for-profit retirement housing on
19 your campus and take the surplus from that and
20 reinvest it into your long-term care.

21 STEVEN HARRISON: So when we were
22 talking about creative financial models, that's one
23 of them that we've -- we and many others have had
24 the opportunity to employ.

25 We were -- you were asking questions

1 earlier about financials and things like that, and,
2 I mean, we, as not-for-profits, usually reinvest
3 our surplus monies whether it's much like Sue and
4 ourselves have to pay down debt a little faster,
5 invest into expanded programming, whatever that is.
6 We are -- we are a hundred percent committed and
7 our funding goes directly back to the services we
8 provide whether it's infrastructure or into
9 heightened services for our residents in our
10 community.

11 There is the challenge of that, of
12 course, because, you know, the ability to roll
13 dollars over from year to year is sometimes
14 limited, if not impossible. So when you have to
15 tackle large infrastructure projects, elevator
16 replacements, sprinkler upgrades, you know,
17 whatever it is -- these days, it's infection
18 control requirements -- all of those things get a
19 little more challenging when you're trying to
20 manage that within your operational framework on a
21 year-to-year basis.

22 And as we develop our surpluses,
23 they're usually towards larger projects which can
24 sometimes take several years to accumulate the
25 resource to do through surplus generation.

1 Governance, you will hear constantly in
2 the not-for-profit sector that the governance model
3 is usually rooted deeply in our community. Our
4 organization, and many other not-for-profits, are
5 no different than that. Our Board members are from
6 the community. They know the community well. They
7 are great advocates for seniors care amongst other
8 things and usually just system of care in the
9 community, and it is a great opportunity for us.

10 It is also sometimes, in the more rural
11 communities, a little bit limiting when you're
12 competing with a large Lego village just down the
13 road for us or just down the road in Kitchener from
14 us, or you're dealing with Extendicare and large
15 organizations like that because they come with a
16 much more sophisticated approach to things, and as
17 Lisa mentioned, you know, entire committees that
18 are responsible -- and staffing complements that
19 are responsible for fundraising or grant proposal
20 development, things like that.

21 We do this stuff here, as myself as the
22 CEO and my team, we sit down and, kind of, hash
23 through these things. And where we can bring
24 supports in, we do, but it's hard to compete
25 sometimes with those larger organizations. So to

1 bolster the sector and more broadly not-for-profit
2 long-term care, it would be great to have some
3 recognition from the Province and also maybe some
4 support to try and drive that development forward,
5 invest in the model.

6 Next slide, please. And I think
7 there's lots of evidence. There's this slide, and
8 there's another one that's going to talk a little
9 bit more detail about some of the research that
10 exists out there. We are -- I guess the best way I
11 can put it is in the -- in having worked in both
12 for-profit and not-for-profit care around seniors,
13 I can speak to this personally as well as
14 professionally. We invest ourselves as an
15 organization not only time and money, but we invest
16 ourselves differently than they do in the
17 for-profit world, and I think the recognition for
18 the not-for-profit and municipal models of care,
19 because they are significantly different than the
20 for-profit models of care, needs to be recognized
21 and weighted appropriately when we're looking at
22 applications for beds, resources behind them,
23 everything else.

24 The one thing that has caught me
25 completely off guard, I guess, if you want to call

1 it that way, having done work in the acute care
2 sector as well, is the overreliance on the
3 not-for-profit long-term care homes to come -- and
4 municipal homes to come up with the resources to
5 actually deliver service.

6 So if you look at the acute care world,
7 they're heavily funded from a capital perspective.
8 We are not, and although there have been some
9 recent changes, we're still light years behind
10 where the acute care sector is, and I get it.
11 That's enshrined in the Canada Health Act and
12 everything else, but a recognition that things have
13 changed over the last 50 years, and maybe an
14 investment needs to be reimagined would be helpful
15 because the evidence clearly lays itself out over
16 the last ten years that there is an intrinsic value
17 in the not-for-profit model of care for the
18 residents' overall well-being that you -- that's
19 just not materializing in the for-profit world, and
20 I'll stop there in the interests of time.

21 SUE GRAHAM NUTTER: Steven, if I could
22 just jump in on your slide there, you note the
23 municipal and non-profit homes are innovators and
24 service delivery leaders on Butterfly, et cetera.
25 And we know our good friends out in Peel Region

1 have led the way with the Butterfly example for
2 emotion-based care which we in Toronto at the Reikai
3 Centre will be adapting as well for emotion-based
4 care.

5 And to give you a further example of
6 the innovation, when we open our new home, we will
7 have a dialysis centre on the main floor with nine
8 stations for both long-term care residents and for
9 those living in the community.

10 We're also opening the Reikai College
11 which will deal with PSW education, and we are also
12 looking at the first, what we call, an ER for the
13 frail and elderly to try and divert the seniors
14 living in downtown Toronto away from the ERs at the
15 hospitals and have their sometimes more minor but
16 still important slip and falls, urinary tract
17 infections, et cetera, dealt with in a different
18 setting.

19 So I think the innovation that Steven
20 is referring to that we offer in the non-profit and
21 municipal sector is very important to the care of
22 our seniors.

23 TIM SIEMENS: If I may just add one
24 more comment. At Tabor Manor here in
25 St. Catharines we, having built a new long-term

1 care home in 2003 -- 2013 and decanted all the
2 residents from the old long-term care home through
3 an innovative partnership with our local academic
4 partner Niagara College, we, at our expense,
5 retrofitted a portion of our old vacant long-term
6 care home into a living lab, a living classroom for
7 Niagara College so that they can bring their PSW
8 students here and learn right on site in a
9 campus-of-care in old rooms, resident rooms that
10 are now converted into resident rooms for -- as a
11 classroom.

12 And being on a campus-of-care, the
13 PSWs, as part of their training, can have their
14 clinical placements here in our community with
15 supportive housing and long-term care.

16 So we're thinking -- trying to think
17 outside the box in creative innovative ways to
18 impact the next big issue, and that's the health
19 human resources on the supply and demand side
20 through innovative partnerships.

21 SUE GRAHAM NUTTER: Yes, Tim, if I
22 could just pick up on that.

23 Tim and I have worked closely on this
24 PSW education model with community colleges in our
25 respective communities, and a new piece I haven't

1 shared, Tim, but I'm sure the Commission will be
2 interested is two weeks ago, the Department of
3 Employment and Social Development Canada changed
4 the national occupation classifications. Their
5 call NOCs. I don't want to get into the weeds
6 here, but basically, until two weeks ago, PSWs were
7 considered unskilled.

8 That has changed, and now that will
9 open up the doors to many more people who want to
10 come into Canada to be PSWs and to work in
11 healthcare, and without that change, we would not
12 be able to deal with the growing number of seniors
13 that Riaz alluded to in his comments. But it was
14 the non-profit sector that drove this major
15 discussion with the Department of Employment Social
16 Development and Immigration Canada.

17 LISA LEVIN: If I could just finish off
18 this slide here, and then I want to do a quick time
19 check. I just wanted to put on the record that the
20 evidence from the long-term care sector is rich and
21 robust and recent studies and systemic reviews
22 reviewing hundreds of studies over the last two
23 decades have shown that on average, quality of care
24 is consistently better in not-for-profit than
25 for-profit long-term care facilities. And when I

1 say not-for-profit, I mean not-for-profit and
2 municipal.

3 So not-for-profit and municipal homes
4 are found to have higher staffing levels leading to
5 higher staffing hours, so the data is here on the
6 slide: a higher staff skill mix, lower mortality
7 rates; lower staff turnover, lower pressure ulcer
8 prevalence, lower hospital admissions, and lower
9 inappropriate use of psychoactive medications.

10 So I'm not talking about one study or
11 two studies. I'm talking about hundreds of studies
12 have shown this in Canada and the U.S. and beyond.

13 So, Commissioners, I want to do a bit
14 of a time check now so that we can use the rest of
15 the time as efficiently as possible.

16 First of all, how much time can you
17 give us? How much more time?

18 COMMISSIONER FRANK MARROCCO (CHAIR):
19 How much time -- well, I'm not going to answer that
20 directly. How much time do you need to finish your
21 presentation?

22 LISA LEVIN: Another half an hour would
23 be really good.

24 COMMISSIONER FRANK MARROCCO (CHAIR):
25 We may have to -- we can go for a while, but we may

1 have to try to pick up --

2 LISA LEVIN: Okay.

3 COMMISSIONER FRANK MARROCCO (CHAIR): I
4 don't know whether the other Commissioners,
5 whether -- what your view is on that, but we may
6 have to try to complete this in a different way.

7 LISA LEVIN: Sure. Okay. I'm going to
8 try and fly through some of them now, though, and
9 I'm going to make the decision --

10 COMMISSIONER FRANK MARROCCO (CHAIR):
11 Commissioner Kitts.

12 LISA LEVIN: Yeah.

13 COMMISSIONER JACK KITTS: I'm concerned
14 that the having to rush through will take away any
15 of the questions, and so I see you have a lot of
16 slides left to go through, and I don't know whether
17 it will be more benefit for us to go through the
18 slides or maybe more benefit for us to get through
19 the questions because we have the slides now.

20 So I have a couple of questions, one on
21 your last slide. But the first question is, I
22 think you -- one of you -- one of you said there
23 seems to be a trend to providing licenses to
24 hospitals to build long-term care homes.

25 Can I -- can I just ask, are the -- who

1 are the hospitals partnering with? Not-for-profit?
2 Municipal? Or profit? And does this change in
3 trend give you any thoughts about change in your
4 business model?

5 LISA LEVIN: That's a really good
6 question, Commissioner Kitts. So we find that
7 typically hospitals in larger urban areas tend to
8 use -- tend to outsource the management of their
9 operations to companies which, for the most part,
10 for-profit companies, in fact, if all -- in most
11 cases, such as Extendicare.

12 And in smaller areas, hospitals tend to
13 manage the homes themselves. So one of the
14 examples would be Arnprior Health manages the
15 Grove. So we have some members that are in smaller
16 municipalities or towns, and they -- they're dual.

17 But typically, larger hospitals
18 outsource the management to another company, and --
19 but I think partly that could be because of
20 concerns regarding wage harmonisation because wages
21 are and funding is higher in the hospital sector
22 than it is in the long-term care sector, and so I
23 personally think that's why they -- that occurs
24 which does reduce the benefit of having a
25 campus-of-care if you have a completely separate

1 organization which is the long-term care home.

2 I also think that under these models,
3 we know that the Government has announced in one
4 case with North York General that a certain number
5 of ALC patients can be transferred over to the
6 long-term care home, and so I think that's why --
7 that's part of the reason why some of the hospitals
8 like this model. I don't know if anyone else has
9 anymore --

10 COMMISSIONER JACK KITTS: But just are
11 the hospitals, are you saying, preferentially
12 partnering with the -- with what I think you're
13 saying in the application process, is a business
14 model that has an advantage other the application
15 for not-for-profit?

16 CAROLYN CLUBINE: There's a couple of
17 things I could say. One is in the slide that Lisa
18 showed about the recent announcements that there is
19 a different funding formula for those large
20 hospitals, the rapid builds.

21 But besides that, hospitals aren't
22 interested in doing the operations, so they do look
23 for this thing called management companies. Now,
24 we haven't provided a slide to give you any
25 background on it, but a management company is a

1 prerequisite for anyone who's new in the operation
2 of long-term care home, and the only companies that
3 are really in the market today to offer management
4 company services are these large chains, so Sienna
5 and Extendicare are the ones that come to my mind
6 right now. I think Rykka is another one. There
7 are no substantial players from the not-for-profit
8 sector that are positioned to do this management
9 company work.

10 SUE GRAHAM NUTTER: You're quite right,
11 Carolyn. The UHN, the Bickle site is managed by
12 Extendicare and responsive management has been
13 responsible for Eatonville and Hawthorne, I
14 believe, as well. So I don't know of a single
15 non-profit. I think Yee Hong's just getting into
16 the business for management, but I don't know of
17 any non-profit that's doing it.

18 TIM SIEMENS: I --

19 COMMISSIONER JACK KITTS: Okay. Thank
20 you.

21 TIM SIEMENS: The health system of --
22 for eight hospitals, and we would lose about a
23 million dollars a year. We would self-operate an
24 LTC, and it would basically go in our -- it's a
25 rounding error for a half-a-billion-dollar

1 operating budget, so, you know for me, that's
2 almost like a tax on the hospital where they have
3 to either build debt or take it out of their
4 operating to cover that cost.

5 I see it being successful in smaller
6 towns where it might be a hospital of 18 beds, and
7 then they add 128 LTC biggest employer and there's
8 economies there, but I understand the ALC benefit.
9 But when I see ones operating and losing a million
10 or more a year, that's -- you know, doesn't make
11 sense to me.

12 LISA LEVIN: I was wondering if I could
13 quickly talk about long-term care pharmacy funding
14 if you're thinking of doing another report or
15 recommendation because this is a pressing issue.

16 And I'm not sure if you're aware of
17 this, but the Ministry reduced long-term care
18 pharmacy funding starting in 2019, and it's
19 intended to continue to be reduced until 2023. And
20 it's very complicated to explain the changes, but
21 basically, it's gone from a fee-for-service model
22 to a capitation model which we actually agree with.

23 But in translation, there's been
24 significant funding cuts in the bottom line to
25 long-term care pharmacy. And so in the first year,

1 34% of the funding was cut to long-term care
2 pharmacy providers who provide pharmacy services in
3 long-term care homes, and the cuts are scheduled to
4 occur again January 1st.

5 So we surveyed our members and asked
6 them about the impact of the reduction in services
7 since the cuts, and what they've said is that
8 there's a reduction in the frequency of audits and
9 medication reviews. There's a decreased access to
10 pharmacists, and it's not just because of COVID.
11 And homes have had to absorb many pharmacy-related
12 costs, and as well, staff have had to -- like,
13 nursing staff have had to take on more tasks.

14 And so we'd be happy to talk about this
15 with you further, but we want to make sure that
16 these funding cuts don't continue on January 1st
17 and, ultimately, that they don't continue at all.

18 We think the move to the capitation
19 model makes sense, but the loss of funding to the
20 sector cannot really go on especially in the middle
21 of a pandemic.

22 The other issue is I'm not sure if
23 you're aware of the insurance issue facing the
24 sector which I would say is our Number 1 issue
25 right now, which is that homes cannot get new

1 insurance -- or new operators cannot get insurance,
2 and existing operators are being told that their
3 insurance is going to be limited significantly, and
4 although -- actually, this has been updated --
5 although Bill 218 has now been passed, it's going
6 to take some time for insurance companies to come
7 around and make changes.

8 So in the meantime, we need to have
9 some kind of a backstop or else we are literally
10 going to have long-term care homes that have to
11 close as soon as January 1st. So this --

12 SUE GRAHAM NUTTER: Maybe, Lisa, I
13 could jump in on this issue.

14 LISA LEVIN: Yeah.

15 CAROLYN CLUBINE: Basically, we're one
16 of the homes where the insurance company has said
17 that we're lucky our DNO covers us for 2021, but
18 our new general liability insurance as of Jan 1 --
19 and we're not alone; there are many, many homes in
20 this position -- will no longer cover a long-term
21 care home for pandemic or COVID-19-related claims
22 starting in 2021. That's a significant risk.

23 And, of course, we all have Boards of
24 Directors to whom we report which means they won't
25 be covered either. And, of course, under the LTC

1 Act, personal assets could be seized if there's no
2 coverage here and then there's a successful claim.

3 So this is a significant issue, and
4 there's only one or two companies, and they're not
5 taking on new business in Canada right now, so I
6 just wanted to, sort of, raise that for the
7 Commission's attention that Bill 218 did deal with
8 liability issue commencing March 17th, but it
9 didn't deal with the exclusion of coverage for
10 pandemic or COVID-19 going forward.

11 SEAN KEAYS: Lisa, do you mind if I
12 speak to the French slides because they're actually
13 in French; I'm not sure if everybody could read
14 them. We don't need to go to them, but if you
15 don't mind.

16 And Mr. -- Commissioners Kitts, we have
17 a mutual friend, Mariette Carrier-Fraser, so you
18 might hear a little bit of her and me.

19 COMMISSIONER JACK KITTS: That's
20 excellent. Say hello to her for me.

21 SEAN KEAYS: Absolutely. So we did
22 research with an actuarial company, and we found
23 out through Statistics Canada there's about a
24 hundred thousand Francophones in the Golden
25 Horseshoe, and that's basically what wraps around

1 from Peterborough, Barrie, all the way through
2 Toronto down to Niagara, Hamilton, Kitchener, and
3 all those great areas. And we realize that there's
4 about six beds per thousand people in Ontario, so
5 six LTC beds per thousand population where the
6 Francophone it's about one, so six times more.

7 And just to consider that because, you
8 know, the question Mariette would bring up,
9 Mr. Kitts, is, why are dedicated LTC beds necessary
10 to serve the Francophone population, and you know
11 she'll say, you know, we're one of the founding
12 languages, and at the end of the day, there is
13 significant data that shows early death, decline in
14 mobility, and a lot of other things in regards to
15 misdiagnoses related to burden on healthcare system
16 from social isolation.

17 And McMaster, on the next slide, did an
18 incredible meta-analysis of 148 studies that show
19 exactly that, that social isolation, you know,
20 shows that seniors are increased risk of dying
21 sooner and more likely to experience a decline in
22 their mobility compared to those who aren't.

23 So just to keep that in mind. You
24 know, it's -- there's not always a great
25 Francophone at the table, but I know Mariette

1 speaks highly of this Committee, and just to keep
2 us in mind in the allocation of new beds.

3 COMMISSIONER JACK KITTS: Well, thank
4 you, Mr. Keays, and we did hear from the CEO of the
5 Montfort Hospital as well about the inequity in the
6 number of beds available to the Francophones, so
7 thank you.

8 SEAN KEAYS: Merci.

9 LISA LEVIN: So any more questions? We
10 are happy to answer.

11 COMMISSIONER JACK KITTS: I was going
12 to ask about the quality. As you've -- as you
13 know, it's very important for us because a lot of
14 this is about the quality of care, so I noticed
15 that in your supporting data that most of the
16 metrics or indicators were from 2005 and 2015.

17 Can I just ask, is there a -- I guess,
18 I don't know if it's a regulation or a policy or a
19 mandate -- for homes to measure certain metrics of
20 quality and report them as performance reports to
21 their Boards, like, or -- and/or the Government?

22 LISA LEVIN: Yes, there's data that
23 goes to CIHI. I don't know which one of the
24 members wants to talk --

25 SUE GRAHAM NUTTER: I can jump in here,

1 Lisa, if you want.

2 There's the Long-Term Care Home
3 Performance Reports, and they are now -- they're
4 going -- I believe they've gone public on the
5 website as of April 1st, so every single home in
6 Ontario, there are six indicators that we are all
7 reviewed on pressure ulcers, use of psycho -- the
8 medications, falls, et cetera, and they score us,
9 you know, red, green, and yellow. And that's all
10 publicly available now.

11 And I think almost all homes would
12 report through their CEO to their Board where they
13 stand on the indicators, whether they're up or
14 down, and then we actually compared them against
15 other homes in the city, so it's a very important
16 indicator. I'm glad you raised that. I think it's
17 an important consideration.

18 TIM SIEMENS: Also through local --

19 COMMISSIONER FRANK MARROCCO (CHAIR):
20 Is there a -- oh, sorry. Go ahead, Mr. Siemens.

21 TIM SIEMENS: Also through the local
22 health integration, networks were required to have
23 quality improvement plans for long-term care and
24 other funded programs for the Ministry. So homes
25 will have continuous quality improvement plans that

1 are working on quality improvement plans that are
2 reportable to the LHIN and the Ministry of
3 Long-Term Care.

4 COMMISSIONER FRANK MARROCCO (CHAIR):
5 I guess that raises a question for me, though. Do
6 you think that there needs to be more of
7 inspections or compliance mechanisms around how
8 people are answering and representing what they're
9 doing and what they have?

10 LISA LEVIN: So are you suggesting
11 that, perhaps, an audit of the data that is
12 presented? Because to some extent, it's a bit of
13 an honour system.

14 COMMISSIONER FRANK MARROCCO (CHAIR):
15 Well, that's what I'm -- I mean, I'm just wondering
16 generally about inspections and compliance, and
17 this provides a fairly concrete example because who
18 knows whether the response you're getting reflects
19 the optimistic view of the executive director of
20 the particular home or reality.

21 LISA LEVIN: Well, I think that's --
22 there should be auditing of the data that is
23 presented so that it's not just dependent on the
24 goodwill of the home.

25 Sue, what were you going to say?

1 SUE GRAHAM NUTTER: The data comes from
2 the raw (phonetic) coordinators who then put it in,
3 and it goes to CIHI. So there are a number of
4 people who are contributing to the data. Like, all
5 the staff would be contributing their documentation
6 per resident, and then it moves up to CIHI, and
7 that's where the data comes from. So I think the
8 indicators, I believe, are pretty solid in terms of
9 their documentation.

10 With respect to inspections, we move to
11 a complaint and CIS-based one about two years ago,
12 I guess it was, so that if you are considered, sort
13 of, a green home, then you may not see an RQI
14 inspector have a full RQI, but if you are having
15 complaints, they actually check on the complaints
16 fairly regularly, actually. They come into the
17 home. It -- they're -- it's not done on the phone.
18 It's actually in the home even during COVID.

19 COMMISSIONER FRANK MARROCCO (CHAIR):
20 Okay.

21 RIAZ SHAIKH: And, sorry, to add to
22 that, Sue is also the health quality. Ontario is
23 the Provincial lead on this.

24 COMMISSIONER JACK KITTS: So can I just
25 ask, so when the indicators aren't good, and I

1 would specifically look to the IPAC compliance and
2 PPE in the first wave of the pandemic, I suspect
3 that those would be indicators of quality or
4 performance in a home and similar staffing, who's
5 the initial accountable person for having that in
6 order in the homes?

7 LISA LEVIN: Oh, I mean, it would be
8 the long-term care administrator and the director
9 of care who would be responsible. I think we also
10 need to, in the case of the pandemic, consider the
11 fact that homes lost a significant number of staff
12 when they went into outbreak particularly in Wave
13 1, but to some extent as well in Wave 2, and that's
14 not necessarily because the home was, you know, not
15 doing its job in terms of staffing.

16 And same with IPAC, homes were just not
17 prepared for this kind of a pandemic. They were
18 supposed to be prepared by having a certain number
19 of supplies, but no one could have ever guessed
20 that it would be as extensive as it has become.

21 SUE GRAHAM NUTTER: There was also an
22 issue with respect to staffing. We separated our
23 staffing between our two homes on March 16th.
24 Normally, they would flow back and forth between
25 the homes so they could have full-time employment

1 between two homes, but because the -- actually
2 before Directive 3, we did it proactively. But
3 when you do that, you cause a problem where you
4 don't have a full-time job in each home.

5 So the Directive 3 caused that
6 singular -- single employer was a great initiative
7 from an IPAC perspective, but it was hard
8 administratively because you didn't have the budget
9 to actually create all these full-time jobs for
10 staff.

11 And, frankly, if you do create the
12 full-time jobs, which we've done now -- we have a
13 lot of full-time jobs -- there's an issue where
14 they have to work weekends. It's mathematically
15 impossible to do it any other way.

16 LISA LEVIN: I also want to strongly
17 stress that this sector has been underfunded and
18 over-regulated for many years. The answers of many
19 governments have been to put more and more
20 regulations on long-term care, but without the
21 funding, the resources, and the human resources,
22 operators will not be able to meet these
23 requirements.

24 So we just -- I would strongly urge
25 that the answers are not necessarily more

1 regulation, but it's looking at the funding to make
2 sure that homes have the resources and having
3 health-human resource strategies in place so that
4 homes have help in being able to get adequate
5 staffing.

6 COMMISSIONER JACK KITTS: I would --
7 the indicators are the first -- one of the first
8 signs that something needs to be done about
9 staffing or needs to be done about IPAC or
10 whatever. And so the first -- I guess the first
11 line of defence is the leadership in the home.

12 It goes from there to -- I think
13 someone said, perhaps, the LHIN or the region and
14 then to the Province and some of the data goes to
15 CIHI.

16 I'm just wondering where in that flow
17 is the responsibility to say there's clearly not
18 enough funding or there's some other issue here?
19 Is that -- is that the flow of information, and is
20 it -- is it fluid and reflective of what's
21 happening in the homes?

22 LISA LEVIN: Well, I mean, we have been
23 asking for years generally for more funding for the
24 sector, and it hasn't been listened to.

25 I think the flow of the information,

1 Commissioner Kitts, depends on the particular
2 indicator. So, for example, if it's an inspection,
3 then the Ministry of Long-Term Care would get that
4 information first if it's a long-term care
5 inspection.

6 The CIHI data, I actually am not sure.
7 I think it goes to the LHIN, but -- so the LHIN has
8 a part of it, or Ontario Health, and the Ministry
9 of Long-Term Care has another part. But we have
10 homes before COVID that have been in extreme crisis
11 particularly in Northern Ontario. If you look at
12 some of the inspection reports in Northern Ontario,
13 a lot of the negative reports are because they have
14 a crisis. They cannot find staff.

15 And now that crisis has extended,
16 before COVID, even more broadly throughout Ontario,
17 and now with COVID, it's taken it up another level.

18 COMMISSIONER JACK KITTS: Okay. Thank
19 you.

20 SEAN KEAYS: Maybe just to add on the
21 French piece, we actually operate to keep our
22 double heritage and to recruit and all our signage
23 translation, and we don't get any extra funding for
24 that, but that's something that a true French
25 provider will do, you know, to ensure that we keep

1 that double heritage.

2 COMMISSIONER JACK KITTS: Thank you.

3 SUE GRAHAM NUTTER: Lisa, could we
4 speak about the development charges, how it effects
5 the building of a new home? I don't know if that's
6 of interest to the Commissioners, but it's a
7 significant line item.

8 COMMISSIONER ANGELA COKE: Can I just
9 ask a question before you move on to that topic?

10 CAROLYN CLUBINE: Sure.

11 COMMISSIONER ANGELA COKE: Just related
12 to, you talked about the six indicators that you're
13 measured on. From your point of view, are these
14 the right measures? Are these the right things to
15 be looking at, and do they give a full enough
16 picture about how people are doing broadly, or not?

17 SUE GRAHAM NUTTER: That's a great
18 question, and actually, I was reflecting after
19 Commissioner Kitts commented on leadership, et
20 cetera. The six indicators I referred to are
21 clinical indicators: falls, pressure ulcers,
22 et cetera.

23 An indicator of staffing is not
24 included, has not been historically included in
25 those indicators. It is included in our

1 prepandemic assessment planning now that goes to
2 the LHIN, but it hasn't been a standing indicator
3 for the -- on those six indicators. And staffing,
4 as we all know, is critical, and PPE is not
5 reflected either. That's in the prepandemic
6 assessment planning, but not in the -- if you -- if
7 you look at the Long-Term Care Home Performance
8 Reports, which is online, I believe, now, PPE and
9 staffing are not reflected, so a great question.

10 COMMISSIONER FRANK MARROCCO (CHAIR):

11 All right. So what did you -- where did you want
12 to go next?

13 SUE GRAHAM NUTTER: I just wanted to
14 raise the issue for the Commission's knowledge on
15 development charges with respect to the building of
16 long-term care homes.

17 All the non-profits and the
18 for-profits, actually, have to pay what's called
19 DCs, development charges. They're significant. In
20 the City of Toronto, they're \$21,743 per bed. So
21 in the case of the new Re kai Centre, we're looking
22 at a development charge bill of almost \$8 million
23 to be paid to the City of Toronto, whereas
24 hospitals don't pay DCs at all.

25 I think, Commissioner Kitts, you could

1 confirm that from the Ottawa experience.

2 And yet long-term care homes are
3 clearly part of the healthcare continuum, so we've
4 been advocating with the Ministry and with each of
5 our municipalities to exempt long-term care homes
6 which will facilitate more building of long-term
7 care if we're not paying these heavy DCs.

8 And by the way, at this point, the DCs
9 are payable when you pull the building permit, so
10 that's a heavy cost right up front. I just wanted
11 to draw that to the Commission's attention.

12 COMMISSIONER JACK KITTS: Thank you.

13 LISA LEVIN: Are there any other
14 questions?

15 COMMISSIONER FRANK MARROCCO (CHAIR):
16 No, I don't think so, Ms. Levin, not right now.

17 LISA LEVIN: Okay. So it was a little
18 scattered because we did bring a lot of content.
19 We'd be happy to come back at any point in time to
20 present on any of these topics or other ones to
21 help you --

22 COMMISSIONER FRANK MARROCCO (CHAIR):
23 Well, just let me just say, we might take you up on
24 that. We go through -- and we'll go through all
25 the slides, and we may have more questions, and

1 thank you for the offer.

2 LISA LEVIN: Any time. So thank you
3 very much for listening to us today.

4 Our last ask is that long-term care be
5 placed first in line for residents and staff for
6 the vaccine. I understand there's a task force
7 that's being set up to do that now to determine the
8 roll-out of the vaccine which we're happy to be
9 able to discuss.

10 And just thank you very much for the
11 important work that you're doing, and we're happy
12 to help in any way.

13 And thank you to our members and staff
14 for attending today as well.

15 COMMISSIONER FRANK MARROCCO (CHAIR):
16 Well, you know, hopefully all of you can gather
17 from the questions that we are quite -- we were
18 quite engaged with what you were telling us, and it
19 was filling in a certain amount of information for
20 us which we had been speculating about. So thank
21 you for a very thoughtful presentation as far as
22 your presentation is concerned.

23 As I said, we will go through each of
24 the slides, and we -- we're kind of like those
25 relatives that move in and never leave. You know,

1 we may be back. You know --

2 LISA LEVIN: The antiques. We have --

3 COMMISSIONER FRANK MARROCCO (CHAIR):

4 In any event --

5 LISA LEVIN: -- a room for you, each
6 one of you.

7 TIM SIEMENS: For the kind of
8 association that welcomes home family members.

9 COMMISSIONER FRANK MARROCCO (CHAIR):
10 I was going to say that was probably maybe the
11 wrong analogy to use, or maybe it was the right
12 one. In any event, thanks very much, and we --
13 we'll -- it's been very helpful.

14 LISA LEVIN: Take care.

15 COMMISSIONER JACK KITTS: Thank you.
16 Thank you all.

17 COMMISSIONER ANGELA COKE: Thank you.

18 STEVEN HARRISON: Thank you very much,
19 everybody.

20 COMMISSIONER JACK KITTS: Thank you.

21 -- Adjourned at 11:31 a.m.

22

23

24

25

1 REPORTER'S CERTIFICATE

2
3 I, JANET BELMA, CSR, Certified
4 Shorthand Reporter, certify:

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

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

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

16
17
18 Dated this 25th day of November, 2020.

19
20 

21
22 _____
23 NEESONS, A VERITEXT COMPANY

24 PER: JANET BELMA, CSR

25 CHARTERED SHORTHAND REPORTER

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