

Long Term Care Covid-19 Commission Mtg.

Councillor Mathieu Fleury
on Tuesday, December 15, 2020



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MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

--- Held via Zoom, with all participants attending
remotely, on the 15th day of December, 2020,
1:00 p.m. to 1:34 p.m.

BEFORE:

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

1 PRESENTERS:

2 Mathieu Fleury, Councillor, Ward 12, Rideau-Vanier
3 (Vanier, Sandy Hill, Lowertown),

4

5 Erin Woods, Councillor's Assistant, Ward 12,
6 Rideau-Vanier (Vanier, Sandy Hill, Lowertown)

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8 PARTICIPANTS:

9

10 Alison Drummond, Assistant Deputy Minister
11 Long-Term Care Commission Secretariat

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13 Ida Bianchi, Counsel Long-Term Care Commission
14 Secretariat

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16 Kate McGrann, Counsel Long-Term Care Commission
17 Secretariat

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19 John, Callaghan, Counsel Long-Term Care Commission
20 Secretariat

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22 Lynn Mahoney, Counsel Long-Term Care Commission
23 Secretariat

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25 Derek Lett, Policy Director Long-Term Care

1 Commission Secretariat

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3 Dawn Palin Rokosh, Director, Operations Long-Term

4 Care Commission Secretariat

5

6 Jessica Franklin, Policy Lead Long-Term Care

7 Commission Secretariat

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9 Adriana Diaz Choconta, Senior Policy Analyst

10 Long-Term Care Commission Secretariat

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13 ALSO PRESENT:

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15 Janet Belma, Stenographer/Transcriptionist

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1 -- Upon commencing at 1:00 p.m.

2 COMMISSIONER FRANK MARROCCO (CHAIR):

3 Good afternoon, Mr. Fleury.

4 MATHIEU FLEURY: Good afternoon.

5 I see a familiar face in Mr. Kitts
6 here. Dr. Kitts, how are you?

7 COMMISSIONER JACK KITTS: Good. How
8 are you, Mathieu?

9 MATHIEU FLEURY: Yeah, very good to see
10 you.

11 COMMISSIONER JACK KITTS: Good to see
12 you too.

13 COMMISSIONER FRANK MARROCCO (CHAIR):
14 Well, I'll just get my notes here. All right.
15 Okay. All right. Well, I guess -- Commissioner
16 Angela Coke is on the call with us, and I'm
17 Frank Marrocco. Good afternoon.

18 We do have Janet with us who's a court
19 reporter, transcriptionist, and we will create a
20 transcript at some point in the next few days and
21 post it on the website so that people who are
22 interested in what we're up to know what we're up
23 to.

24 And I think we're ready to proceed
25 whenever you are, Mr. Fleury, and I hope you won't

1 mind if we ask questions as we go along if
2 something occurs to us.

3 MATHIEU FLEURY: Absolutely not. I am
4 in your hands, and I feel privileged to have the
5 opportunity to speak in front of the Commission
6 today.

7 COMMISSIONER FRANK MARROCCO (CHAIR):
8 Well, we're ready when you are.

9 MATHIEU FLEURY: All right. Well,
10 thank you for all of your time, and thank you for
11 your work. I believe the Commission to do
12 meaningful work.

13 And I wanted to begin by highlighting a
14 few elements. So my name is Mathieu Fleury. I'm a
15 City Councillor in Ottawa. I represent the City's
16 core. I've been elected for the last ten years, so
17 the last three elections municipally in my -- in
18 the same area.

19 I'm not here representing City Council
20 in Ottawa. I am coming to you as an elected
21 official, but not on behalf of City Council. I am
22 also the Chair of Ottawa Community Housing. I
23 don't come as a -- officially on the Board's
24 behalf, but I have had conversations with the CEO,
25 Stéphane Giguère, who shares some of the concerns

1 that I will be raising to you this afternoon.

2 COMMISSIONER FRANK MARROCCO (CHAIR):

3 Okay.

4 MATHIEU FLEURY: The three areas I
5 wanted to highlight were areas around complex and
6 evolving needs in long-term care. The second area
7 is services in the facilities and connection to
8 health services. And the third one was, really,
9 housing and the impact of some of the waiting lists
10 and some of the pressures for aging seniors in
11 housing but specifically in public housing.

12 Please let me know if I speak too
13 quickly. I don't want to overwhelm you, so if ever
14 there's -- you want me to slow down or anything,
15 Janet, or anyone, please feel free to let me know.

16 COMMISSIONER FRANK MARROCCO (CHAIR):

17 We will.

18 MATHIEU FLEURY: The area I represent
19 includes in Ottawa, Lowertown, Sandy Hill, and
20 Vanier. We happen to have five long-term care,
21 two -- four of which I'm very engaged with, one of
22 which I'm less engaged with, and I wanted to
23 highlight that off the bat.

24 So one is out of -- out of a hospital,
25 and Dr. Kitts would know it well, which is Bruyère.

1 Bruyère does have a long-term care. It is unique
2 in its environment because it offers specific care
3 for dementia and Alzheimer's patients.

4 The four that I wanted to raise with
5 you or the four that I bring concern to and on a
6 system's issues really relate to two public ones
7 operated by the City, Garry J. Armstrong and
8 Champlain Long-Term Care, and two privately-owned
9 which are Rideau Place on-the-River and Rockcliffe
10 Retirement Residence. Both are owned by Chartwell,
11 and both are known as very well-respected, very
12 expensive locations to live at, so wanted to
13 preface that.

14 So I do -- we -- I do a quarterly visit
15 in long-term care to share with residents and their
16 families and staff of long-term care what's
17 happening in our community. I've done so because I
18 feel privileged in the role that I have to share
19 with seniors who have an appreciation for the
20 historic areas that I represent including the
21 ByWard Market and changes that are happening in our
22 city and our community.

23 What I've noticed over the last ten
24 years is initially a lot, a lot of residents were
25 coming out to hear me and engage with me on

1 community and city issues.

2 And I guess I've become a little boring
3 because there's less and less residents that have
4 attended over the years, but more seriously, what
5 I've recognized is that the complex needs of
6 residents have not -- have not allowed most of them
7 to get out of their rooms. And this predates the
8 COVID concerns so much so that I've been engaged
9 directly with family members who have had concerns
10 around services provided in long-term care.

11 The City has -- as -- the City and
12 private operators equally have adjusted services,
13 but the chronic and complex needs of aging
14 residents in long-term care have posed to be quite
15 challenging for themselves, for the staff in the
16 facilities as well as their family members.

17 I've seen kids; I've seen spouses of
18 family members in long-term care that have made a
19 daily visit specifically during mealtimes to
20 support staff in ensuring that their loved ones are
21 able to be fed, that their loved ones are able to
22 be cared for, and that their loved ones are able
23 to, for example, shave, get, you know, get support
24 for cleaning and so on, so forth.

25 That wasn't the case ten years ago.

1 That's a demonstration to me of evolving and more
2 complex needs. So the residents in long-term care,
3 from my perspective, are less mobile. They need
4 more attention. They need more health support, and
5 that's put a lot of pressure on family members.

6 Family members have had to commit their
7 time to ensure quality care or support the -- their
8 quality care or have had to hire private services
9 to supplement what is in place.

10 That is obvious in private care. It is
11 more -- even more so obvious in public care where
12 we see les aidants -- sorry. That's a French term.
13 I apologize. I go back and forth in my mind, but
14 where people -- where family members have had to
15 hire a caregiver, a daily caregiver for their loved
16 ones. So that's sort of what I have recognized as
17 a challenge.

18 Now, if I go in terms of services, it's
19 put a lot of pressure on families to sustain care
20 for their loved ones, and I apologize. I keep
21 hearing beeping in the background. Let me turn off
22 the device here. I apologize for that.

23 The services and healthcare and
24 connection to healthcare have posed to be a
25 challenge. I've heard that firsthand from family

1 members where the connection with a number of
2 physicians in a given facility is one thing. The
3 recordkeeping and the challenges when a loved one
4 in long-term care goes and gets support, for
5 example, in an emergency condition with our
6 hospitals and comes back and then how integrated or
7 how gaps are identified in terms of an
8 appropriate health -- appropriate and coordinated
9 health response have been very stressful for family
10 members as well as nursing staff of facilities.
11 I've heard that firsthand during my visits over the
12 last number of years.

13 You know, ultimately, the way I'd
14 describe it as a system is that people are
15 appreciative that their loved ones are in long-term
16 care. The -- even the public, it can be very
17 expensive to offer what they would believe to be
18 adequate care, and then layering on, kind of, the
19 health elements that have proven to be even more of
20 a challenge in navigating to ensure that their
21 loved ones have adequate care and responsive care
22 from a health perspective, and how, you know, from
23 nursing staff to physician of the long-term care,
24 to emergency release, how all of that is to be
25 appropriately and safely coordinated so that their

1 loved ones have the best care has proven to be a
2 challenge.

3 COMMISSIONER FRANK MARROCCO (CHAIR):
4 Mr. Fleury, do you have a sense over the ten years
5 as to why this gap occurred? You know, on the --
6 on the one hand, as you were indicating, the
7 residents are -- have more complex needs.

8 But what I'm having some difficulty
9 with is understanding why there isn't -- hasn't
10 been sufficient resources. And I'm not so sure
11 it's just a question of money. You know, I'm just
12 not sure, and so I'd be curious if you have a
13 thought on that.

14 MATHIEU FLEURY: I do have a thought.
15 I think the period by which a resident enters in
16 long-term care is much later in the aging process,
17 if you will. Most residents try to age in place,
18 and that's in the community.

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

21 MATHIEU FLEURY: And when there is a
22 challenging situation that happens at their home or
23 in urgent care or with their physician or with a
24 family member, then there is a scramble to get them
25 on the waiting list, and then there's a scramble to

1 enter long-term care.

2 So by the -- what used to be -- or ten
3 years ago, it seemed to be more of a, hey, I'm
4 entering a space where I will get a bed, a space
5 for my personal belongings, good care where I
6 can -- I can play board games, card games. I can
7 engage with other seniors that are my age and get
8 the services that are appropriate for my age group,
9 now, it's much later.

10 And the individual abilities to be,
11 one, mobile, to be -- to be able also to sustain
12 the type of activities that happened previously
13 that it be the bingos, that it be, you know, the
14 usual Christmas gatherings and so on have become
15 much more challenges -- challenging. Most are in
16 their beds in their room, which, to me, would be
17 more aligned with what I find in a hospital.

18 So, you know, I -- we sort of have --
19 from my perspective, at some point in time, we need
20 to define that. Is there a -- on one hand, we have
21 long-term care. We have different approaches and
22 different organizations that lead long-term care.
23 I am neutral to that. That is bricks and mortar.

24 Ultimately, I think, you know, can
25 long-term care evolve to having a coordinated

1 health response and supports that are needed to
2 relieve those families, I think is where the nuts
3 and bolts of this question have to be because right
4 now, it's put a lot of pressure on individual
5 family members. Those who have the money are able
6 to navigate through those challenges. Those who do
7 not are left in committing a lot of their time.

8 Some have had to -- I've seen aging
9 spouses just burning out in supporting a loved one
10 in long-term care. And I've seen -- I've seen even
11 kids who are adults, obviously, who've had to let
12 go and stop working to care for a loved one in
13 long-term care because of the complex needs and
14 because of the services that they would expect.

15 You know, eating itself can be quite
16 the challenge, and when you start looking at the
17 ratios that are in place for personal PSWs, it can
18 be quite dicey and quite challenging, so loved ones
19 do it out of their goodwill to ensure quality
20 living for their family member.

21 COMMISSIONER FRANK MARROCCO (CHAIR):
22 Okay. Thank you.

23 MATHIEU FLEURY: In the -- in the same
24 vein of the spectrum of when someone enters
25 long-term care, I think we have major challenges.

1 I look at Ottawa Community Housing. Ottawa
2 Community Housing is the City of Ottawa's largest
3 landlord. It has 15,000 units, 32,000 residents of
4 which we have 22 seniors building. We are a simple
5 landlord, but we're not -- we're not equipped to
6 have the additional services, but we work closely,
7 as Dr. Kitts knows, with Pinecrest-Queensway, with
8 health and resource centres locally to offer the
9 supports for meals, for aging in place, for
10 example.

11 But even those have become quite
12 challenging because some of the -- some of the
13 seniors who are staying in their homes are staying
14 way too long. And, you know, there are issues of
15 their own safety, their own well-being in terms of
16 accessing and providing for themselves in seniors
17 buildings.

18 So we sort of have that challenge
19 because long-term care has become so much of a
20 healthcare environment, less independent than --
21 people are coming to it at a very -- I'll describe
22 it as a scrambled time in their life which puts
23 pressure on the system, and as effects throughout
24 the process including in public housing
25 specifically in our seniors buildings where the

1 coordination of supports for aging in place is
2 inadequate -- is inadequate and has posed
3 challenges as a landlord.

4 I don't want to go as far as, you know,
5 putting the impact in terms of the entire building,
6 but in some cases, it has where there's been fires.
7 There's been incidents in the buildings because the
8 seniors living independently in that environment
9 aren't properly supported.

10 COMMISSIONER FRANK MARROCCO (CHAIR):

11 Do you think that in long-term care homes where you
12 have gone on a regular basis that the skill set is
13 right in terms of what the various players -- the
14 proportion of the various players? If they're
15 getting older and their needs are becoming more
16 complex, it would seem to me, not knowing a lot
17 about it, but I wonder, then, if it doesn't require
18 more complex -- more sophisticated service
19 providers rather than anything else.

20 MATHIEU FLEURY: I would agree with the
21 description you've just made. Ultimately, if the
22 needs are more complex in long-term care, that
23 means more frequent visits to hospitals. And when
24 you look at the trends of that, the number of calls
25 to paramedics, the number of seniors in long-term

1 care who are making their way to hospitals,
2 ultimately -- Dr. Kitts is familiar with the model
3 for diversion for the homeless population in Ottawa
4 through the TED program. I could see a very
5 similar model for long-term care.

6 I think there's a real scramble here to
7 what is the right health support and structure to
8 support long-term care equally because, ultimately,
9 in the private side, when you look at the
10 Rockcliffe Retirement Residence, for example, you
11 can always pay for the service.

12 But I don't think of that to be a fair
13 way to support the aging population in long-term
14 care. You can afford, you enter that door. You
15 can't afford, here's the base level. And
16 ultimately, it puts a lot of pressure on the local
17 hospitals. It puts a lot of pressure on your loved
18 ones to offer what would -- what we would expect
19 the care in long-term care to provide.

20 COMMISSIONER FRANK MARROCCO (CHAIR):
21 Commissioner Coke.

22 COMMISSIONER ANGELA COKE: So you had
23 mentioned before about the seniors that are in your
24 housing structures. And if there were more
25 coordinated or more resources and support for them,

1 do you believe that would enable them to stay there
2 longer safely, and, you know, slow, at least, some
3 of the streaming into the long-term care homes?

4 MATHIEU FLEURY: I see that as a
5 tremendous opportunity. If we are to enable our
6 public housing providers, that -- it relates to
7 Ottawa, but Toronto would see the similar
8 environment where the supports in our seniors
9 buildings exist. They are not coordinated, and
10 they are not equal.

11 In OCH, for example, seniors buildings,
12 what happens -- I'll give you the example. We have
13 a provincial program called Aging in Place. That
14 is a quasi-coordination of supports for our
15 seniors.

16 Out of the 22 seniors buildings at
17 Ottawa Community Housing, only 11 have
18 aging-in-place supports, so that leaves half of the
19 seniors buildings to navigate a very complex system
20 which relies on City and Provincial funding often
21 through the health and resource centres.

22 So what we'll recognize is incomplete
23 coordination. Sometimes we'll see a donation of
24 food that will come to the seniors, but it is not
25 sustained in providing, I guess, aging-in-place

1 supports in public housing in seniors buildings.

2 COMMISSIONER ANGELA COKE: Okay. So
3 you're saying it's not consistent. And who would
4 enable the consistency, or is it a matter of lack
5 of funding or resources or whatever?

6 MATHIEU FLEURY: Well, that's
7 interesting. So with the new Ontario Health Teams
8 in Ottawa, could we equip the Ottawa Health Team
9 with that power and that mandate to, kind of,
10 equalize the efforts in the 22 seniors buildings of
11 OCH specifically? Absolutely. But today it is not
12 the case. Today, it's been -- it's a hodgepodge of
13 patchwork with the various health and resource
14 centres and funding at the time, I'd say.

15 COMMISSIONER ANGELA COKE: Okay.
16 Thanks.

17 COMMISSIONER JACK KITTS: Mathieu, I'm
18 glad you raised the Ontario Health Teams because it
19 actually is a way to bring them together because
20 you've talked about home care. You've talked about
21 long-term care. You've talked about alternate
22 level of care in hospitals, and I think what you
23 were -- if I paraphrase, you were saying that the
24 amount of care that each of those needs has changed
25 over the last ten years, and they're all looking

1 more similar, so it's hard to know where the right
2 place is at the right time for the right care.

3 And so I think the -- what you're
4 saying is the Ontario Health Teams where home care,
5 long-term care, hospital care, primary care are all
6 integrated to ensure that the patient goes to the
7 right place at the right time for the right care
8 may be the answer, and so that would be where the
9 resources would be needed to, sort of, answer
10 Commissioner Coke's question about is there a way
11 to sort it out.

12 MATHIEU FLEURY: Yeah, I agree. I
13 fully agree with you, and, you know, I've always
14 found it quite interesting in conversations with
15 the City who oversees a number of long-term care,
16 as you know, around how does it work with a
17 physician? And often, it is physicians that are
18 not necessarily integrated with the hospitals or
19 with particular -- with the client -- with the
20 aging clientele.

21 I would hope at one point, you know,
22 being in Canada, really appreciating public housing
23 -- public healthcare, sorry -- to see some level of
24 equality there across long -- that you'd be in
25 public or private -- you know, you -- there should

1 be a baseline of expectation for coverage and care,
2 and ultimately, even going beyond that, and I think
3 Dr. Kitts knows it well, some integration with the
4 emergency. Like, how do we -- how do we prevent
5 emergency -- how do we prevent seniors from going
6 into emergency care? And then if they end up
7 there, how do we integrate their -- the follow-ups
8 into the long-term care and the physicians and the
9 nursing staff that are at their facility?

10 I think that is a hodgepodge, although
11 I'm no expert. From the family situations and
12 conversations I've had with a number of family
13 members and of long-term care residents and staff,
14 I realize that it is not as seamless as I would
15 have expected.

16 COMMISSIONER FRANK MARROCCO (CHAIR):
17 Do you think even if you had a more integrated
18 system which, you know, seems reasonable -- like,
19 it just seems sensible, but -- that the shortage of
20 the waiting list, the shortage of beds, that that
21 would create a problem in terms of them seamlessly
22 working together?

23 MATHIEU FLEURY: You know, it's an
24 interesting point. I don't have the numbers
25 per se. What I know is that we do -- we have

1 demonstrated a number of successes. I can name
2 one: Carlington Health Hub, so the -- there is the
3 Carlington Health Centre that's integrated a
4 seniors building of 42 units. It's the first time
5 that we came to the Provincial Government to work
6 on the health and housing front together.

7 We got the Ministries to work together,
8 and we're offering units, key to a unit, your own
9 unit, and at the base of that building, there is
10 seniors' primary care at a health resource centre.
11 And that's demonstrated a level of success in terms
12 of aging in place, so I see that as a window of
13 opportunity.

14 I think if the supports for our seniors
15 building are offered, then you would be -- you
16 would gain a number of years for each seniors who
17 could live more independently longer and safely
18 which, ultimately, should relieve, maybe not all of
19 the wait times, but should offer out a level of
20 relief.

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

23 Commissioner Coke.

24 COMMISSIONER ANGELA COKE: Yeah, I'm
25 just curious, how did your homes do in terms of the

1 seniors' housing in terms of the outbreak? Were
2 there a lot of issues there, or not so much?

3 MATHIEU FLEURY: Not so much as it
4 relates to residents. PSWs in some of our --
5 the -- what happened in March is that PSW picked up
6 shifts in the different City facilities. When the
7 City stopped that and said, you know, you really
8 have to work in one facility, we also saw the
9 levels of COVID cases and outbreaks at those public
10 facilities reduce.

11 Now, the exception in Ottawa has been
12 Peter D. Clark, and I think that is also a question
13 of built form. The facilities that I have in my
14 ward are quite new. They're pretty modern when you
15 look at the Garry J. Armstrong facility and
16 Champlain.

17 And then the private ones, the
18 Chartwell, have been -- there's been one outbreak
19 at Rockcliffe, and that's it. So there's something
20 to be said about good care and built form for
21 those -- for the locations.

22 COMMISSIONER ANGELA COKE: And I was
23 talking also, the homes that are not long-term care
24 homes, just your senior housing, you know, just in
25 terms of determining if that's a safer place from

1 the point of view of infection and prevention and
2 control of that.

3 MATHIEU FLEURY: Oh, yes, I apologize.
4 You mean for the seniors buildings?

5 COMMISSIONER ANGELA COKE: Yes.

6 COMMISSIONER JACK KITTS: Yeah, we've
7 been very fortunate in our seniors building at OCH.
8 I don't want you to think there are no cases, but
9 there has not been building outbreaks and, you
10 know, floors and so on. And the reason why is we,
11 early on at OCH, closed down the public rooms.

12 So, you know, our seniors in buildings
13 are quite active. There's a number of
14 activities -- daily activities in those public
15 rooms where they play bingo and, you know, they're
16 storytelling. There's music, and so on. We closed
17 those really early in March. We have not re-opened
18 them since other than for a food delivery or
19 service delivery with the COVID measures in place,
20 so, obviously, capacity and proper physical
21 distancing and so on which has relieved the
22 pressure.

23 And we've been very fortunate. It was
24 challenging early on, but, for example, Loblaws on
25 Rideau Street which is kind of the Loblaws central

1 in my area, began offering deliveries for seniors
2 buildings which kept seniors in their homes with
3 all the challenges that that has brought, but has
4 limited the impact outside of their homes and in
5 buildings for seniors.

6 COMMISSIONER ANGELA COKE: Thank you.

7 MATHIEU FLEURY: Maybe on the last
8 point, and sorry to add this, but the Ottawa
9 Community Housing did update its cleaning standards
10 for its seniors buildings early on in the pandemic
11 and has sustained that in terms of door handles, in
12 terms of public washrooms, laundry facilities,
13 elevators, and those kind of public amenities in a
14 building.

15 COMMISSIONER ANGELA COKE: Okay.

16 COMMISSIONER FRANK MARROCCO (CHAIR): I
17 think -- I don't know that we have any further
18 questions. Was there -- was there something
19 additional, Mr. Fleury, that --

20 MATHIEU FLEURY: Just going to look to
21 my notes. One second, if you don't mind.

22 COMMISSIONER FRANK MARROCCO (CHAIR):
23 Oh, sure. We're in good time. Don't feel rushed.

24 MATHIEU FLEURY: You know, I think
25 that's covered the majority of the points. I am

1 not making -- I want to be clear that I'm not
2 making a statement pro or against the, you know,
3 Government versus private sector long-term care.

4 I am trying to make a point of
5 opportunities to support our seniors aging in
6 public housing buildings and how its uncoordinated
7 as well as some of the health challenges and the
8 family pressures that I've seen in the -- for
9 residents in long-term care, so just want that to
10 be clear.

11 And I, again, want to recognize that
12 I'm speaking as an elected official, not on behalf
13 of City Council.

14 COMMISSIONER FRANK MARROCCO (CHAIR):
15 Well, at the risk of trying to drag you out a bit
16 on that, but I recognize the difficulties of trying
17 to draw someone in public life out on an issue that
18 they don't want to be drawn out on.

19 But let me -- let me just ask you this:
20 Do you think it matters in terms of what you see
21 as -- in terms of what you've been talking about
22 whether it's public or privately owned?

23 MATHIEU FLEURY: I think if you're the
24 private sector, the private sector at a -- at the
25 higher end of cost has demonstrated amazing

1 responses and built resiliency because people have
2 money.

3 Rockcliffe Retirement Residence is a
4 prime example, but it is also, you know, \$60,000 a
5 year to live there.

6 COMMISSIONER FRANK MARROCCO (CHAIR):
7 M-hm.

8 MATHIEU FLEURY: That is not affordable
9 for most of our seniors.

10 On the other hand, what the City has
11 been able to offer, for example at Garry J.
12 Armstrong with a modern facility, ten storeys,
13 private rooms, services at each floor level, is --
14 shows a window of opportunities of elevated
15 standards that need to be expected for our seniors'
16 care.

17 I fear we're burning out families.
18 We're stressing out families, and when I see
19 families putting cameras in private rooms --

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

22 MATHIEU FLEURY: -- it sends a
23 different message. You know, is it a factor of
24 trust? Is it a factor of concern for their loved
25 ones? Where are we falling short to the family's

1 expectation, prepandemic, right? This is all
2 pre-COVID. Why do families feel that they need to
3 put their -- have a camera in their room? One is
4 the technology's affordable and in place. I get
5 that, but the other one is, you know, families are
6 way more engaged than they used to be because their
7 family members have very complex needs.

8 When you're in your room every day,
9 it's easy to put a camera and see what happens with
10 your loved one. When your loved one is independent
11 and taking advantage of the amenities and
12 programming of the facility, then it -- you're
13 moving in and about the facility which is a very
14 different environment.

15 COMMISSIONER FRANK MARROCCO (CHAIR):
16 Well, you know the camera's an interesting
17 phenomena because, of course, they do it in
18 daycare, and, you know, and when you're in an
19 office environment, you'll see one of the staff
20 suddenly, you know, on the Internet, but, you know,
21 not shopping. They're just checking on the daycare
22 centre to see what's going on.

23 You know, the technology does change
24 how you approach that. I don't think -- when you
25 see somebody doing it, I don't think you

1 necessarily see that as an invasion of some kind or
2 a -- but it -- it would -- it would answer the
3 problem of if you're concerned about how they're
4 being looked -- your parents or your grandparents
5 are being looked after. It's a pretty efficient
6 way of checking on them.

7 I'm not -- I'm not trying to become a
8 salesperson for that method of surveillance, but
9 it -- it's not without precedent.

10 MATHIEU FLEURY: Correct. No. No.
11 There are a number of reasons why the technology
12 would be used. I just think it is -- it is
13 complex, so it is -- there are complex needs, and
14 family members have gone above and beyond to ensure
15 their loved ones are cared for.

16 COMMISSIONER FRANK MARROCCO (CHAIR):
17 Well, I don't know that we have any further
18 questions, and so let me just say thank you on
19 behalf of us. This is -- this is very helpful
20 because you actually have an extended period of
21 experience, you know, through a desire to connect
22 with your constituents, but still, it's something
23 we don't always get here. And it's very helpful to
24 hear your observations, and it's very informative
25 from our perspective, so thank you.

1 MATHIEU FLEURY: Thank you very much.

2 I --

3 COMMISSIONER JACK KITTS: Yeah, thank
4 you, Matt. Thank you.

5 COMMISSIONER ANGELA COKE: Thank you.

6 MATHIEU FLEURY: Thank you very much.
7 Best of luck in your work. I do think the work
8 you're doing is meaningful and hopefully brings
9 peace to those working and those living in
10 long-term care, so thank you.

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

13 COMMISSIONER JACK KITTS: Thank you
14 very much.

15 COMMISSIONER ANGELA COKE: Thank you.

16 COMMISSIONER JACK KITTS: Bye.

17 -- Adjourned at 1:34 p.m.

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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 16th day of December, 2020.

19
20 *Janet Belma*

21
22 _____
23 NEESONS, A VERITEXT COMPANY

24 PER: JANET BELMA, CSR

25 CHARTERED SHORTHAND REPORTER

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