

Long-Term Care COVID-19 Commission Meeting

Group Meeting
on Thursday, January 21, 2021



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MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

--- Held via Zoom, with all participants attending
remotely, on the 21st day of January, 2021,
6:00 p.m. to 7:51 p.m.

BEFORE:

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

1 PRESENTERS:

2

3 Participant 1

4 Participant 2

5 Participant 3

6 Participant 4

7 Participant 5

8 Participant 6

9 Participant 7

10 Participant 9

11 Participant 10

12

13 PARTICIPANTS:

14

15 Alison Drummond, Assistant Deputy Minister

16 Long-Term Care Commission Secretariat

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18 Ida Bianchi, Senior Legal Counsel Long-Term Care

19 Commission Secretariat

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21 Kate McGrann, Co-Lead Commission Counsel Long-Term

22 Care Commission Secretariat

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24 Dawn Palin Rokosh, Director, Operations Long-Term

25 Care Commission Secretariat

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Jessica Franklin, Policy Lead Long-Term Care
Commission Secretariat

Alain Daoust, Team Lead Long-Term Care Commission
Secretariat

Angeline Hawthorn, Senior Policy Analyst Long-Term
Care Commission Secretariat

- Union Representative 1
- Union Representative 2
- Union Representative 3
- Union Representative 4
- Union Representative 5

ALSO PRESENT:

Janet Belma, Stenographer/Transcriptionist

1 -- Upon commencing at 6:00 p.m.

2 JESSICA FRANKLIN: Okay. So in the
3 interests of time, I think we're going to get
4 started, if that's okay with you, Janet?

5 Okay. Great. Okay. And if we have
6 participants continuing to join us, we will
7 certainly bring them up to speed, but I recognize
8 that everyone's time is precious and much
9 appreciated, so we really do appreciate you being
10 with us this evening.

11 So I'll begin by introducing myself.
12 My name is Jessica Franklin, and I am the policy
13 lead here for the Commission secretariat.

14 I'd also like to introduce you to Kate
15 McGrann, who is counsel for the secretariat, and we
16 will be your co-facilitators for the evening.

17 We do have some other team members from
18 the Commission here with us this evening, and I
19 just want to acknowledge them. They may not be on
20 screen, but they have also done a lot of work to
21 kind of pull this together.

22 So there's Alain. There is Dawn.
23 There is also Ida. Alison Drummond, our executive
24 director, is here as well; and, of course,
25 Angeline, who has been doing all the hard work of

1 getting you in today, so much appreciated as well.

2 I do want to introduce you as well to
3 our Commissioners. This evening, we have all three
4 Commissioners joining us. Chief Commissioner Frank
5 Marrocco is here. Commissioner Marrocco is waving
6 right now. There is also Commissioner Angela Coke.

7 COMMISSIONER ANGELA COKE: Evening.

8 JESSICA FRANKLIN: And Commissioner Dr.
9 Jack Kitts. Commissioner Kitts will be the one who
10 will be the Lead Commissioner for the evening, and
11 he will be, you know, saying some remarks shortly.

12 So just a couple of housekeeping issues
13 I would like to just raise with the group before we
14 get started. I do want to acknowledge that we have
15 multiple unions participating on the call this
16 evening. We also have union representatives
17 joining us as well.

18 As Kate had mentioned, as people were
19 coming into the room, if anyone has connectivity
20 issues, they are welcome to rejoin the meeting at
21 any time. If you are having technical issues,
22 don't hesitate to reach out to Angeline Hawthorn by
23 email, who you've been in contact with before the
24 session.

25 Also, I see that many of you have

1 turned your cameras on, which is great. If that is
2 your comfort level, please continue to do so, and
3 just note that the session is not being video
4 recorded. If you prefer to stay off camera, that
5 is fine as well.

6 Janet is our court reporter for this
7 evening. She is present on the call, and we will
8 be posting transcripts of this meeting to our
9 website, but please note that your names will not
10 be present. So when you are speaking, you will be
11 referred to by a participant number, so, for
12 example, Participant 1, and that's how Kate and I
13 will address you.

14 If you wish to refer to another person
15 on the call, we do ask that you refer to them by
16 their participant number which is displayed on
17 screen.

18 I'm going to turn it over to Kate right
19 now to talk a bit more about confidentiality before
20 we get started.

21 KATE MCGRANN: Thanks very much. Just
22 a couple of notes before we get into the body of
23 the session. First of all, as you've been advised,
24 the session is being recorded for transcription
25 purposes, and the information that you provide to

1 us will be publicly available and that the
2 transcript of this session will be posted to the
3 Commission's website.

4 Although we have ensured that your
5 participation in tonight's session is taking place
6 on an anonymous basis, both in our outreach to you
7 and in your participation here today, we can't
8 guarantee confidentiality. The information that
9 you choose to share with the Commissioners today is
10 entirely up to you.

11 I'm repeating myself, but I'll say
12 again that it will be posted to the Commission's
13 website so that people who are following the
14 Commission's work can read about what you've shared
15 with the Commissioners, so please keep that in mind
16 as you're making your remarks to the Commissioners
17 this evening, and be aware of any information or
18 stories that could be used to identify you, if
19 that's of any concern to you at all.

20 I'll just provide a brief overview of
21 the agenda for the evening. We'll begin this
22 evening tonight with some introductory remarks from
23 Commissioner Kitts, and then we'll proceed to
24 Question 1, which I will read aloud. We'll hear
25 all of you -- from all of you in response to

1 Question 1, and then we will move to Question 2.
2 In terms of the order that we'll hear from you,
3 we'll proceed by a numerical order or through your
4 participant name, so we'll begin with Participant 1
5 and move on to Participant 2 and so on.

6 If we run into technical issues, we
7 will come back to you at the end of each question
8 to give you an opportunity to share from the
9 information that you have.

10 Once we have finished hearing from all
11 of you on those questions, there will be some
12 concluding remarks, and then we'll wrap the session
13 up.

14 With respect to the amount of time that
15 you'll each have to share your thoughts and
16 experiences with the Commissioners, I will say that
17 we're all very interested in hearing the input of
18 everybody here today.

19 In order to ensure that everybody has
20 time to speak, we're going to ask that you limit
21 your answers to each of the questions to four
22 minutes each, so four minutes for Question 1, four
23 minutes for Question 2. I know that it may be
24 challenging to tell us everything that you have to
25 say about these questions in four minutes. In

1 fact, I'm sure that it will be impossible. Four
2 minutes is not very long; however, we have to set
3 these time limits in order to make sure that
4 everybody has an opportunity to be heard today.

5 This is not the only way in which you
6 can share information with the Commission. If
7 there's anything that you want to say in addition
8 to what you share this evening, we welcome you to
9 please provide any additional information to us.

10 There's information about how you can
11 do that on the website, and if you'd like to
12 discuss it further, you can get in touch with us
13 directly through Angeline or through the contact
14 information that's also available on our website.

15 Just so you know, we will be keeping
16 track of time, so you don't need to worry about
17 that. You can focus on the information that you
18 want to share with the Commissioners.

19 At the four-minute mark, I will for
20 Question 1 and Jess for Question 2, we'll just let
21 you know that you're coming close to the end of
22 your time and give you a bit of -- a bit of a
23 warning so that you can wrap your remarks up, and
24 we'll move on to the next person.

25 If there's something that you're not

1 able to cover in your first opportunity to speak
2 with the Commissioners, you can always pick it up
3 in the second round, so you can -- you can use your
4 time in that way too.

5 And then, as I've said already, if
6 there's anything additional you want to share, you
7 can contact us through the information on the
8 website. We can assist you in providing that
9 additional information to the Commission.

10 As you may know, the Commissioners are
11 required to submit their final report to the
12 Government on April 30th of this year, and so what
13 that means for you is, if there's anything else
14 that you would like to share with the Commissioners
15 after this meeting, please be sure to do it as soon
16 as possible and, if you can, before the end of the
17 month. That's the deadline for written
18 submissions, and so please keep that date in mind.

19 I will ask if there are any questions
20 about anything that we have said to you since we
21 got started before we turn to Commissioner Kitts
22 for opening remarks. Okay. Well, thank you for
23 your time.

24 Commissioner Kitts.

25 COMMISSIONER JACK KITTS: Okay. Well,

1 thank you, Kate and Jessica.

2 And good evening, everyone. I thank
3 you for agreeing to participate with us today.

4 As already stated, I'm
5 Commissioner Kitts, and I'm joined by my two
6 colleagues, Commissioner Marrocco and Commissioner
7 Coke.

8 As you are no doubt aware, this
9 Commission was set up to investigate the spread of
10 COVID-19 in long-term care homes and the impact it
11 has had on residents, families, and staff of those
12 homes.

13 Before we begin, I want to provide just
14 a bit of a context about commissions in general,
15 and this Commission specifically.

16 Governments will often set up
17 commissions of inquiry after a tragic event has
18 occurred. The purpose of a commission is to
19 investigate why the tragedy occurred and to make
20 recommendations on how to prevent a reoccurrence in
21 the future.

22 Most commissions begin their
23 investigation after the tragedy is over. In our
24 case, we are conducting our investigation as the
25 crisis continues to unfold.

1 For this reason, we have submitted two
2 sets of interim recommendations to assist the
3 Government in dealing with the pandemic as quickly
4 as possible.

5 Like other commissions before us, this
6 Commission is independent of Government. Our
7 independence is to ensure public confidence in the
8 outcome of our investigation.

9 While we are independent in our role as
10 reporting our findings and making recommendations
11 to Government, the decision to implement our
12 recommendations is that of Government.

13 As I stated earlier, an important part
14 of our investigation is to learn how residents,
15 staff, and family members were impacted by the
16 spread of COVID-19 in their long-term care homes.

17 So today, we want you to describe your
18 experiences during the crisis and tell us what you
19 believe needs to be done to prevent further
20 tragedies in the future.

21 We understand that many of you may be
22 nervous about participating in this session, and we
23 truly appreciate your courage in helping us get the
24 information we need so we can help others in
25 long-term care both now and in the future.

1 Our hope is that the work of our
2 Commission will ensure that such tragedy is not
3 repeated, and we believe that your sharing your
4 stories will help the public and Government
5 understand why it is so important that this never
6 happens again. So thank you again for your
7 participation today.

8 Now, before we begin, I will ask you to
9 join me in observing a moment of silence in memory
10 of those residents and staff of long-term care
11 homes who have lost their lives to COVID-19.

12 Thank you. I will now turn it back to
13 our facilitators, Kate and Jessica.

14 Kate.

15 JESSICA FRANKLIN: I think we might
16 have lost Kate. That's okay.

17 COMMISSIONER JACK KITTS: Well, okay.
18 Do --

19 JESSICA FRANKLIN: That's why
20 there's -- no problem. That's why there's two
21 facilitators.

22 So just to reiterate that in case
23 anyone else does drop off the call, to please email
24 Angeline as soon as possible, and she will
25 definitely be able to get you back in.

1 I will begin by starting with
2 Question 1. And this question is really focused on
3 you sharing with us about your experience, so the
4 question is as follows: Please tell us about your
5 experience working in a long-term care home during
6 the pandemic. How has the pandemic impacted you,
7 your job, and your ability to provide care?

8 So, Participant 1, if we will be able
9 to start with you, please answer the question.

10 Participant 1's on mute.

11 PARTICIPANT 1: Do you hear me now?

12 JESSICA FRANKLIN: Yes.

13 PARTICIPANT 1: Yes.

14 JESSICA FRANKLIN: Thanks so much,
15 Participant 1. Please go ahead.

16 PARTICIPANT 1: Okay. I have worked as
17 a PSW for 33 years in a long-term care home, and I
18 have never felt so helpless and out of control. It
19 was frightening to come to work not knowing if I
20 was going to bring the virus to my residents.

21 The most terrifying part of my job was
22 when a resident would pass away from the virus, and
23 I would have to meet the funeral home downstairs,
24 disinfect the stretcher, and bring it upstairs, and
25 have to wrap my resident in a blanket and put --

1 and put them into a body bag. That is not
2 something I signed up to be a PSW for. It has
3 greatly impact me. I am fearful to get -- come in
4 contact with my own children because I'm afraid
5 that I will bring it home to them.

6 My home is a very older home, so we
7 don't have the layout to be able to isolate the
8 residents the way we would like to, the way we have
9 to. We have two secure units that have many
10 behaviours in wandering residents, so it was
11 very -- it was very hard to try to keep them away
12 from each other to keep them safe.

13 My building has eight floors and 35
14 residents per floor with many three and four-bed
15 wards. The home did their best to cohort the
16 residents from moving. We tried to move residents
17 out of ward rooms to put them into privates and
18 semis that we had available, but there was just not
19 enough rooms to be able to do that.

20 A lot of our residents were smokers,
21 and we had to lock down the building, and they
22 weren't able to leave their floor or their room.
23 It was hard to try to comfort them when you were so
24 afraid yourself. I'm sorry.

25 JESSICA FRANKLIN: That's okay,

1 Participant 1. Take your time.

2 PARTICIPANT 1: Could you move on to
3 the next person, please?

4 JESSICA FRANKLIN: Absolutely.

5 Participant 2. Participant 2, you are
6 on mute, and I'm happy to repeat the question if
7 need be.

8 PARTICIPANT 2: Sorry.

9 JESSICA FRANKLIN: No problem. Please
10 go ahead.

11 PARTICIPANT 2: I didn't -- this is
12 short notice. I didn't have the question, so I did
13 write a paper which may answer both questions at
14 the same time, so I'll just read if I get through
15 it.

16

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18

19

20 Staffing complement for the building
21 most times is not what it's supposed to be. There
22 are supposed to four RNs, 16 RPNs, and 46 PSWs,
23 which we don't see on a good day.

24 Not consistent staff coming to the
25 homes floors, some are willing and others are not

1 or have attitude about coming to the floors. Some
2 floors work with two PSWs per shift, and you're
3 expected to do all the duties.

4 And I know you can't see me, but it's
5 very hard. Most nights, the RPNs are doing 64
6 residents to give them meds which is impossible
7 when you have -- you may have three at end of life
8 on one side, or you have the behaviours on the
9 other. How one RPN can do that is impossible.

10
11 that we have. There should be more full-time spots
12 where we can keep staff in the building; rotation
13 changes to help those people who have kids and need
14 to work different ones.

15 Some staff start right at their shift,
16 some don't. During the spring and summer months,
17 there's enough staff because you have nursing
18 students, but once that's over, it seems like we're
19 struggling again. Not all nursing staff return to
20 long-term care.

21 We have great caring, empathetic staff
22 getting frustrated and burnt out dealing with staff
23 who are not going the extra mile or so residents
24 get even the minimal of care. You can't tell
25 staff -- we can -- making complements -- making

1 complaints to managers or requests on behalf of
2 residents trying to get bad staff off the floor,
3 reprimanded or told time after time it takes time;
4 it won't happen overnight. It's very frustrating.

5 There's staff on staff that go after
6 each other. They're using resident home workers to
7 replace the PSW which doesn't work anyways because
8 they don't have the certificates, so they're no use
9 to you.

10 PSWs, when trained, should be taught
11 what it's like to be a resident in long-term care,
12 should go back to the old school of training with
13 hands-on, teamwork for all departments, using
14 equipment gliders and stuff for all the residents'
15 rooms ready and available if needed.

16 COVID communication lacks through the
17 building.

18
19 The amount of money
20 that residents pay to live in long-term care
21 doesn't reflect the needs that they are given.

22 I just jotted down things that
23 happened. It's very stressful over time, sad.
24 I've seen residents come in the front door and
25 never been outside again because they don't have

1 to do activities such as painting, colouring,
2 playing ball, bingo, music, or watching sports, or
3 even a movie and enjoying a little bit of pop and
4 chips. Or how about that resident who come --
5 birthday comes up, and you just want to make her
6 feel special on her 90th birthday or do her nails
7 and makeup and watch her face light up when her
8 family walked in to see how she looks.

9 In , one of my residents who is
10 still independent, walking short distance at the
11 age of was going to the bathroom, started to
12 slip, and because the housekeeper washed the floor;
13 I was in the next room, heard her yelling, went to
14 assist her. She panicked. Then I slipped, and we
15
16 because I knew if she fell on the floor and broke
17 her hip, she would never survive.

18 I hurt my shoulder in . I
19
20
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22 Now, after nine months, I have
23 permanent restrictions as a PSW. We need more
24 funding to staff long-term for all departments and
25 give the residents the proper care and respect they

1 deserve. They worked hard all their life to when
2 they need help, and we are here to give it to them,
3 not six minutes.

4 I'm more than this person who just
5 can't wait to leave. Look behind my age -- age,
6 face, and what you will see, my heart, it still
7 beats, and I'm warm to touch. I still feel
8 emotions oh so very much. Though I am left here to
9 stay, I'm just -- I am you, just older somehow; I
10 sit here now. Your turn will come yet.

11 Thanks.

12 JESSICA FRANKLIN: Thank you very much,
13 Participant 2.

14 Participant 3, would you like to go
15 ahead and share your thoughts on the question?

16 PARTICIPANT 3: Hi. I've worked for a
17 for-profit home for 16 years as an RN. We just
18 declared our outbreak on starting of January, so
19 the challenge in our home -- it's a type C-home
20 basically, so moving residents to isolate them is
21 quite a challenge.

22 We are trying to move -- move them,
23 like, with the positive residents, but then when we
24 do our testing again, then we are faced with the
25 same problem.

1 So the staffing is a big issue prior to
2 the outbreak. So we can't -- like, the staff are
3 working seven days straight. They're trying their
4 best. Sorry.

5 JESSICA FRANKLIN: That's all right.
6 And, Participant 3, if you want a moment, we can
7 certainly take that.

8 PARTICIPANT 3: Probably.

9 JESSICA FRANKLIN: Yeah.

10 PARTICIPANT 3: Yeah.

11 JESSICA FRANKLIN: We can certainly go
12 to the next person.

13 PARTICIPANT 3: Okay.

14 JESSICA FRANKLIN: And then come back
15 to you. You will certainly get your chance to
16 speak.

17 PARTICIPANT 3: Okay. Thank you.

18 JESSICA FRANKLIN: No problem.

19 Participant 4, let's see -- no -- yeah.
20 Please go ahead.

21 PARTICIPANT 4: Oh, my gosh. Okay. I
22 work at a smaller home and with a ward -- with ward
23 rooms. During the pandemic, the PSWs were the only
24 ones that were hands-on. We didn't get any help
25 from management or registered staff, only when they

1 needed to be fed. There was no direct care but
2 from us, the PSWs.

3 When it first happened, we asked them
4 for masks, and they said that we didn't need them,
5 that it wasn't in our home. We told them about
6 residents that were getting ill, and they told us,
7 don't worry about it. Just do our job.

8 And then when it came down to it that
9 it started to spread like wildfire through our
10 home, we had no direction on how to deal with any
11 resident with COVID.

12 Or after they passed away, we were told
13 to deal with the person -- or let me see here --
14 when our first resident passed away, there was --
15 we had no direction on how to deal with them, and
16 we had body fluids leaking all over us as we were
17 trying to prepare them to put them in the bag. We
18 only had paper gowns, and the fluids leaked through
19 into our skin.

20 We kept telling them over and over we
21 needed more PPE. There was four residents per
22 room. We had to use one gown per room and hang it
23 on the back of the door. And then they eventually
24 let us have four gowns per room, but we had to --
25 per day, but we had to hang them on the back of the

1 door side by side. It was mentally and physically
2 draining. The residents were yelling, help. We
3 didn't know which way to go. One day, I even
4 dropped to the floor because I didn't know which
5 one to go to.

6 Due to losing most of our staff in the
7 workplace, over 20 of them to COVID and that were
8 medically compromised, there was not enough staff
9 left, so they guilted us into working long hours,
10 and I couldn't leave a resident. I couldn't leave
11 the resident, so I work them extra hours because I
12 didn't want them to be alone when they were dying.

13 They knew at first that there was a
14 staff member ill, but they let her work and work
15 extra hours. And then once it started -- she's
16 tested positive; then the residents started all
17 over the place testing positive.

18 And we had no screeners at the door to
19 take our temperatures or anything when it first
20 started. I don't know what else to say. That's
21 all I have to say.

22 JESSICA FRANKLIN: Thank you,
23 Participant 4.

24 And thank you to everyone. Your
25 courage is nothing short of incredible. We are so

1 appreciative that you have taken the time to share
2 your stories and experiences with us. So please
3 take a moment, take a breath as you need it, and we
4 will -- we will continue on.

5 Participant 3, I did want to give you
6 the opportunity if you wanted to come back now. If
7 not, we can certainly come back to you, but I
8 didn't want to move on without checking in first.
9 Okay. So that would bring us to Participant -- oh,
10 there, Participant 3, you're --

11 PARTICIPANT 3: No. It's okay. You
12 can go to Participant 4.

13 JESSICA FRANKLIN: Okay. So we've
14 heard from Participant 4. We're going to go to
15 Participant 5 now. Please go ahead.

16 PARTICIPANT 5: Good evening, everyone,
17 and thank you to those attending to share your
18 experiences tonight. It's mind-boggling.

19 And thank you to those who have
20 organized this event and offered us this
21 opportunity to share.

22 I am a 40-year employee in long-term
23 care. I've worked both as a PSW and work currently
24 as an RPN. I feel like I'm very well-positioned
25 during this pandemic as I'm employed in a publicly

1 funded, regionally operated home. I cannot imagine
2 the experiences of those working for private
3 non-profit homes where supplies are not always
4 available because profits come before human life.

5 Our staff as well are fighting for
6 their lives. Our mental health is suffering
7 greatly. It puts us in a bad position. We all
8 want to go, and we all want to care for those
9 residents that we've cared for on a daily basis
10 just like a normal day that we would enter their
11 rooms. But because of the pandemic, we need to don
12 and doff and change our gowns, and it stops us at
13 the doors of those rooms by wondering if this
14 client is ill, if we're going to be the next one
15 infected; will I live or will I die? Because our
16 colleagues, we have seen our colleagues die as well
17 as our residents.

18 We have guilt that we live with every
19 day because going to work is like playing Russian
20 roulette. And we breathe a sigh of relief each
21 week when we manage it successfully.

22 I know that a lot of the employees that
23 I work with in long-term care are older employees.
24 We've been there for a long time. We're all
25 considering retirement because we've given most of

1 our lives to our jobs, and now should we give our
2 life to our job? It's very challenging to go in
3 every day with a smile on your face. So many of
4 our colleagues are sick right now with COVID. And
5 now we have -- we found out that our vaccines, that
6 we're going to be short on our vaccines, so that
7 makes it even worse for the employees in long-term
8 care. Thank you.

9 JESSICA FRANKLIN: Thank you very much,
10 Participant 5.

11 We'll move on to Participant 6.

12 PARTICIPANT 6: Hi. I come from a
13 small home. We are privately owned. Fortunately,
14 we haven't had a COVID outbreak. We've been very
15 fortunate. Our -- I live in a region that our
16 numbers are fairly low.

17 But before the pandemic, like the other
18 homes, we were short-staffed. We were overworked.
19 We're unappreciated. We're just the same as
20 everybody else was saying, yeah, during the
21 pandemic.

22 Again, we have ward rooms, so once
23 residents passed, none confirmed from COVID, just
24 natural causes, we started moving residents into
25 different rooms to -- we weren't allowed to have

1 the four per room anymore, so that's when they were
2 moving residents around.

3 But as far as our staffing levels,
4 they've never improved because with the Government
5 putting in the rule that you can't work at two
6 homes, we lost a lot of our staff. They went to
7 their other homes because it was either higher pay.
8 It had benefits. The list went on and on and on.

9 But again, our staff -- we were worried
10 about bringing it in to our residents. We were
11 worried about the family members bringing it in to
12 the residents.

13 At the beginning, we didn't have an
14 abundance amount of PPE either. Our management was
15 telling us we didn't need it. We didn't have any
16 COVID in the building, so just carry on. Like the
17 other participants, our management never comed
18 out -- or never came out and helped with direct
19 care. It was always put on the PSWs.

20 Some of us were working 14, 16 days in
21 a row to cover up the shortages. At the heightened
22 of the pandemic, we were lines short. Right
23 now, we are still lines short because, again, we
24 still have some staff -- our staff can't come back.

25 Just, I think a big thing in my

1 building, we -- we're just -- we felt
2 unappreciated. We -- we're definitely overworked.
3 We're underpaid. We're -- just everywhere you
4 turned, it seemed like there was a roadblock. We
5 couldn't get help here. We couldn't get help
6 there, and our management, we feel like they just
7 brush it under the rug. Nobody wants to deal with
8 it, so here: This is what the Government says;
9 this is what you're doing.

10 Our contract is pretty much void, so
11 anything that we were bringing up to them, oh, this
12 is what the Government says, so this is what we're
13 doing, so just go do it. Like, it was -- there was
14 never any in between.

15 We didn't get any vacation this year.
16 -- I'm not sure if the other participants did --
17 like, very minimum time off. We were working
18 overtime, but the way our contract reads, we didn't
19 receive the overtime pay if we helped -- if we
20 offered to help pick up the extra shift. We didn't
21 get that overtime pay. We had to do it for our
22 regular wage.

23 I'm just looking at my paper here. Oh,
24 we had a couple PSWs actually injure themselves
25 during this pandemic. When it did come time to go

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I was working 90 plus hours a week. They -- my doctor put it up to it was a repetitive injury, and WSIB didn't recognize that as a workplace injury, so I had to go back to work.

So we're -- as a PSW, or even in healthcare in general, I can't speak for RNs or PS -- or RPNs. I think in healthcare in general, our backs are up against a wall all the time. We just don't have the support from people. We're -- not people -- I guess from organizations. It's -- we're just kind of -- it's just kind of swept under the rug. The ratio to staff for the care is nonexistent. We can't give them the proper care that they deserve, that they need.

The -- even before the pandemic, we can't give them what they deserve. They deserve better. They deserve more. It's just very frustrating. I'm sure I haven't said everything that I want, but I'll stop for now, and I'll just shoot an email later. Thank you.

JESSICA FRANKLIN: Thanks so much, Participant 6. Just also, if there are things that

1 come to mind, don't hesitate to bring them back up
2 when the second round of questions come, so we can
3 certainly hear from you again, then.

4 PARTICIPANT 6: Okay. Great. Thank
5 you.

6 JESSICA FRANKLIN: Absolutely.

7 Participant 7, did you want to please
8 go ahead? Just letting you know you're on mute.

9 PARTICIPANT 7: I've been working in
10 long-term care for about 23 years this year. My
11 home is a bigger home which we used to have 62
12 people on each floor, four floors before the
13 pandemic.

14 We were hit hard. A lot of people have
15 died. In beginning, we were afraid when we heard
16 about a pandemic. People had some respiratory
17 issues, but we were told, it's not COVID. And then
18 when we realized -- they didn't give us PPE or
19 anything, so when we realized the COVID is there,
20 I, myself, contracted the COVID, and I was sick
21 like a dog. I was so sick. I couldn't breathe at
22 a certain time, having wheezes, and I was afraid I
23 was going to lose my life. I can't go back. I
24 pulled through it.

25 So going back to work was very scary

1 for me. I am a registered practical nurse. Our
2 home has staffing issues, and I'm -- I have been
3 used to working 62 people in the evening shift for
4 over ten years. We have to fight a lot through the
5 union to get one person to help two floors. PSWs
6 having 12 to 13 people, so it's already a heavy
7 load, and it looks like long-term care, especially
8 in the private sectors, has been forgotten. The
9 nurses are working tirelessly every day to provide
10 care for so many people.

11 So when the COVID hit, it has been very
12 difficult for us. People were sick. Residents
13 were dying, and everybody is afraid. That's
14 the impact -- that's nurses have been going through
15 since last end of March to this time because people
16 have been very sick, but nurses looks like we don't
17 have a choice because we don't have a choice to
18 work from home. We have to go and face this virus
19 every day wearing PPE, doffing and donning, wearing
20 masks and face shield for eight hours through your
21 shift. Only the time that you have to drink some
22 water, you can remove your mask. It's been very
23 difficult to go through this time.

24 Corporate, big corporate companies
25 having profits over life and not having enough

1 supplies for their staff to do their job. And the
2 Governments are not really having any guidelines
3 for these corporates as how many residents one
4 staff could have or manage on their shift so they
5 could assign you to any amount of people they want.
6 It's very difficult for the nurses, that nobody is
7 picking up for the nurses.

8 Nurses have been doing this heroic work
9 for a long time, but nobody sees it. And it's been
10 very difficult for us and our families because
11 we're afraid that we're going to carry the disease
12 and bring it home. I was self-isolating for almost
13 two months because I was very sick, have the virus,
14 got better, have to go back and continue to do my
15 job.

16 And I think that the Government can do
17 better. I'd like to turn these private homes into
18 government homes so that they will be able to get
19 the supplies they need because when the pandemic
20 hits, if you check, the private homes got affected
21 more than the government-owned homes because they
22 have everything. We didn't have so many things
23 until it got bad before the Government stepped in
24 to give the supply that we need because, initially,
25 if we had prepared ourself, if people had been --

1 management had been transparent with the staff,
2 knowing that we have everything, I don't think
3 we -- I think we could have saved more lives than
4 we have been.

5 Going to work hearing your co-workers
6 dying with what you also contracted is a very scary
7 thing for us to go through. The Governments need
8 to step in and help these private homes and the
9 staff that are working there. There need to be
10 guidelines, how many people PSWs and RPNs should
11 have a day because having over 62 or even 42
12 residents per day is not ideal. It's very hard.
13 You don't go for breaks because you cannot finish
14 the tasks that you have to do. And it goes on and
15 on and on.

16 So and the night staff are having,
17 like, 120 people. It's -- it's just mind boggling,
18 and it's very difficult for us that we need to work
19 and feed our families. So it seems like we have no
20 choice. We have to keep going and helping the
21 people the best way we could.

22 So this has been very difficult for
23 nurses, so I think that the Government should
24 really set guidelines, make sure that we prepare
25 ourself ahead of time, have a plan in place. These

1 places need isolation, extra isolation rooms so
2 that initial symptom, there will be risk assessment
3 to be able to put the resident in isolation so that
4 whatever infection it may be will not spread as
5 this one spread.

6 So we need the Government to recognize
7 the work that the nurses are doing in the long-term
8 care, not only in the hospitals because I can see
9 that most of their focus are on -- in the
10 hospitals. And the long-term care nurses have been
11 forgotten.

12 And also, the Governments giving
13 pandemic pay to only PSWs is not fair to all the
14 nurses who work in the long-term care. The
15 long-term care consists of RN, RPNs, PSW, and other
16 also staff across the board. So it's not only the
17 PSWs needed a pay raise. All this sector also are
18 doing the same thing, being under the same problem,
19 and they all need help with their financial and
20 their pay too. It's not only one sector which they
21 can pick and choose.

22 So I think that the Government can do
23 better to help this place because the assignment
24 level is hard. The resident [sic] need more help,
25 and we need the Government to help us through this

1 difficult time. Thank you.

2 JESSICA FRANKLIN: Thank you. Thank
3 you very much, Participant 7, and I think you've
4 also included some recommendations in what you've
5 shared, so we do appreciate that, as that will also
6 be covered in the next question. And also, thank
7 you for sharing about your recovery.

8 Participant 8 I don't think has joined
9 the call, so I'm going to be moving on to
10 Participant 9. Please go ahead.

11 PARTICIPANT 9: Hi, everyone. I work
12 in a long-term care for-profit, private home. I
13 don't patient-face (phonetic), so -- but I know
14 there were challenges for everyone. Mostly
15 initially, when the COVID started, we were -- we
16 had no idea what was going on. Management was
17 hiding all information.

18 We didn't have PPE. We didn't have
19 cleaning supplies. Management had a tendency --
20 sorry -- of leaving out information to the workers
21 who are not patient-facing, so a lot of the staff,
22 I know, was getting sick. The housekeeping staff,
23 there were a lot of the housekeeping staff that was
24 sick and couldn't work for weeks and weeks and
25 weeks. There were, like, two housekeeping staff

1 that was working, and they were doing overtime.
2 They were working 16 hours daily. They were
3 working seven days per week. They were going on.
4 They couldn't get a break. The management tell
5 they have to work. They can't get time off because
6 the Government says they can't get time off.

7 We had a resident getting sick. They
8 don't know what to do. They had no information
9 what was going on. Their food and everything was
10 coming from boxes that they were -- they weren't
11 locked away. We were all bungled together, sick
12 people, negative people, all together, so there was
13 no separating, and that's why the virus gets spread
14 more than it should have. So if management were
15 taking steps and doing separation in the first
16 initial stages, then maybe things could have gone
17 better.

18 In my role, I don't think I changed
19 any -- the way I provide care because I'm not
20 patient-facing, but I'm more aware of my -- of how
21 I am performing my daily duties and moving around
22 the facility. I am more purposeful in my reaction
23 with staff and residents. That's about it from me.
24 Thanks.

25 JESSICA FRANKLIN: Thank you. Thank

1 you very much, Participant 9, very interesting
2 insight, absolutely.

3 Participant 10, would you be able to go
4 ahead and answer the question?

5 PARTICIPANT 10: Hi there. Would it be
6 possible to read the question to me? I just
7 started late. I had to work.

8 JESSICA FRANKLIN: Absolutely. So the
9 question is, please tell us about your experience
10 working in a long-term care home during the
11 pandemic. How has the pandemic impacted you, your
12 job, and ability to provide care?

13 PARTICIPANT 10: Okay. Well, I
14 actually worked in a smaller long-term care
15 setting. We had initially 60 residents, and as the
16 pandemic progressed, of course, they dwindled down.

17 Our residence was older. It was more
18 than 50 years old. The residents could actually
19 lie in bed in a ward, a four-bed ward, and could
20 literally hold hands with each other. The rooms
21 were that small.

22 PPE was made available to an extent.
23 We did have to request it. I worked on -- with the
24 health and safety committee. I was a member of the
25 health and safety committee, a very active member,

1 so we demanded many things. We did not get
2 everything we asked for. Mask-fit testing is very
3 antiquated in long-term care. It's very different
4 than what my counterpart would get in an active
5 care hospital. So, you know, we are left to endure
6 substandard testing.

7 It's abysmal what it's like to work in
8 a long-term care setting, honest to God. There's
9 no describing it. These residents pay thousands
10 and thousands of dollars a month to live there in a
11 private setting, and they are not getting their
12 money's worth. The food is terrible. We are in a
13 constant state of short-staffing. There's one RN
14 per 60 residents, two RPNs on days and afternoons,
15 only one RN on nights, no RPNs on nights, and three
16 PSWs.

17 Everything that the girls have said,
18 the previous staff have said are totally correct.
19 I don't know. I actually quit because I was not
20 safe. I did not feel safe there, so I quit my job.

21 We asked for -- they -- the employers
22 said they had a COVID playbook which they would not
23 share with the -- with the staff. We tried to put
24 it through health and safety committee to demand
25 that they show us their COVID playbook which was

1 how they were going to operate during the pandemic.
2 That was refused to be shared with us at all times.

3 I left when the first resident was
4 diagnosed. That was actually my last day of work,
5 and so since I've been off, I have had to endure my
6 friends calling me, texting me, and me calling and
7 texting them to see how these residents were. I
8 loved my residents. I really did. And you hear,
9 this one's palliative; this one's dying. Every
10 day, another one died, another one died. It's
11 horrible. It's just horrible because this could
12 have been prevented.

13 And I'm not talking about this pandemic
14 or just this last few months. I'm talking for
15 decades, the constant underfunding of long-term
16 care sector. This is nothing that the Government
17 hasn't been aware of for decades. They just
18 allowed it to be swept under the rug because they
19 didn't want to waste the money before this.

20 It's just -- it's disgusting. That's
21 all it is. There's no other -- there's no other
22 words for it other than total disgust. I think the
23 Government needs to abolish every for-profit
24 nursing home. They have to establish RN to
25 resident ratios, RPN to resident ratios; PSW to

1 resident ratios. They have to bring in more
2 cleaning services. You have to look at this as an
3 entire -- as a whole. You can't just look at it at
4 a micro level. There are -- there are so many
5 things wrong with this, you can't even begin to
6 pinpoint.

7 You need to -- I applaud you for doing
8 this, but there needs to be a multisector committee
9 formulated. And, I mean, answers have -- you have
10 to find answers.

11 You know, honestly, I think if
12 everybody just quit, the Government might do
13 something. They might realize how bad it is.
14 Again, the residents would suffer. The families
15 would suffer. I don't think the Government's going
16 to listen to a damn thing that we have to say
17 because it's all based on money.

18 The residence that I was at -- this is
19 how bad it is -- completely for-profit. That's all
20 they care about is do their boards, meet the
21 objectives, and do they -- do they get paid.

22 When you can have residents that their
23 meals have been cut, their food allowances has
24 been -- have been cut by a thousand dollars a month
25 just so that people can meet their benchmarks and

1 get their bonuses, it's complete disgust.

2 I don't know what the answer is, but
3 they have to do something because it can't get any
4 lower than it is now. And I thank God both of my
5 parents are dead, that they don't have to live
6 through this. It's horrific. I don't know. I
7 don't know what more to say. But they have to do
8 something with these profit -- for-profit homes.

9 JESSICA FRANKLIN: Thank you. Thank
10 you very much, Participant 10.

11 Participant 3, I did want to give you
12 the opportunity if you did want to speak to the
13 question, you certainly can now, or when we go
14 around for the second question, you can give your
15 response then but just wanted to see if you did
16 want to respond at this point. Okay. Not a
17 problem.

18 So I'm going to turn it over to Kate
19 who is going to walk us through the second
20 question.

21 Over to you, Kate.

22 KATE MCGRANN: Thank you everyone, for
23 your thoughtful comments and for sharing with us in
24 response to Question 1.

25 Question 2 is, reflecting on your

1 experience, is there anything that could have been
2 done that would have made the situation better?
3 What is the most important thing that the
4 Commissioners need to know as they consider
5 recommendations?

6 We'll start with Participant 1. You'll
7 have about four minutes, and we'll move through by
8 participant number.

9 Participant 1, would you like to go
10 ahead?

11 PARTICIPANT 1: So in my experience, we
12 were very unprepared for this virus. The home I
13 worked -- work in is just not laid out to be able
14 to keep the residents safe. These older homes need
15 to be rebuilt. We've been a D-home for years.
16 I've been there for 33 years, and we're still a
17 D-home, and it has not -- there's no talk of
18 rebuilding us any time soon.

19 The other problem is is my home is a
20 downtown home, and we have a lot of residents being
21 admitted with mental health. You're mixing the
22 elderly residents with these young residents with
23 mental health problems that we're not educated to
24 take care of people like that. It's very unnerving
25 to have a resident that -- with mental health

1 problems in with another resident that has dementia
2 that doesn't understand that they can't touch their
3 things, and the resident gets very upset and
4 screams at them.

5 We have to be better prepared. We owe
6 it to these residents. We shouldn't have lost as
7 many residents as we did, and we shouldn't have
8 lost a coworker that came to work every day, would
9 not go off. She had existing health problems and
10 would not go off work because she needed to be
11 there to help take care of the residents.

12 We need more staff, more PSWs, but I
13 think this pandemic is going to frighten a lot of
14 the younger generation away from this field, and
15 we're going to be into a bigger problem than we
16 ever have after this pandemic is done. We need to
17 be better prepared.

18 When we get directions from the health
19 unit, the directions are changing daily. It's very
20 frustrating. You don't know if you're coming or
21 going. What are we implementing today? What -- it
22 changes constantly, and I understand that not
23 everybody has a lot of knowledge when it comes to
24 this virus, but we needed to be better prepared.
25 The community, the long-term care, the Ministry of

1 Health, we dropped the ball on this. These
2 residents are suffering because of this. That's
3 all I have to say.

4 KATE MCGRANN: Thank you very much,
5 Participant 1.

6 Participant 2, would you like to share
7 your response to Question 2 now?

8 PARTICIPANT 2: I think I answered
9 some -- most -- some of it in the first question,
10 but like I said, most of it is staffing, and we
11 can't get PSWs. They don't want to come for the
12 minimum wage or whatever wage it is. It's not
13 there.

14 It's hard work to work in long-term
15 care. You get the students that come in who are
16 eager to go, but after they do two weeks of
17 clinical and see how hard it is to work, they don't
18 want to stay. They end up going out into the
19 community where it's lighter. You could go to
20 Tim Hortons and work for \$17 an hour and be
21 stress-free and be happy. Where you come into
22 long-term care, and they don't realize what it's
23 like or you -- like the Participant 1 said, it's
24 different people coming in now.

25 You have mental health issues. There's

1 35-year-olds mixed in with an 80-year-old. How do
2 you explain to the 35-year-old, that person has
3 dementia. Sorry she's trying to talk to you, and
4 you don't want to talk to her or make it floors
5 where there -- you can have your 30-year-olds to
6 40-year-olds and a separate ward for them or
7 something or find some place for them to go. They
8 shouldn't be mixed in with dementia people who
9 wander and stuff like that.

10 The wage is the most thing that I hear
11 from most people is the wage. The staff and
12 training of new PSWs, maybe you should train them
13 better, let them know what it's like to work in
14 long-term care. There's people, residents sitting
15 for 12 hours in a chair. They get up in the
16 morning. They push them in front of a TV. You
17 don't have time to do anything. You don't have
18 staff. You don't have TRs to do stuff with them.

19 If I have time and I walk around and I
20 have a few minutes, sure, I'll toss a balloon, do
21 balloon toss, or I'll dance or sing or put music on
22 or whatever -- there -- something to make them --
23 they just sit there. They do nothing. That's not
24 life. You're supposed to -- independence when they
25 come in there.

1 Communication through the building,
2 yes, COVID come. There's not much that they tell
3 you. The things change so fast. I mean, I'm a
4 health and safety co-chair as well, but things
5 change so fast, and by the time you get to the 6th
6 floor and you get down to the 4th floor, they
7 already changed something, and you don't know what
8 that is or to tell them.

9 Or you do one outbreak on a floor, and
10 that was the first outbreak we had, we learned from
11 that. Then we ended up with another one on a
12 different floor which we contained, and there was
13 only one staff member, but we contained and nobody
14 else got it.

15 But we have to learn from that, so you
16 should be disgusting and -- or discussing stuff and
17 saying how to work it, or, you know, you have to
18 work as a team. You have to have housekeepers in
19 there. You got a poor housekeeper donning off and
20 on to go into rooms to clean a resident's room
21 or take their lunches out, or they spilled on the
22 floor because they have -- they're quarantined in
23 there.

24 One housekeeper, I watched her walk
25 out, and she's not -- barely she even walked to her

1 car because one housekeeper shouldn't have to do
2 rooms. Put more staff in there if you're in an
3 outbreak.

4 You have to keep the high touches and
5 things wiped down, and they talk about hand hygiene
6 and washing all the time. Then put the staff in
7 there. Put more staff in there. But where? Where
8 do you get that staff from? Nobody wants to work
9 in there.

10 Long-term care needs -- we need to go
11 back to the old ways, being taught. Like, I mean,
12 I learn more better with hands-on than I do with a
13 book. Who cares about a book or something like
14 that? Give them gloves. Let them put gloves on,
15 see what it's like to sit there where you can't
16 scratch your nose or you can't ask for a drink
17 because you can't speak, and you have to read their
18 faces or what's bugging them, or you get to know
19 them.

20 Go back to the old way. Maybe you'll
21 have more people stick around in schooling; that's
22 why they come to PSW. They do the nursing comes.
23 Then they end up going to RPNs and RNs because they
24 don't want to do the PSW job. I don't know what
25 else to say.

1 KATE MCGRANN: Thank you very much,
2 Participant 2. Those comments were very helpful,
3 and we appreciate you describing your experiences
4 to the Commission.

5 Participant 3, would you like to speak
6 to Question 1 which asked about your experience in
7 long-term care, and maybe once you've made those
8 comments, you could also share your thoughts on
9 anything that could have been done to make the
10 situation better.

11 PARTICIPANT 3: Okay. So the challenge
12 is really the -- meeting the needs of the resident
13 with the short-staffing that you have already to --
14 prior to the pandemic. Now the staff are really
15 stretched in providing that care.

16 It's not just, you know, the PSW, the
17 registered staff, house -- you know, the dietary
18 programs and housekeeping.

19 The outbreak management that we're
20 having, it's quite difficult to follow because it's
21 changing every time. We don't -- there's no
22 standardized protocol. We have Public Health. We
23 have somebody from hospital assisting with IPAC,
24 and they have different opinions in how we're
25 supposed to manage the outbreak. So that's quite

1 difficult in following for the staff. Like, one
2 would tell you something else, and then the next
3 day, it's totally different.

4 The turnaround for the COVID testing,
5 too, is a challenge. It would be -- you know, I
6 know there's rapid testing, but our home,
7 sometimes, we wait three days to learn if -- you
8 know, what their results are. There's quite a
9 delay in those.

10 Right now, because we're in outbreak,
11 our turnaround time is like 24 to 48 hours which is
12 still -- I find that still, you know, it's not
13 adequate enough to have that result. Like, we need
14 that result right away.

15 The adequate and appropriate PPE
16 supplies, so that's been locked ever since the
17 beginning of the pandemic. We always have to
18 constantly ask for supplies. I mean, that's
19 something that it should be coming automatically
20 that we don't have to say, okay, I need this; I
21 need this; I need this on your shift. The
22 management, you have to ask for it. There's been a
23 battle with the use of the N95 at our home.

24 It's -- you know, we have -- we're looking at the
25 residents. They don't want us to be using the N95.

1 They say that we don't need it, so the surgical
2 mask is enough, so we're still find -- you know,
3 trying to find that battle with the PPEs.

4 KATE MCGRANN: Thank you very much,
5 Participant 3.

6 Participant 4, we'll turn to you now
7 for your views on anything that could have helped.

8 PARTICIPANT 4: Where am I here? We're
9 PSW 1 to 12 ratio, and -- or is it -- and that we
10 have an hour and a half to get all them ready. We
11 need more hands-on and a lower ratio of residents
12 so we get more time to do them, and we don't have
13 to cut corners as if -- we have to do.

14 We also live near a hospital, and
15 they -- their wage is -- to start is our -- what
16 the highest rate we can get paid.

17 Long-term care needs more staff, a
18 living wage so we can keep staff, and familiar to
19 the residents for daily care. We don't even have
20 face cloths because they say they can't afford
21 them. We have to use pucks.

22 They should have shut down the building
23 immediately as soon as they heard about COVID
24 instead of letting people still work in other
25 places, and they should have automatically given us

1 PPE which we didn't 'til after it was already
2 spreading through the building.

3 We were also told that we were ready
4 for the pandemic, but we weren't.

5 We were threatened with abandonment of
6 our job if we were leaving for -- like, one nurse
7 was threatened with that because her sister had an
8 illness, a compromised immune system, and she had a
9 little child.

10 And we actually need more direction
11 on -- we should have had more direction on how to
12 deal with a COVID patient or resident and how to
13 deal with them after they passed. And that's about
14 all I have to say.

15 KATE MCGRANN: Thank you very much,
16 Participant 4.

17 Participant 5, I'll turn to you now.

18 PARTICIPANT 5: Hi. So I agree with my
19 sisters there on this call that it was very
20 unorganized. I think that we had a lot of time to
21 plan, and then all of a sudden, when it hit us, we
22 didn't know what we were doing. We were kind of
23 running around trying to -- you know, things were
24 changing every single day. Directions from Public
25 Health could change hourly. We had -- we had a lot

1 of community services that came in to help out, and
2 we had a lot of redeployed staff. What I noticed
3 when these people came in to help out, what they
4 were doing was they were auditing us which put more
5 pressure onto the staff at that particular moment
6 in time being audited during your PPE, so, you
7 know, making sure that you were doing it properly,
8 and that just stressed people out all over again.

9 So I think it would have been more
10 beneficial for them to be giving direction to staff
11 rather than reprimanding them on how they were
12 doing their PPE.

13 Also, so things that need to happen,
14 there should only be publicly funded homes. No one
15 should be making huge amounts of profits off of
16 human beings. It's shameful.

17 I've been involved in the Time-to-Care
18 Campaign for many years, lobbying many different
19 governments, hanging out at many MPPs offices,
20 making calls to them, sending emails. It should
21 never have taken this pandemic and the deaths of
22 all these residents plus co-workers for somebody to
23 stand up and take notice. Four hours of care is a
24 must. It's not an option. It's a must.

25 We need more full-time jobs paying a

1 living wage and decent benefits. Staff need to
2 have ongoing training and encouragement. We used
3 to have more frontline workers than managers. Now,
4 we have managers for few workers. We also have an
5 invisible line where the managers won't throw their
6 hats off and jump into the ring to help out. I've
7 seen this a lot.

8 We need to develop strong committees
9 and supportive systems for staff so that we can act
10 and support one another through these kinds of
11 emergencies.

12 When building these homes, we need to
13 take into consideration that most of the COVID
14 infections started on dementia floors. Dementia
15 units need to be single rooms and smaller areas for
16 activities, more one-to-one-based activities.

17 Visiting areas for families should be
18 off of the units in secure, comfortable areas.
19 That prevents people from bringing things into a
20 unit that can -- that has been known to -- for
21 the -- for the diseases and things to be passed on,
22 right? And making sure that dementia units are on
23 ground floors so that they have secure outdoor
24 patios that are accessible.

25 Also, with staffing, we have RNs and

1 RPNs who are agency staff. We shouldn't have these
2 people as agency staff. I would think that best
3 practice would be that -- I can't imagine going
4 into a brand-new facility, meeting all these
5 brand-new people, and trying to remember their
6 names to give them medications that are important.

7 So I think agency staff, if we create
8 these, you know, four hours of care, there should
9 be jobs for people other than agencies. Anyways,
10 that's all. Thank you.

11 KATE MCGRANN: Thank you very much,
12 Participant 5.

13 Participant 6, we'll turn to you now
14 for your response to Question 2.

15 PARTICIPANT 6: Thank you. I do agree
16 with everybody that has spoke before me.

17 And, Participant 5, wow, you really
18 nailed everything, actually. Very good.

19 I was going to add a little bit to it,
20 though. Again, as the healthcare sector, this
21 crisis is not new. Like, it's just now in the
22 Government's face, and let's keep everything
23 crossed that they deal with it now. Like, this
24 isn't a new situation.

25 More staff, better pay, a lot of people

1 can't live on the part-time hours that they get in
2 the healthcare sector, so they're working multiple
3 jobs which then bit them because right now we can't
4 work multiple jobs.

5 So we need more full-time lines,
6 benefits for our full-time and part-time staff all
7 across the board, not just PSWs, nurses. I'm
8 talking dietary, healthcare, like, everybody.
9 Let's make them want to come into this line of
10 work; paid sick days; a higher ratio of staff to
11 residents. Like, that's a given.

12 Like, we -- these people just deserve
13 better. They've earned the -- more respect, I
14 guess. The four hours care guaranteed, like,
15 that's a big thing. Like, we can't get -- we can't
16 get ourselves ready in six minutes let alone
17 somebody who's contracted, who doesn't understand
18 what you're doing, who you have to do everything
19 little thing for.

20 In our home, we've actually had some
21 staff quit being PSWs, RPNs and go work in a call
22 centre because the pay was similar.

23 And they -- the benefits is a big
24 thing. Like, if you can go work at McDonald's and
25 get benefits, it says a lot. Like, we're taking

1 care of people. We deserve more.

2 There was -- right now, I don't know if
3 any of the other homes -- we have -- our management
4 brought in the new incentive for new PSWs, so any
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10 . How about taking care of the
11 existing staff who are busting our asses doing this
12 every day for however many years?

13 Again, like somebody else mentioned,
14 better training to deal with the mental health
15 issues. I actually had to pull another resident --
16 or a resident off of another resident that he was
17 trying to choke. I'm 5'3, 130 pounds. This man
18 was almost 6 feet tall, well over 200 pounds, and
19 here I am trying to pull him off because me and my
20 partner at the time were in the room.

21 So we aren't equipped to deal with that
22 kind of behaviour, first of all, so better training
23 needs to be brought in; I get -- more realistic
24 training.

25 Like another participant said, these

1 new hires are coming in, and then they see that
2 they're being spit on. They're kicked. They're
3 punched. They're bit on a daily basis, and then
4 they don't come back. There's -- there just isn't
5 realistic expectations of the job at hand, so I
6 think better training, realistic -- that allows
7 them to have a realistic picture.

8 Like, you're not going to go into the
9 home and bake cookies. Like, this is real life.
10 You're taking care of people. Unfortunately,
11 they're mixing mental illness with dementia or just
12 different areas, and they shouldn't be mixed.

13 Yeah, we had -- our home actually had a
14 resident that was years old that was put in with
15 the dementia residents. And his, unfortunately, it
16 was a substance abuse problem, but there was
17 nowhere for this gentleman to go, so that needs --
18 that is a big thing that needs to be addressed,
19 just not placing people properly.

20 The continuity -- the continuity of
21 care, like, again, somebody mentioned the staffing
22 agencies. First of all, that's hard on the staff
23 coming in because you're -- you're constantly
24 training these agencies that are coming in, and
25 they're making -- I know some agencies are coming

1 in making \$9 more an hour than the existing staff,
2 so there's animosity among the staff as soon as
3 they come in the door.

4 I think that's pretty much all I have
5 written down. But again, I agree with everybody
6 that has spoke before me. The staffing is a
7 problem. The shortages is a problem. The -- we
8 could go on forever, but there's -- this is just
9 touching -- just touching the subject. But thank
10 you for the opportunity.

11 KATE MCGRANN: Thank you very much,
12 Participant 6.

13 We'll turn now to Participant 7, offer
14 your response to the question.

15 PARTICIPANT 7: Okay. I think I said
16 some of mine in my first section. My main issue is
17 that the accountability and the responsibility of
18 registered staff and PSW at this long-term care is
19 very high, but it looks like the accountability of
20 these corporates are not that high, and it's making
21 it very difficult.

22 I think the resident deserves much more
23 better, but if these corporates allow to decide how
24 many patients ratio is to one staff, then it's
25 going to be a problem all the time because imagine

1 you are an RPN giving medication on a floor, and
2 you have 62 people with all -- the least is 42
3 people; how much time are you going to allot
4 between the med pass on your shift within the eight
5 hours plus assess all the sick resident?

6 If you're a PSW and you have to 12 to
7 30 people, and all these people are
8 [indecipherable], how much time are you going to be
9 able to spend with the resident to be able to
10 provide the care that they need?

11 So everybody -- don't get me wrong,
12 everybody who is in this sector are doing the best
13 they can. But sometimes, your best is not enough
14 provided how many people you have to provide care
15 or how many people you have to give medication to.

16 So it's not safe, but that's what I'm
17 saying. Everybody needs a job to provide for their
18 family, so we go in with a clear mind to do the
19 best we can.

20 But if you compare the pay of a
21 government place, non-profit workers who work with
22 government as PSW with a registered staff in a
23 private home, it's kind of like the PSW in the
24 Government who are getting more pay than the people
25 who work in the private sector. Why is it supposed

1 to be like that? Why some of the staff have less
2 patients to take care of that's more pay because
3 they work with the Government? Why these corporate
4 people are getting away with providing less pay and
5 giving so many ratio of resident for one staff to
6 care for? It's not safe for the staff, and it's
7 not safe for the patient.

8 So the Government has to really have a
9 guideline as to direct this corporate how many
10 staff ratio is to patient because there -- if this
11 is addressed because Government is promising four
12 hours a day. But if four hours a day is going,
13 then they need to hire more staff. They need to
14 hire more staff to care for these people.

15 And Government homes sometimes have
16 32 -- 28 to 30 patients for RPN to give medication,
17 plus private home have 42 to 62, whatever they
18 decide, and if you are short with one staff, then
19 you have to do all the medication for all the
20 people.

21 So you work with no breaks. People
22 are -- we are frustrated. Governments know this
23 beforehand, before COVID. They decided not to do
24 anything about it because they come to do
25 inspection at these homes. They see the staff and

1 the amount of work they are doing, so I think if
2 the Government say with a blind eye that they don't
3 know this before COVID is wrong.

4 And when you have so many people, then
5 infection spread also faster because this is a
6 congregate setting. And we have two people in each
7 room using the same bathroom, and it's not safe.
8 It's not safe.

9 So we are asking the Government to look
10 into staff-resident ratio, and cut it the same way
11 they provide for the Government institutions, the
12 same way they should watch this so that these
13 corporates will not take profits over life because
14 we are exhausted. We are frustrated. The resident
15 need much more than what they are getting, and I
16 think that the Government needs to step in and
17 start setting guidelines and make sure that they
18 hire more staff.

19 And also, since staff has to work in
20 one place, most of the places don't have enough
21 staff. And at the same time, the people who choose
22 to stay wherever are also complaining that they
23 don't get enough hours. So at the end of the day,
24 people are not getting enough money even to take
25 care of their family, and the assignment continues

1 to be heavy because there is not enough staff.

2 So if the Government is giving
3 incentive for people who are just coming into the
4 field, what about the people who are already in the
5 field working so hard, people losing their life,
6 people getting sick, and they are not getting
7 nothing? They are getting nothing from the
8 Government. The pay ratio has to be looked into.

9 Not only one side of the nurses
10 supposed to get a pandemic pay. We are still in a
11 pandemic. Why all the pandemic pay has been cut
12 except PSWS? It's not -- I know that the PSWs need
13 the pandemic pay, but I think all field of medicine
14 needs a raise, a permanent raise from the
15 Government, not just a pandemic pay that will last
16 up to March and it's ended.

17 The work in the long-term care is
18 serious, but they always talk about the hospital
19 sector nurses. They're forgetting about the
20 long-term care nurses who are doing a lot for our
21 old citizens, and it needs to be looked into.

22 Thank you.

23 KATE MCGRANN: Thank you very much,
24 Participant 7.

25 I'll turn to Participant 9 now. Before

1 I do that, it looks like we're going to have enough
2 time for me to come to each of you and offer you
3 the opportunity to make a very brief, final
4 statement if you wish to once Participants 9 and 10
5 have -- give their responses to Question 2.

6 So I just wanted to give you some
7 notice so you can think about whether or not you
8 would like to make a brief, final statement.
9 Absolutely up to you, you don't have to, but think
10 about it for now.

11 And Participant 9, I'll turn to you now
12 for your response to Question 2.

13 PARTICIPANT 9: In addition to
14 everything that everybody is saying, because
15 everything that they're saying is really valid
16 points, long-term care does need more staffing.
17 It's understaffed. Staff are tired. They're
18 frustrated.

19 We also needed valid information for
20 staff when the COVID came out because we knew
21 nothing. We needed adequate PPE, not just for
22 management because what we found out, management
23 were all suited in N95s, in PPE gowns, in masks, in
24 head tie, and they were all sitting in their
25 offices not participating, not supporting staff

1 while the staff who are doing all the work are not
2 suited in proper PPE, proper masks, and they're
3 facing all the virus.

4 We also needed more training regarding
5 pandemic protocols. We needed transparency between
6 Ontario Health and for-profit organizations. And
7 we needed some safety advisors in the homes as to
8 how to go about dealing with the pandemic. That's
9 it. Thank you.

10 KATE MCGRANN: Thank you very much,
11 Participant 9.

12 Participant 10, please go ahead.

13 PARTICIPANT 10: Hi there. You ladies
14 are fantastic. I have to tell you that. You
15 really are. Most of it I agree with. I think
16 we -- I think we knew better, though. I think we
17 dropped the ball. I think the Government dropped
18 the ball. We knew decades ago when SARS hit that
19 all of this was possible, but they didn't -- they
20 didn't choose to put the money where it needed to
21 go. They didn't choose to increase infection
22 control, cleaning, focus on health and safety.
23 They let the residents remain in old, antiquated
24 buildings that were so close together that where
25 four people shared a bathroom. There was no --

1 there was no other end result than what we have now
2 because they didn't learn their lessons.

3 I don't know what it's going to take
4 for anyone to learn a lesson. What, a million
5 lives? Two million lives? I don't know. I don't
6 know what it's going to take. It's -- I don't
7 know.

8 We absolutely need to get rid of
9 for-profit nursing homes, and even if you don't get
10 rid of them, if the Government steps in and
11 assigns, you must have 'X' amount of RNs per
12 resident, 'X' amount of RPNs per resident, PSWs per
13 resident, housekeepers per resident, repair staff,
14 education, you would see a lot of long-term care
15 for-profit homes get out of the business very, very
16 quickly. I think that's the case. I honestly do.

17 I do think education is a key, though.
18 Now is the time that we need education even more
19 than ever before. And in long-term care, what they
20 do now is everything is Surge Learning. Adult
21 learners don't learn from Surge Learning. You --
22 everyone knows how adult learning is best suited,
23 and that's hands-on.

24 People have seen firsthand, whether
25 they are starting as a brand-new PSW when they're

1 20 years old or when they're in their 50s, almost
2 60s like me, they don't have time to do Surge
3 Learning. They're not given opportunity to do
4 Surge Learning, and often, all they -- all they're
5 doing is clicking the button yes and moving along
6 without even doing any of the reading, without even
7 looking at any research, without even having, you
8 know, discussions with each other; do you think
9 this is appropriate for our facility? How can we
10 take that knowledge and make it work to our
11 advantage? What can we do, because these buildings
12 are so old, with what we have to make it better?

13 There isn't any of this in the nursing
14 home. There isn't any time for anything, but we
15 need to bring back education drastically. That's
16 the only way we're going to progress. That's the
17 only way we're going to make change.

18 It's disgusting when you see how
19 much -- there is -- there is no -- almost no
20 education anymore in long-term care. It's
21 horrific. Unless you decide to take courses on
22 your own, or you really push, there is no education
23 for the staff. It's horrible.

24 Money, as the other ladies have
25 addressed, needs to be front and centre. If you

1 take a look at the ONA contract -- I'm not familiar
2 with CUPE, but if you take a look at the ONA
3 contract and the 1% wage increase and compare that
4 with police and fire that don't require four years
5 of university plus a multitude of other courses,
6 have you looked at their contracts in the last
7 couple of years? It sure isn't 1%.

8 We also -- I think there needs to be a
9 hotline set up, a long-term care hotline that
10 people can report to if it needs to be anonymous;
11 details have to be provided, and these places need
12 to be accountable.

13 Ministry of Health comes in or
14 Public Health comes in. They walk around with
15 management. Management, I think, spends a lot of
16 their time covering things up. There are certain
17 staff that are very vocal. They will actually have
18 those staff removed, give them a job, take them
19 away so that they don't have the opportunity to
20 discuss issues with Public Health and to discuss
21 issues with the Ministry.

22 I sat in one town hall meeting, and my
23 administrator actually lied to Public Health about
24 residents returning from hospital and being put in
25 private rooms. So I spoke up, and I said, that's

1 not happening here. She tried to change the
2 subject. I was adamant. I stayed with it, would
3 not allow her to lie to Public Health. We had a
4 multitude of issues that are tried to be swept
5 underneath the rug.

6 At least I'm in a very good financial
7 position. I loved my job. I wanted to retire in
8 that home. I could not continue to work there
9 anymore because it was not safe, and I had to make
10 a decision to stay and continue with no change in
11 sight or to actually make the leap and quit and
12 move on. And that's terrible.

13 At least I'm -- I consider myself so
14 lucky to have that opportunity and to be in the
15 position where I'm able to do that, but there are
16 so many women -- and it's female dominated. You
17 can't say it isn't. There are so many women that
18 are single moms, live paycheque to paycheque, have
19 not only their own children's responsibility but
20 extended family responsibility. They're looking
21 after parents. They're looking after loved ones.
22 It's horrible. They are locked into these jobs,
23 and they have no opportunity to leave.

24 Even if you look at the girls -- the
25 other ladies discussed benefits. They discussed --

1 one thing that they haven't discussed which is
2 major is pension. And your pension is totally
3 based on your amount of money that you make. It's
4 solely based on your hourly rate plus the amount of
5 years you pay into the pension.

6 Pensions are nowhere near in long-term
7 care what the hospital sector pensions are. It's
8 night-and-day comparison. So not only are these
9 women working for their entire lives making less
10 money when they retire, if they get to retire, or
11 they could die before they retire -- they will be
12 making next to nothing in their pension.

13 I don't know. I need to -- it needs a
14 total overhaul. I wish you all the luck in the
15 world, and I thank you so much for beginning this
16 journey, but if you have any suggestions to us, for
17 us, with things that we can do now, I would love to
18 hear them.

19 KATE MCGRANN: Well, thank you very
20 much, Participant 10.

21 And thank you to all of you for sharing
22 your experiences and suggestions for what could
23 have made your experience in the pandemic better to
24 date.

25 We're now going to quickly move through

1 each of you to give the opportunity to make a
2 brief, final statement if you so choose.

3 Starting with Participant 1, would you
4 like to make a brief closing remark?

5 I'm going to interpret that as a no,
6 but if you did want to make a statement, you can
7 indicate so in the chat box -- go ahead.

8 PARTICIPANT 1: Sorry. Here I am. I'm
9 just hoping that after hearing everybody's
10 experiences and what's been happening through this
11 pandemic in long-term care, that it doesn't fall on
12 deaf ears, that the residents in long-term care
13 deserve better care. That's it.

14 KATE MCGRANN: Thank you very much.
15 Participant 2. Okay. I'm going to
16 move --

17 PARTICIPANT 2: Okay. Oh, sorry, my
18 computer was here. No, not -- I think we covered
19 most of it. What it is is, like, it's -- everybody
20 has said, the wage, the residents are supposed to
21 be top priority, and they are when it comes to
22 most of us. And like you said, it's women that do
23 most of it, and caring and giving and stuff, and
24 it's the wage, pensions, benefits. The single
25 mothers who have to work 60 hours a week is the

1 worst of it where they don't get to see their kids
2 because they have to work 60 hours to make things
3 meet when they're a single parent. It's hard on
4 them.

5 Not much more, but I hope you do all
6 listen and things do change because that's what I
7 hope for because I don't have my parents, no, but I
8 wouldn't recommended anybody to go into long-term
9 care right now, not at this stage. Thanks.

10 KATE MCGRANN: Thank you, very much.

11 Participant 3, would you like to make a
12 brief closing remark?

13 PARTICIPANT 3: I just really hope that
14 there will be some changes with -- through this
15 pandemic, or, like, even now to make -- like, with
16 the four-resident room; instead of waiting for a
17 resident to pass away, if -- you know, find a home
18 that has empty beds that they could move to because
19 it's sad that, you know, we're not admitting new
20 residents into those rooms, but, however, we still
21 have the four-bedroom -- four residents per room.
22 We're just waiting for them to pass away, which
23 is -- you know, it's really sad.

24 The staffing, I hope to see some
25 improvement with the staffing. It really makes

1 such a difference if we have more staff to care for
2 the residents. Thank you.

3 KATE MCGRANN: Thank you very much,
4 Participant 3.

5 Participant 4.

6 PARTICIPANT 4: Yeah, I just am hoping
7 that there is going to be a change and not wait
8 another decade because we have been fighting for a
9 long time for it.

10 And another thing is, like, for an
11 example, at our home, there's 14 managers and 12
12 staff, so it doesn't really make sense. They
13 should have less managers and put that money
14 towards staffing to help the residents instead of
15 the managers. And that's pretty much what I have
16 to say.

17 KATE MCGRANN: Thank you.

18 Participant 5.

19 PARTICIPANT 5: Hi. So I'd just like
20 to say I'm hoping for change as well. We've been
21 fighting this battle for a very, very long time.
22 We've come here tonight. You've heard ten stories.
23 There's thousands of more stories from people that
24 work in long-term care that can -- you know, you'll
25 be hearing the same kind of situations from them as

1 well, so hoping for change that this Commission
2 will bring change. Thank you.

3 KATE MCGRANN: Thank you.

4 Participant 6.

5 PARTICIPANT 6: Hi. I'd just like to
6 say thank you for putting this together and
7 allowing us to maybe start the process of change.
8 And I'd like to commend all the participants who
9 were hands-on in COVID. Like, my hat's off to you.
10 We, fortunately, didn't have an outbreak, but you
11 guys are heros, honestly. Thanks again.

12 KATE MCGRANN: Thank you,
13 Participant 6.

14 Participant 7.

15 PARTICIPANT 7: I just want to thank
16 you for the opportunity given to us on this
17 platform. It wasn't easy making the decision to
18 speak because sometimes you are afraid what you
19 face because you still need your job. But it has
20 been emotionally very difficult through this year
21 to be a nurse. So I hope and pray that speaking up
22 will change some -- will bring some change to the
23 field, to the people we care for, and to everyone
24 else. Thank you.

25 KATE MCGRANN: Thank you very much,

1 Participant 7.

2 Participant 9. Participant 9, I'm
3 going to interpret that as a pass on final comments
4 and turn over to Participant 10.

5 PARTICIPANT 9: I'm sorry. I, too, am
6 looking for changes and hoping that we will get
7 more staff in long-term care because we need it.
8 Thanks.

9 KATE MCGRANN: Thank you, very much.
10 Participant 10, would you like to make
11 a brief closing statement? You're on mute.

12 PARTICIPANT 10: Sorry. There we go.
13 Sorry. It's so basic: If you want to provide
14 better care for your residents, you need to look
15 after the people that are providing the care for
16 them. If you don't look after them, if you're
17 working them, you know, 60 hours a week, 80 hours a
18 week, what do you expect the care to be? It's so
19 simple.

20 I mean, my husband and I, we have two
21 grown daughters. We put them through University.
22 We paid for their University. There was only one
23 catch. I would not allow them to become a
24 registered nurse. They could become anything they
25 wanted to, but they could not become a nurse. It's

1 too hard. I want better for my children, and
2 that's horrible, but it's the truth.

3 KATE MCGRANN: Thank you very much, and
4 thank all of you for the time that you took tonight
5 to come and share your experiences with us.

6 JESSICA FRANKLIN: So I'm just going to
7 ask Dr. Kitts to say a few words in closing before
8 we wrap up.

9 Dr. Kitts.

10 COMMISSIONER JACK KITTS: Thank you.
11 Thank you, Jessica.

12 And thank you, Kate, for facilitating
13 this.

14 And thank all of you, again, for your
15 courage to share your experiences with us this
16 evening and sending heartfelt messages that will
17 help us shape our report.

18 I can say that in my opening, I said I
19 hope we receive information that will help us and
20 the public and Government understand the reality
21 that you've been living in -- during this tragedy
22 and help shape our report so that we can help to
23 not have this ever happen again.

24 I hope no one has to sit and listen to
25 such testimonies ever in the future. I know that

1 you have moved us. We share your pain, and we will
2 do everything we possibly can to write a report
3 that does prevent this in the future.

4 In the meantime, thank you, again, on
5 behalf of the entire Commission for participating,
6 and I wish you all a good night. Thank you.

7 COMMISSIONER ANGELA COKE: Thank you
8 very much.

9 JESSICA FRANKLIN: Thank you very much.
10 Thank you very much, Dr. Kitts.

11 So just a reminder, if you would like
12 to submit any additional recommendations or
13 information to the Commission, you are welcome to
14 do so. But there is information on the Commission
15 website on how to submit a written submission by
16 January the 31st.

17 The transcript for this session should
18 also be up on the website within about a week, and
19 I do just want to echo Dr. Kitts's sentiments on
20 behalf of Kate, myself, all the Commissioners, and
21 all the team members, we want to just provide a
22 very, very sincere thanks to each of you. The
23 courage, bravery, sacrifice, everything that you've
24 displayed tonight, we are -- you know, we are
25 humbled.

1 And I also want to give a lot of thanks
2 to the unions who were able to help us organize
3 this session as well.

4 So -- and I also just want to
5 acknowledge the support and respect and -- that you
6 all showed to each other. It was absolutely
7 fantastic. So thank you. Have a good rest of your
8 evening, and don't hesitate to reach out. Bye-bye.

9 KATE MCGRANN: Thanks, everyone. Good
10 night.

11 -- Adjourned at 7:51 p.m.

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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 22nd day of January, 2021.

19
20 

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