

# Long-Term Care COVID-19 Commission Meeting

Moira Welsh, Author of Happily Ever Older  
on Thursday, February 25, 2021



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MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

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--- Held via Zoom Videoconferencing, with all  
participants attending remotely, on the 25th day of  
February, 2021, 1:00 p.m. to 2:00 p.m.

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1 BEFORE:

2 The Honourable Frank N. Marrocco, Commission Chair

3 Angela Coke, Commissioner

4 Dr. Jack Kitts, Commissioner

5

6 PRESENTERS:

7 Moira Welsh, Author of Happily Ever Older and

8 Investigative Reporter, Toronto Star

9

10 PARTICIPANTS:

11 Ida Bianchi, Senior Legal Counsel, Long-Term Care

12 Commission Secretariat

13 Alison Drummond, Assistant Deputy Minister,

14 Long-Term Care Commission Secretariat

15 Derek Lett, Policy Director, Long-Term Care

16 Commission Secretariat

17 Adriana Diaz Choconta, Senior Policy Analyst,

18 Long-Term Care Commission Secretariat

19 Rose Bianchini, Senior Policy Analyst, Long-Term

20 Care Commission Secretariat

21 Lynn Mahoney, Counsel, Gowling WLG

22

23

24 ALSO PRESENT:

25 Deana Santedicola, Stenographer/Transcriptionist

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

2  
3 COMMISSION CHAIR FRANK MARROCCO: Well,  
4 hello, and I am Frank Marrocco. I'm one of the  
5 Commissioners. There is Commissioner Angela Coke  
6 and Commissioner Dr. Jack Kitts.

7 So we are the Commission, and thank you  
8 very much for agreeing to meet with us.

9 There is -- Deana is here. She is the  
10 court reporter, and there is a transcript, and we  
11 will post the transcript within a couple of days so  
12 that people can understand what we are doing with  
13 our time.

14 Anyway, if you don't mind, as you are  
15 going through, if we have questions, we'll just  
16 interrupt and ask the question rather than trying  
17 to go back.

18 MOIRA WELSH: Yes, that is fine.

19 COMMISSION CHAIR FRANK MARROCCO: Okay.

20 So why don't we get started. You know,  
21 why don't you go ahead.

22 IDA BIANCHI: Just I will give an  
23 introduction because you'll probably be more modest  
24 than I would be.

25 This is Moira Welsh, who is an

1 award-winning investigative journalist with the  
2 Toronto Star. She has won three national newspaper  
3 awards and a Missioner Award for public service  
4 journalism. She was a finalist for the Justicia  
5 Award for legal reporting, and the Canadian Hillman  
6 Prize.

7 She has done a lot of investigative  
8 work into the long-term care homes system and  
9 recently wrote a book, which I have been reading,  
10 but the name has just left my brain right now.

11 COMMISSION CHAIR FRANK MARROCCO: It's  
12 Happily Ever Older.

13 IDA BIANCHI: Happily Ever Older,  
14 that's it.

15 So she has come to talk about her  
16 investigative work in this area and the models that  
17 she describes in her book.

18 So, Moira.

19 MOIRA WELSH: Thank you very much for  
20 asking me to come and speak to you. I really  
21 appreciate that.

22 By way of background, I began writing  
23 about nursing homes in 2003 when the Star published  
24 a ten-day series about neglect and abuse in  
25 long-term care.

1                   That series promoted the Health  
2 Minister of the day -- it actually prompted him to  
3 promise a revolution in nursing homes, in part  
4 leading to new legislation in 2007 and a new  
5 inspection system that was supposed to be far more  
6 rigorous.

7                   Of course, there was no revolution in  
8 long-term care. Nobody aspires to live in a  
9 nursing home. In order to qualify for long-term  
10 care, most people need multiple health issues, all  
11 of which are serious. It is not a place you  
12 choose. Rather, admission is based more on life  
13 circumstances, often when it is too hard for  
14 caregivers to continue.

15                  The pandemic has been a horror. It has  
16 also forced many of us to contemplate the impact of  
17 social isolation, mostly because we are all  
18 affected.

19                  Writing for the Star, I spoke to  
20 families who watched through the nursing home  
21 window as their father or mother withered, not from  
22 COVID but from loneliness.

23                  Research shows us that loneliness is  
24 detrimental to our physical health, with links to  
25 heart disease, strokes, or dementia. In fact, it

1 is so harmful to people of all ages that in the UK  
2 the government created a Ministry to combat  
3 loneliness.

4 In many ways, the homes and other ways  
5 of living well that I write about in my book all  
6 focus on eradicating loneliness by emphasizing the  
7 value of friendship, conversation, and a bit of  
8 fun.

9 Much like the way we lived before,  
10 hopefully. As they said at de Hogeweyk in the  
11 Netherlands, it is a normal life.

12 So moving forward, we need better  
13 options for social connections and innovative ways  
14 to live in the community, like co-owned housing or  
15 NORCs, naturally occurring retirement communities.

16 I have heard a group of friends who all  
17 bought new-build condos on the same floor with  
18 plans to share the costs of a personal support  
19 worker if that day ever comes.

20 And while we don't want to live in a  
21 nursing home, some of us, even the most powerful  
22 will one day need the kind of care it provides, so  
23 why not make it a great experience?

24 It is possible to operate a home that  
25 meets the medical needs of vulnerable adults while

1 also enabling them to flourish and reach their  
2 potential no matter what stage in life.

3 I started exploring these ideas in  
4 2017. As a reporter with the Toronto Star, I spent  
5 more than a year visiting a dementia unit in the  
6 Region of Peel, in a long-term care home in the  
7 Region of Peel, to write about a pilot project  
8 called the Butterfly Model. It is now called  
9 Meaningful Care Matters. And it used something  
10 called emotion-focussed care.

11 In its original state, the home was  
12 actually pretty good by Ministry standards, but  
13 again, Ministry inspections are focussed on tasks,  
14 cleanliness, and hourly documentation. People were  
15 safe, fed, and clean. They were also lonely,  
16 sometimes agitated, and very, very bored.

17 It was a typical long-term care home in  
18 Ontario.

19 For residents, every day was spent  
20 sitting in the TV room, usually staring at the  
21 floor. Others walked non-stop through the hallways  
22 as if they were seeking something, although they  
23 never found it.

24 Usually twice a day there was a  
25 scheduled activity. Sometimes somebody came in and

1 played catch the balloon with residents. If they  
2 weren't there to take part in any of those  
3 activities, nothing else happened for them during  
4 the day.

5 But as the Butterfly Program unfolded,  
6 these scripted activities became a thing of the  
7 past. So did the traditional approach to long-term  
8 care.

9 And I have to say that Peel Region did  
10 hire a few extra workers. As employees received  
11 training from the Administrator to the housekeeper,  
12 life began to unfold very differently. Music  
13 became a big part of the day with a man I called  
14 "the professor". He played the piano. He had  
15 fairly serious dementia, but knew all the old war  
16 tunes and church hymns, and he must have been a  
17 great conversationalist in his day because his way  
18 with words remained a significant part of his skill  
19 set.

20 I share this because despite of our  
21 fears in society about dementia - and I am not  
22 pretending that it is easy on anyone - people with  
23 cognitive decline still have much to offer,  
24 especially when they are stimulated by their own  
25 interests and others throughout the day.

1                   In June 2018, when the Star published  
2 the Peel Region story and video, the response from  
3 readers of all ages was remarkable. Most were  
4 deeply moved by the possibility that long-term care  
5 could be different. No one was transfixed on one  
6 specific model of care. They were just excited  
7 about the possibility for change.

8                   It surprised me how many were seeking  
9 new ideas that showed parents, grandparents, or  
10 themselves, could actually spend their days doing  
11 what they enjoyed which gave a sense of value and  
12 purpose.

13                   That response inspired me to seek out  
14 other homes that are changing the way we live in  
15 our later years, and as it turned out, Jack David,  
16 publisher of ECW Press, was interested in the same  
17 idea. So in the fall of 2018, I began working on  
18 my book.

19                   I realized from interviews with  
20 geriatricians, advocates, operators, and families,  
21 that some had heard of these programs but didn't  
22 seem to know what they looked like in action. And  
23 that made it difficult for anyone to call for  
24 change.

25                   So I wanted to give firsthand accounts,

1 based on detailed journalistic reporting, of what  
2 life is like in these different homes.

3 For my book, I looked at individual  
4 homes with programs that had an existing track  
5 record of success but are also constantly evolving  
6 with new ideas, especially in the field of dementia  
7 care where so much of the current innovation is  
8 underway.

9 With the exception of the Butterfly  
10 Model, which has some qualitative studies and some  
11 data collected by individual homes that show  
12 improving health outcomes, most of these programs  
13 have independent research. Some studies looked at  
14 the impact of, for example, a philosophy called The  
15 Eden Alternative and its impact on hope. It found  
16 that residents -- a statistically significant  
17 number of residents had a positive view of their  
18 future.

19 Others, such as the Greenhouse Model,  
20 showed health outcomes that lessened the need for  
21 higher medical care, and it provided better social  
22 connections.

23 The Carol Woods Retirement Community in  
24 North Carolina has relatively new research that  
25 also shows its latest work, bringing staff into

1 huddles and enhancing the voices of all staff, led  
2 to happier residents and workers, although the  
3 publication has been delayed by COVID.

4           There are already untold studies about  
5 the value of nature in our lives alleviating  
6 anxiety and depression. We know that daily  
7 exercise, especially in fresh air, can lead to  
8 better sleep, which makes us all happier and  
9 stronger.

10           Good sleep can also lessen falls, which  
11 lead to a cascading downward spiral for many older  
12 people and are expensive to the health care system.

13           As mentioned earlier, studies on  
14 loneliness found it is as detrimental in its own  
15 way as smoking, I have heard, 14 cigarettes a day.

16           So starting in October 2018, I  
17 travelled across North America and into the  
18 Netherlands to meet with leaders of individual  
19 nursing homes, retirement homes, and an enriched  
20 day program which offers family respite and can  
21 also delay the entry to long-term care.

22           As a journalist, I used the narrative  
23 or story-telling method to describe my research,  
24 showing the deep relationships between workers and  
25 residents, personal inspiration that keeps leaders

1 moving forward, or even the way an artist in  
2 residence works with those with advancing dementia  
3 and how their dementia changes the way they paint.

4           And what was really interesting about  
5 this particular point was that some people who had  
6 never picked up a paint brush in their lives turned  
7 out to be very talented artists and their work has  
8 been shown in a number of different galleries. So  
9 you never know.

10           All of this merged with research that  
11 examines the value of social connections over  
12 isolation, different models of care, truth-telling  
13 to people with dementia or reminiscing about days  
14 past.

15           I was curious, in an industry that  
16 doesn't need to try very hard to fill beds, why are  
17 some leaders inspired to create change? One  
18 recurring theme was the fact that many had a parent  
19 with dementia. They understood how painful it was  
20 to watch a loved one decline, sinking into boredom  
21 in the traditional homes.

22           These long-term care leaders used their  
23 position to make a difference. An Atlanta owner  
24 spoke at length about his mother's struggle to find  
25 a good home years earlier. After she died, he

1 aspired to create something better. On the  
2 pragmatic side, he said it was good business to  
3 give good care, so I hope the private operators  
4 read his chapter.

5 I have heard Ontario long-term care  
6 leaders say that people who run homes haven't  
7 expressed a widespread interest in change because  
8 they are busy trying to meet the current government  
9 regulations, or they don't know what is happening  
10 out there.

11 The point of my book, to operators,  
12 governments, and families, is this isn't magical  
13 thinking. It is already happening, and it can be  
14 done.

15 These ideas have a shared DNA, mostly  
16 focussed on kindness, which is unique -- what is  
17 unique and very interesting is the way that each  
18 home does it differently, and what is telling is  
19 the need to stay on it with focus. The leaders I  
20 met are constantly working to uphold their  
21 philosophies so the home doesn't slip back into old  
22 ways.

23 It takes work. Some, like the Carol  
24 Woods Retirement Community in a North Carolina  
25 forest, are focussed on the inclusion of people

1 with dementia into daily life, providing freedom of  
2 movement to those who might otherwise be stuck  
3 inside for the remainder of their days.

4 Most of us have now heard of the  
5 studies that show the value of remaining connected  
6 to nature for our emotional and physical health. A  
7 doctor in Vancouver even prescribes a walk in the  
8 forest to her patients.

9 The CEO of Carol Woods, which is built  
10 within 120 acres of oak trees, told me the story of  
11 a resident, a man who was once in the CIA. He had  
12 dementia and, as we know, people with cognitive  
13 decline sometimes relive very vivid periods of  
14 life, as if those events are happening in realtime.

15 Every morning he got up early and went  
16 for a walk through the forest and, in his mind, the  
17 CEO said, he was patrolling a dangerous area.  
18 Carol Woods has a big volunteer community among its  
19 residents, so several people always walked nearby  
20 giving him his space but making sure he didn't get  
21 lost.

22 I was told he marched through that  
23 forest for at least an hour every morning, and when  
24 finished, he would stop at the CEO's office to  
25 report back on his findings, telling her about

1 snipers and determining that she was now safe to  
2 leave the room.

3           When re-telling this story, the CEO  
4 made a powerful point. Can you imagine what he  
5 would have been like if he was inside a locked  
6 unit? In a traditional home, he would have spent  
7 his days sitting in a chair, probably staring at  
8 the floor. He would have been bored, frustrated,  
9 and quite possibly full of anxiety or anger, just  
10 like so many others who can't meet their individual  
11 interests during the day.

12           I think it is fair to say that any of  
13 us would feel the same way.

14           In Saskatoon, the Sherbrooke Community  
15 Centre, which uses a philosophy called The Eden  
16 Alternative, was among the first to build small  
17 households, providing inspiration for the widely  
18 known Greenhouse Project.

19           These homes also focussed on the unique  
20 culture of their community, with a home for  
21 indigenous people, veterans, or those of Ukrainian  
22 descent.

23           Greenhouse was created by American  
24 geriatrician Dr. Bill Thomas, who also started The  
25 Eden Alternative. Greenhouse has small homes of

1 roughly ten people with private rooms and  
2 washrooms. Over the years, studies supported by  
3 the Robert Wood Johnson Foundation in the U.S. have  
4 examined Greenhouse.

5 One of the studies found some  
6 implementation inconsistencies among different  
7 Greenhouse locations, but the study also found  
8 elders were less likely to be bedridden, need  
9 catheters, or suffer from pressure ulcers, and it  
10 found more shared time between elders and workers.  
11 Other operators are now starting to embrace the  
12 small home designs that are meant to offer a sense  
13 of calm and familiarity, even if they exist within  
14 a larger building.

15 Sherbrooke Community Centre's CEO  
16 Suellen Beatty built these small households in the  
17 late 1990s. She now has plans to build a community  
18 for seniors and people of all ages on the same  
19 nursing home property. Seniors will literally age  
20 in place, she said.

21 Other operators are starting to do  
22 something similar; planning for a mix of  
23 generations through libraries, cafes, classrooms,  
24 restaurants, and housing for people of all ages.

25 It is a new approach. Many now believe

1 we should stop separating people with dementia,  
2 leaving them unable to interact with others of  
3 different abilities or see the natural world  
4 unfolding around them.

5           During my book research, I met with  
6 many residents, some of whom have dementia and some  
7 do not. Obviously, their lives were different than  
8 in their earlier days but many were still engaged  
9 in their world. In an Atlanta nursing home, there  
10 was a closeness between workers and residents. At  
11 lunch, a woman who had been an English professor at  
12 a Georgia university, sat with a worker while  
13 everyone ate. They laughed and chatted across the  
14 table, lowering their heads together while plotting  
15 how to tease the in-house chef about his new  
16 girlfriend and at the same time get his recipe for  
17 chocolate cookies.

18           And the point of this detail is there  
19 was a natural ease, a closeness between these two  
20 women. That is the goal of relationship-based  
21 care.

22           I talked to workers who appreciated the  
23 ability to have autonomy in decisions around the  
24 emotional well-being of the people in their care  
25 and felt like they were respected as an important

1 part of the team.

2 As the CEO of Carol Woods in North  
3 Carolina said, If workers aren't happy, residents  
4 won't be happy.

5 One of the main themes that emerged  
6 through most innovation is -- that is currently  
7 happening around people with cognitive decline,  
8 even though these new ideas would improve the  
9 well-being of all.

10 And ideas do change. Not so long ago  
11 it was considered perfectly acceptable to limit the  
12 movement of people with dementia to their beds or  
13 chairs with what homes called restraints. Some  
14 still use these. But there has long been a push to  
15 stop the use of restraints on residents just  
16 because they have cognitive decline.

17 That belief is now expanding in a  
18 different way. There is growing talk about the  
19 rights of people with dementia to be included in  
20 the natural flow of their long-term care home.  
21 After all, the vast majority of people living in a  
22 nursing home have some type of cognitive decline.

23 In Ontario, most homes keep people with  
24 dementia in closed units. Some of them get very  
25 good care. Others are kept safe, but also left

1 bored, and boredom leads to frustration and anxiety  
2 and often aggression.

3 I would be bored too if I had to spend  
4 years sitting in a chair doing next to nothing.

5 Many of the geriatricians and academics  
6 I spoke with firmly believe that the so-called  
7 behaviours of people with dementia in long-term  
8 care are mostly caused by boredom, loneliness, or  
9 the fear created by the unfamiliarity of a big  
10 institutional setting that places too many people  
11 in one living space.

12 Architecture also plays an important  
13 role, and there is a growing awareness that a  
14 home's design has an emotional impact. Smaller  
15 households, with workers dedicated to that specific  
16 group, often offer a more comfortable space with  
17 feelings of safety and calm. There is a kitchen in  
18 each little household, so meals are cooked  
19 throughout the day. Staff and residents can bake  
20 bread or cookies if the mood strikes. They sit at  
21 a table together and pass around bowls of food  
22 family style. Some of this changed during COVID,  
23 of course, but the smaller households with the same  
24 staff naturally provide better infection control  
25 and prevention.

1 I'm not suggesting that any or all of  
2 these models create a late life utopia, because  
3 even in the earlier days of independent living,  
4 families have squabbles, and in long-term care,  
5 there is no guarantee that everyone gets along  
6 perfectly with their neighbour.

7 But it is vastly superior to the  
8 traditional system that forces 32 residents to get  
9 up and out of bed every morning within an average  
10 of six minutes, with wheelchairs lined up outside  
11 the dining room, and plates whisked away on  
12 schedule.

13 In Ontario, a few operators are  
14 applying for funding to build smaller household  
15 models but most are still going with the old 32-bed  
16 units, and the government is doing nothing to  
17 change that.

18 Some homes, like Primacare Living, say  
19 they can afford to build smaller households in part  
20 because of extra government funding, and also by  
21 creating a campus of care style that takes money  
22 from the privately-operated retirement home and  
23 spends some of that on smaller nursing home  
24 designs.

25 All of these new homes that are being

1 built now will have 30-year licences, so whatever  
2 is built will be the nursing homes for the boomers  
3 and Gen-X'ers.

4           These big units are built for  
5 efficiencies, not for the people who live there.  
6 Not many of us ever spent our adult lives in homes  
7 with 30 other people. So why do we think it is a  
8 good idea to take people who are at their most  
9 vulnerable, fearful of the changes they are  
10 experiencing with dementia, and stick them in a  
11 unit with a few dozen residents who all share the  
12 frustration of a life with little purpose?

13           How did we ever think that would end  
14 well?

15           When I was in the Netherlands, I  
16 visited two homes. The leaders I spoke with kept  
17 using the word "normal". Eventually, at de  
18 Hogeweyk, I asked, What's up with being normal? A  
19 normal life is what we want to provide, I was told.

20           At de Hogeweyk, which uses an enclosed  
21 village design, the manager said a normal life with  
22 small households, freedom to step outdoors or sit  
23 at a cafe, gives people comfort because it is  
24 similar to the way they always lived.

25           The homes I visited across North

1 America didn't repeat the word "normal", but it is  
2 essentially what they were offering. Nobody wants  
3 to live in long-term care, but with effort, those  
4 who need it can still live a very good life.

5 Looking back at the numerous  
6 investigations that I and other journalists have  
7 written over the years, it took my book research to  
8 understand why real change didn't unfold. It  
9 couldn't, not the way Ontario envisions and  
10 regulates long-term care.

11 Despite language that talks about  
12 long-term care as the home of the residents, most  
13 still look and act like institutions. Tougher  
14 inspections, for example, can absolutely hold homes  
15 accountable for existing regulations, but they  
16 won't necessarily lead to a better culture or a  
17 more interesting life for residents. That is  
18 because the system doesn't require homes to provide  
19 opportunities to pursue individual interests by  
20 offering spontaneity, freedom, and that sense of  
21 purpose.

22 Inspections can hold homes accountable  
23 for the right temperature of food and the  
24 documentation of fluid intake, but there is nothing  
25 written in legislation or regulations that will ask

1 inspectors to measure a home on the importance of  
2 friendships or the right to go outside for fresh  
3 air.

4 To be fair, the nursing homes and  
5 retirement communities that I visited for my book  
6 exist because they made individual decisions to  
7 improve, not because of any sweeping regulations in  
8 their jurisdiction. They had motivated leaders,  
9 and without that personal motivation, change is  
10 unlikely to succeed.

11 No one wants relationship-focussed care  
12 to become an exercise in branding instead of real  
13 transformation. But people keep asking how to  
14 scale up these ideas. So one way, in part, through  
15 regulations and language written into, for example,  
16 national standards, is a way that it could be  
17 accomplished.

18 In the States, some states provide  
19 extra funding for homes that use culture change  
20 models, and while we absolutely need to hire more  
21 staff to provide at least four hours of daily care,  
22 the way staff work and interact in a home won't  
23 significantly change until they are trained in  
24 relationship-based philosophies, and none of that  
25 will happen unless operators and administrators are

1 on-side.

2 So we are in a time of reckoning. We  
3 know what needs to be done to fix long-term care,  
4 and so do the decision-makers. If we don't do it  
5 now, it is likely that we never will.

6 Thank you.

7 COMMISSION CHAIR FRANK MARROCCO: Thank  
8 you. One of the things that has bothered me is  
9 that long-term care seems to have been neglected,  
10 and yet everybody faces the prospect of going  
11 there. Almost everybody either has a direct  
12 connection because they have someone directly  
13 related to them in a long-term care facility or  
14 they are on a waiting list or someone is ill and  
15 you are not sure they'll be able to look after  
16 them.

17 Did you get any insight into why it is  
18 almost orphaned off?

19 MOIRA WELSH: There are a couple of  
20 reasons why.

21 First of all, I think long-term care  
22 started at a time when people were not as  
23 compromised medically when they went into the home,  
24 and that has obviously evolved over the years as we  
25 all live longer. And you have probably heard

1 people discuss that.

2 Long-term care has just been set aside.  
3 It is like dental care in a sense for people.  
4 There is no coverage for it other than limited  
5 amounts that we get from the government, and it is  
6 no longer -- it is not viewed as part of the  
7 medical system. It has been hived off.

8 Another piece to it is -- quite  
9 honestly is ageism in society. We don't want to  
10 look at what it is like to get older and  
11 vulnerable, and people -- homes are set aside. We  
12 don't see them as part of the community, which is  
13 one of the reasons why people are calling for  
14 greater inclusion, is to not isolate them.  
15 Dr. Bill Thomas in the States calls nursing homes  
16 the house on the hill where nobody wants to go.

17 So we have not kept up with the medical  
18 needs and the emotional needs of people living in  
19 homes. We have neglected that. And we have this  
20 natural built-in ageism, so in many ways we don't  
21 want to look at people, we don't want to see it,  
22 and we want to ignore it.

23 COMMISSION CHAIR FRANK MARROCCO: It is  
24 interesting to contemplate ignoring something that  
25 is inevitable. There is absolutely no way of

1 avoiding it. It is one of the few things I guess  
2 in life that really there is no possibility of  
3 avoiding it, unless you die prematurely, I guess.

4 Dr. Kitts?

5 COMMISSIONER JACK KITTS: Just on your  
6 culture change models, we have heard, and we agree,  
7 that there needs to be a change in the culture in  
8 long-term care homes, but I want to ask you a  
9 question because you mentioned -- you were very  
10 clear all through that cognitive dysfunction and  
11 dementia are dominant in today's long-term care  
12 homes.

13 And long-term care is in the health  
14 care service industry, and I think the first  
15 principle of understanding success in the service  
16 industry is to understand what your customers need  
17 or, in this case, what the residents need.

18 And I think long-term care has suffered  
19 from being taken as a whole from someone who is in  
20 there just for some help with the activities of  
21 daily living all the way down to an extreme complex  
22 medical care required.

23 And so I don't know that there is one  
24 size fits all for long-term care, and we have  
25 talked about the fact that -- and I think we got

1 this from interviewing the Butterfly Model  
2 leaders, that 85 percent of people in long-term  
3 care -- I mean, it varies, but have some level of  
4 cognitive dysfunction and 70 percent or thereabouts  
5 have either dementia or Alzheimer's.

6 So the question to you is, if you are  
7 going to change the culture, would it be a culture  
8 of continuous improvement based on the residents'  
9 needs and focussed on the cognitive dysfunction and  
10 dementia and create that culture around the best  
11 care for them? And I don't know what that would do  
12 to the other 15 to 20 percent, but I have got to  
13 believe that it would also be helpful.

14 So it is a long-winded introduction to  
15 do you think that the staff -- the leadership and  
16 the owners and the staff should start looking at  
17 staffing and infrastructure and other ways to meet  
18 the needs of that type of elderly population?

19 MOIRA WELSH: Yes. And so a lot of  
20 programs that I look at - there are other programs  
21 as well out there or models or philosophies - can  
22 do all of that.

23 So I'll give you an example with The  
24 Eden Alternative. It talks about giving people the  
25 opportunity to be cared for and care for others.

1           So there is one example where there was  
2 a woman who was very cognitively astute, but she  
3 used a wheelchair, and another example of a  
4 resident with cognitive decline, but they became  
5 friends, and the resident with cognitive decline  
6 would push the wheelchair, and they would go for  
7 walks and, you know, visit the art gallery or  
8 whatever they did during their day. So that is an  
9 interaction between two people with very different  
10 needs but a relationship still evolves from that.

11           And what I have seen in others is --  
12 for example, there are people, yes, who do not have  
13 cognitive decline or lower levels of cognitive  
14 decline right up to people who are in the very  
15 advanced stages, and so they are not necessarily  
16 speaking. The same model or program can meet those  
17 needs just in different ways. That life is slower  
18 as time advances. People just spend more time  
19 sitting with someone.

20           There is another example of a man in  
21 the Butterfly home that I covered for the Star who  
22 did not speak. He sat in his chair. He did not  
23 move. He did not speak. And then one day I came  
24 in, and they had on -- these white headphones on,  
25 and I guess he loved disco music in his day, and

1 they were playing ABBA, and he was shaking a maraca  
2 and dancing and, in his own way, singing. And I  
3 just thought, Wow. You know, you would not have  
4 thought that that was possible, but it was  
5 possible. He later died, and I know the worker  
6 stayed with him and just held his hand and sat with  
7 him.

8 So same program, just different ways to  
9 apply it.

10 Does that answer your question?

11 COMMISSIONER JACK KITTS: Yes, I think  
12 that the point is that you have to pick -- a  
13 culture can mean, you know, so many things, but I  
14 think, you know, like you said, that in Ontario  
15 there is a lot of dementia patients in lockdown or  
16 locked up. So I think your culture will demand on  
17 who your customer is and how you are going to meet  
18 their needs.

19 And culture does involve the  
20 infrastructure, the staff mix, the staff skill set,  
21 the training, and other things.

22 But, you know, as Commissioner Marrocco  
23 said, we struggle with the notion that these are  
24 people, these are residents, coming to a home, and  
25 there is so much concern about, you know,

1 institutionalizing it, but I still think that, you  
2 know, if the predominant patient -- or sorry,  
3 resident has needs that a geriatric person would --  
4 a skill set that you would need for geriatrics and  
5 dementia, and it is 80 percent of the group, at  
6 least it is starting with the 80/20 rule.

7 MOIRA WELSH: Yes, yes. And I think  
8 another piece of that also is -- and I am not sure  
9 if this was the point you were making, but that the  
10 medical piece of it is still there. Obviously they  
11 need clinical care, but it doesn't have to be the  
12 star of the show, so to speak. It can operate  
13 beautifully, but it doesn't have to be sort of  
14 overpowering the other part of their lives.

15 COMMISSIONER JACK KITTS: Right, and I  
16 think the star of the show needs to be what the  
17 resident needs, and if it becomes more medical, the  
18 hospital partnership would become the star for that  
19 brief period.

20 MOIRA WELSH: Exactly.

21 COMMISSION CHAIR FRANK MARROCCO:  
22 Commissioner Coke.

23 COMMISSIONER ANGELA COKE: Yes, just  
24 following up on that, I think it is, you know, not  
25 just the quality of the care, but the quality of

1 life that people can enjoy.

2 But my question was more around, when  
3 you were travelling around to different places, any  
4 observations about HR matters in terms of the  
5 education, the training, how are people recruiting  
6 or developing or rewarding staff differently to  
7 drive this kind of change in behaviour?

8 MOIRA WELSH: That is an important  
9 question. The homes that I visited felt  
10 fundamentally that staff -- their frontline workers  
11 especially, but all staff, are almost on an equal  
12 level as the residents in terms of the need for  
13 enjoyment in life and work.

14 And so I would give you an example of  
15 Carol Woods in North Carolina. The CEO, as I  
16 walked with her through the home and through this  
17 community, she knew everybody by name, and that is  
18 fine. That doesn't necessarily mean anything. But  
19 she was, like, really adamant with people. We were  
20 stopping to speak with some new gardeners on staff  
21 because gardening is huge there, and she asked this  
22 new guy that was recently hired, like, What do you  
23 know about elder care and what we are doing here?  
24 And what is your understanding of our philosophy?  
25 And he didn't know. And she was adamant that he

1 had to, you know, get training in the work that  
2 they are doing.

3 They also did a recent study called  
4 Quest Upstream with an academic from the University  
5 of Reno in Nevada, and her name is Jennifer Carson,  
6 and she has done some really interesting work  
7 around dementia care.

8 And that got workers even more  
9 involved. So they had these daily or even, like,  
10 shift huddles to discuss what was needed. And what  
11 happens is the frontline workers who know the  
12 residents so well are given a greater voice. And I  
13 have talked to some people from the Butterfly home  
14 in Peel Region, and one of them, he is a team  
15 leader and an RPN, and that is what he found as  
16 this program is slowly unfolding. Because of  
17 COVID, there have been delays, but he found that  
18 the frontline workers, PSWs, who often are sort of  
19 treated at the bottom of the hierarchy, he said  
20 there has been a flattening of the hierarchy and  
21 that, because they know the residents so well,  
22 their voices are heard and they have these  
23 discussions with a lot more give and take.

24 And one of the PSWs I spoke with said  
25 that when she leaves at the end of the day she

1 feels like she has actually made a difference, and  
2 that is what she is seeking, is a job with value.  
3 She loves caring for people. She has been in the  
4 business for 11 years. But she wanted to feel like  
5 she was making a difference, and that means  
6 something to her. And that is why a lot of these  
7 homes are able to attract people and retain people,  
8 because it is a hard job. Nobody is pretending  
9 that it is not. But when you actually feel like  
10 you are making a difference in the world, and your  
11 voice is valued, then you have a lot more loyalty  
12 to your employer, and you are better connected with  
13 the people that you care for.

14 COMMISSIONER ANGELA COKE: I just had  
15 one follow-up, and it was around the -- you  
16 mentioned the issue of inspections, and I am just  
17 wondering, in any of your travels, did you see any  
18 inspection regimes that were in fact reinforcing of  
19 more this type of quality of care rather than the  
20 traditional sort of inspection routine?

21 MOIRA WELSH: What I found was all of  
22 these homes operated around the inspection regimes.  
23 They had figured out how to do that and -- because  
24 I was looking for a way -- like I was looking for  
25 an example of jurisdictions that might actually

1 have some of these examples in there, and even in  
2 the Netherlands, it is my understanding that they  
3 have some good general principles, but it is still  
4 the individual homes that are operating.

5           So they still have to follow all the  
6 rules. For example, de Hogeweyk is a village model  
7 that is enclosed, and they would love -- dearly  
8 love now, they said, to open it up and make it much  
9 more inclusive allowing people to come and go from  
10 the community, but they still have to follow the  
11 safety rules and not allow people to disappear from  
12 the site.

13           So they still have to follow all the  
14 same safety regulations, but they manage in spite  
15 of it.

16           And in another example in Saskatoon,  
17 Sherbrooke Community Centre, when Suellen Beatty  
18 was creating those small households back in the  
19 late 1990s, there were no roles for her around the  
20 care of the people in those specific homes. And  
21 what I mean by that is the job description for the  
22 caregivers because they were now going to be -- you  
23 know, they would bathe people, but they would also  
24 be cooking the meals, and they would also be the  
25 community friends, so to speak. So she had to

1 write up a completely different job description to  
2 make it work with the union, but it worked. She  
3 did it.

4 And so I think a lot of people just  
5 move forward.

6 And one other answer to you is around  
7 something called "pay for performance", and that is  
8 found in a couple of states. And what they do is  
9 they provide extra funding for homes that use  
10 culture change. And so those are not regulations,  
11 but it is another way of getting at that.

12 COMMISSIONER ANGELA COKE: Okay. Thank  
13 you.

14 COMMISSION CHAIR FRANK MARROCCO: In  
15 terms of the work you did, did you come to a view  
16 about public versus private ownership? You know,  
17 that has been very much -- very topical here given  
18 the relative performance of private,  
19 not-for-profit, and charitable homes.

20 Did you form any observations about  
21 that?

22 MOIRA WELSH: I didn't form specific  
23 observations about that. I can tell you that I met  
24 with people. For example, in San Diego at the day  
25 program, the man who is the CEO of that program was

1 in the private long-term care system for decades,  
2 and we had a really interesting conversation about  
3 that, and he had just grown fed up with that  
4 industry. He said, you know, how many -- like how  
5 many profits do you need? Like he just kept seeing  
6 care cut and cut and cut, is what he said to me.  
7 So I would believe that there would be a lot of  
8 people who would agree with him.

9           On the other hand, when I went to  
10 Atlanta, this was not necessarily a traditional  
11 long-term care home the way we know it. It was a  
12 beautiful retirement community with an additional  
13 home that provided nursing care on the same site.  
14 So that home, that operator worked very hard at --  
15 if I want to break it down, at customer service, so  
16 to speak, for the very able people who were living  
17 in the retirement home but also in the long-term  
18 care home. They did some really interesting work  
19 there, and he said that he feels that the good care  
20 that is provided in the nursing home helps his  
21 business because people see a continuum of care  
22 that is worthy, and so they are willing to move  
23 there because they feel like they'll be well cared  
24 for in their later days, if they need it.

25           So that was an interesting approach.

1 And I am not saying that all private homes feel  
2 that way or private operators feel that way, but he  
3 certainly felt that it was good for his business.

4 COMMISSION CHAIR FRANK MARROCCO: Okay.  
5 Well, thank you for that.

6 I don't know if -- are there any other  
7 questions?

8 Well, thanks for a very interesting --  
9 it is helpful to get views that are based on  
10 observation coming from someone who doesn't really  
11 have a stake in the outcome or skin in the game I  
12 guess is the slang expression.

13 But it is very interesting to be able  
14 to ask you some of the questions we have been  
15 asking ourselves and get your answers.

16 So, Ms. Welsh, thank you very much for  
17 coming.

18 MOIRA WELSH: Thank you very much.

19

20

21 -- Adjourned at 1:40 p.m.

22

23

24

25

1 REPORTER'S CERTIFICATE

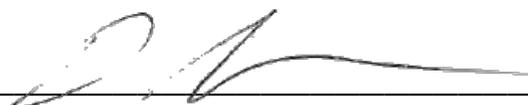
2  
3 I, DEANA SANTEDICOLA, RPR, CRR,  
4 CSR, Certified Shorthand Reporter, certify:

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

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

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

13  
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16 Dated this 25th day of February, 2021.

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25

C L A R I F I C A T I O N S

Page 32, lines 4-5: "University of Nevada, Reno"  
not "University of Reno in  
Nevada"

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