Long-Term Care COVID-19 Commission

Meeting with Ontario Association of Residents
on Monday, September 28, 2020

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MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

--- Held via Zoom Videoconferencing, with all participants attending remotely, on the 28th day of September, 2020, 10:00 a.m. to 12:00 p.m.

BEFORE:

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

PRESENTERS:
ONTARIO ASSOCIATION OF RESIDENTS' COUNCILS:
Dee Lender, Executive Director
Josie-Lee Gibson, Director of Education and Community Engagement
Melissa McVie, Education and Home Support Facilitator
Julie Garvey, Administration and Finance Manager
Jennifer Langston, Client Relations/Support Manager
Murray Woodcock, Delegate Board Member, Resident
William Reid Walker, Delegate Board Member, Resident
Virginia Parraga, Vice-President of the Residents' Council, Resident
Lloyd Foster, President, Residents' Council, Resident
Sharron Cooke, President OARC, Resident
Denise Burke, Delegate Board Member, Resident
Carolyn Snow, Delegate Board Member, Resident

Jamie Ward, Delegate Board Member, Resident
Barry Hickling, Delegate Board Member, Resident

PARTICIPANTS:
Alison Drummond, Assistant Deputy Minister, Long-Term Care Commission Secretariat
Ida Bianchi, Counsel, Long-Term Care Commission Secretariat
John Callaghan, Counsel, Long-Term Care Commission Secretariat
Derek Lett, Policy Director, Long-Term Care Commission Secretariat
L. Mahoney

ALSO PRESENT:

Deana Santedicola, Stenographer/Transcriptionist

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

COMMISSIONER FRANK MARROCCO (CHAIR):

I want to thank you for participating. We are at the investigative stage of this.

Typically, in an inquiry, you have an investigation, public hearings, and a report, and that can take anywhere from two to two and a half years.

Obviously -- and usually what happens in an inquiry is that something has happened and everybody is looking back at what happened to try to figure out what it was all about.

Our situation is a little different. We are in the middle of something where the second wave appears to be coming, if it is not upon us, and so we have -- we are kind of in a situation where the events are unfolding at the same time as we are inquiring, and that is a little different.

So what we are doing is the investigation as best we can through interviewing at this stage, and we will probably make an interim report so that we are reporting to some extent while the events are still going on and not reporting two to two and a half years from now

after hopefully we are finished this.

Obviously, we won't be finished with this if nobody figures out how to invent a vaccine to deal with it or some other form of treatment. We understand that.

So our situation is a little unique, and that is why we are doing it this way for now, and I want to thank you in advance for participating because it is a very important part of what we are doing, which is to gather information and understand the situation.

So with that introduction, whoever is leading this from your side -- Ms. Lender is it?

DEE LENDER: Yes, good morning.

COMMISSIONER FRANK MARROCCO (CHAIR):

Well, I'll turn this over to you, and then if you have some opening remarks or however you are intending to organize it, we'll be listening.

Now, what we'll do, if you don't mind, is we'll ask questions as we go along rather than waiting until you are finished and trying to go back. So don't think we are rude in doing that. It is just efficient from our point of view, and hopefully not too disconcerting from yours.

DEE LENDER: Thank you.

COMMISSIONER FRANK MARROCCO (CHAIR): Well, go ahead then.

DEE LENDER: So I have a couple of questions initially.

Deana, is the meeting going to be locked very shortly? Because we still have a couple of Board members who are trying to get on.

[Court reporter responds.]

COMMISSIONER FRANK MARROCCO (CHAIR): Did you want to wait a minute, Ms. Lender, before you start it?

DEE LENDER: I think we are okay. They have notified us that they are running a little bit late, so they will join when they can.

COMMISSIONER FRANK MARROCCO (CHAIR): Okay.

DEE LENDER: First of all, I would just like to say hello, Commissioners. It is nice to meet you. It is nice to see your face -- faces.

You are meeting this morning with OARC, so the Ontario Association of Residents' Councils.

We are a small not-for-profit organization that is funded by the Ministry of Long-Term Care. We are not government employees.

We are a program or an association that is supported by the government.

Our Board of Directors is made up currently of a fantastic advisory group. Every member of our Board is a resident leader in long-term care. So every long-term care home must have a Residents' Council by law through the Long-Term Care Homes Act. So each of our resident leaders who you see on the screen, or there is a couple of members by phone, they are in a leadership capacity of their own respective Residents' Council in their own home.

They are also part of what makes OARC tick, if you will. The advice and the information that they give us on a regular basis helps us as an organization to form consensus opinion, to advise government, to advise community on residents' lived experience.

We -- as an organization, we are primarily engaged in supporting Residents' Councils and leveraging the resident voice in long-term care homes across Ontario through webinars, the development of tools, resources. We teach at colleges, universities. We also teach directly with long-term care staff, team members, Residents'

Council leaders.

We do a lot of collaborative work with stakeholders, a wide range of stakeholders in the long-term care community, including government. We publish a magazine twice a year called "Seasons".

We also publish a monthly newsletter called "OARC in Action", and since COVID has been with us, we have put out, if you will, a number of bulletins that go directly to resident leaders and their Residents' Council supporters.

Our work has changed dramatically since COVID has come upon us because we are used to being in the homes, and of course we are not able to at this point.

We advise government on policy development. We advise government with regards to residents' lived experience during COVID and beyond. We are about 40 years old as an organization.

While we -- and this is a comment that I am using just to segue into our conversation today. While we absolutely supported the cessation of visitors early on in the pandemic, the need to support the psychosocial and emotional needs of residents quickly became evident, so a lot of our

work has been in a terrific effort to advise on policy and supports that could be in place, and perhaps should have been in place earlier to support the psychosocial and emotional well-being of residents.

I wanted to introduce my team to you. So I am Dee lender, I'm the Executive Director of OARC.

And I will -- Deana, it is a little bit of a logistical issue. Could you unmute everyone at the moment, and then we could just say our hellos. Thank you.

COMMISSIONER FRANK MARROCCO (CHAIR):

Ms. Lender, while that is taking place, I should have told you that I will take a break -- or we will take a break around a quarter after 11:00 for 10 minutes or so, so if you can let me know around that time when it is convenient to break, then we'll break then.

DEE LENDER: Okay. Thank you.

We do have a little bit of an order prepared for you. Board members are prepared to share with you two words that summarizes their lived experience over the last six months, so each Board member who is present will be saying two

words when I call upon them.

And I still see a number of people are muted.

(DISCUSSION OFF THE RECORD.)

COMMISSIONER FRANK MARROCCO (CHAIR): Okay. We are fine.

DEE LENDER: Virginia and Reid, I see that you are still muted.

So on our team, we have Julie Garvey, Josie-Lee Gibson, Jennifer Langston and Melissa McVie and myself, Dee Lender. We are the employees, if you will, of OARC.

We have a few of our Board members with us today.

We have Reid Walker who lives in a long-term care home in Mississauga -- Burlington. Forgive me, Burlington. Reid, could you wave?

We have Virginia who lives in a long-term care home in Toronto.

We have Sharron Cooke who is president of OARC. She is a resident leader in Newmarket.

We have Barry who is a resident leader in Windsor.

We have Carolyn Snow who is a resident leader in Keswick, and then joining us by

telephone, we have Lloyd who lives in Ottawa, and we have Murray who lives in Brampton.

We do have others. They are just not with us at this moment. We are expecting a couple of others.

So what I am going to do, as I said, is start by calling your name, and if you could please share the two words that you have prepared for the Commissioners, two words that summarize how you feel your lived experience has been in the last six months since COVID has come to us in a big way in long-term care.

So, Virginia, you are muted currently. I wonder, Virginia...

(DISCUSSION OFF THE RECORD.)

DEE LENDER: Virginia, if you need to get some assistance to help you unmute, we can wait.

Okay. So let's begin. Sharron.

SHARRON COOKE: Devastating, emotional.

DEE LENDER: Barry.

BARRY HICKLING: My two words are terror awakened.

DEE LENDER: Carolyn.

CAROLYN SNOW: Lonely, depressed.

DEE LENDER: Reid?

WILLIAM REID WALKER: How long?

COMMISSIONER FRANK MARROCCO (CHAIR):

VIRGINIA PARRAGA: Okay. I'm ready.

DEE LENDER: Murray, can you give your two words, please? Murray, are you there? Can you give us your two words, please?

Okay. Virginia, your two words, please?

VIRGINIA PARRAGA: My two words are muzzled and trapped.

DEE LENDER: Lloyd, can you share with us your two words? Lloyd, you are muted. Actually, Murray was muted.

Lloyd, feel free to text me your words if you would like. I can communicate on your behalf when I receive a text.

Okay. Murray, your line is muted.

Okay. We will come back to Murray. I am hoping he can get his telephone line unmuted.

I believe I have tapped into every Board member who is with us. Yes, okay.

Commissioners, Devora Greenspon is treasurer of OARC. She was unable to join us today, but she has given me a written piece. Her

two words are broken-spirited and boredom.

The next thing that we thought we would do is share with you impact statements, and so we have four Board members who are prepared to share with you two or three minutes of their life story, their impact over the last six months.

So first I will call upon Barry.

BARRY HICKLING: Thank you, Dee.

DEE LENDER: Go ahead. Thank you.

BARRY HICKLING: I used the two words terror awakened. I have been in long-term care about ten years and never in my life have I experienced anything in my entire life that has terrified me more than this COVID-19 virus.

Speaking of our preparedness and dealing with the issue of this virus, the response has been weak, I am sure, in many places. There has been a lot of confusion. There has been a lot of anxiety where people are almost petrified, even scared to speak about the virus.

It has been a horrible experience in long-term care. I hope that this will be a tremendous learning experience for all of us, but the pain will not go away. It will stay. It will torment us because of the potential for another

wave or potential of someone bringing something into a long-term care home.

The fear is a torment. It elevates blood pressure. It elevates anxiety. The fear that we experience, it is all -- all of it is exploding in the last six months. It hurts. We are isolated, alone, without family or friends to visit with us. I don't want to go through this ever in my life again. And I pray and hope that, by gosh, if there is another wave, let's deal with it adequately, appropriately, efficiently, and directly.

Thank you.

DEE LENDER: Thank you, Barry.

COMMISSIONER FRANK MARROCCO (CHAIR):

Ms. Lender, before you call on the next person, if people want to provide us with impact statements after your presentation, we would be happy to receive them.

DEE LENDER: In writing, you are saying?

COMMISSIONER FRANK MARROCCO (CHAIR):

Yes, because -- sorry, let me just eliminate that phone.

I just wanted to make it clear that if

somebody came forward after and had a statement that they wanted us to have, that you should feel free to take it down in some form that you find convenient or have them, however you would do that, and forward it on to us, we would be pleased to receive it.

DEE LENDER: Thank you.

COMMISSIONER FRANK MARROCCO (CHAIR): And the second thing I neglected to say if -- do you have a website?

DEE LENDER: We do.

COMMISSIONER FRANK MARROCCO (CHAIR): Well, would you mind if we created a link so that people could link from your website to ours, so they can -- because we are publishing interviews and presentations and so on, and it would be helpful if people, who would normally go to your website, could link then to ours if they wanted to.

DEE LENDER: Thank you.

COMMISSIONER FRANK MARROCCO (CHAIR): So go ahead. Sorry for the interruption.

DEE LENDER: I think --

COMMISSIONER JACK KITTS: Yes, I was

just wondering, do you have an idea of when was the onset of this whole issue that the two words describe? Like I am trying to get a sense of when did it start and when did it end, if indeed it has ended.

DEE LENDER: Well, COVID certainly came and shut our long-term care homes down. The first significant impact was the cessation of visiting, which happened quite suddenly in late March.

And so without knowing how long that would endure for, you know, the focus was really primarily on the physical prevention, infection control, and prevention physically.

And so all of the PPE and the team members working in multiple homes and policies changing almost daily to provide more guidance from government to long-term care homes. When team members were instructed to choose one home, then there was a ripple effect with that as well because many team members worked across three, four, five homes, for example. So when they had to choose one home, there was a surge of shortage, team member shortage.

And then just with visiting stopped completely, that is, I think, what our Board

members are alluding to now. So certainly a couple of weeks is okay, but then you start getting into three weeks, four weeks, five weeks, three months, four months, six months.

Virginia?

VIRGINIA PARRAGA: Yes.

DEE LENDER: I'm sorry, do you have a --

COMMISSIONER JACK KITTS: No, go ahead, Virginia. I have a follow-up, but go ahead, Virginia.

VIRGINIA PARRAGA: Okay. I want you to take a peak through my eyes only. Long-term care homes have come to depict a prison for many residents at this time. Due to COVID-19, we no longer view these institutions as a safe haven to fall into as if on a cloud.

The majority of LTC residents have sold their own homes in order to afford the rent at some of these institutions. They seldom have any family or friends still living, and thus no place left to go.

Where do we go after the cash flow dries up? I will not reiterate what my OARC colleagues have previously reported. It has been

told that repetition is a sign of old age. I prefer to be thought of as young at heart.

Now when I see these dog cages on TV for stray animals, I see myself as one of these neglected, filthy, and starving for love and affection little critters. I now weep for our human race and mankind. Nobody cares, echos my plight daily. Are we not in this boat called "pandemic" all together?

We must all work together through the art and science of communication, cooperation, collaboration, and compassion during these trying times. We have been cast in the role to save our planet from harm. Please remember the world is watching us. History will judge us. I have one question to ask: What will our children say?

I thank you for allowing me the opportunity to voice my feelings today. Up until now, I have tasted only the anger that comes from feeling and seeing my face muzzled and my hands and feet chained.

I plan to do my part for as long as I am a member of the human race and have the ability to do so. The impact of this pandemic is as if our whole world stopped and a reality nightmare has set

in.

Thanks again, everybody. This has been the most fun I have had since March 3rd, 2020, seven months ago.

Does anybody have any questions?

COMMISSIONER JACK KITTS: That is extremely well said. I think it is pretty hard to build on the feelings that that short story portrayed.

But you did use words like you feel like you are in a prison, muzzled, and trapped. I think another one said it is terror awakened.

So I have two questions around that.

The first is, are those feelings still there and as prominent as they were because you still fear wave two and you don't anticipate it to be any further mitigated? Is that -- I don't want to put words in your mouth, but is that your fear?

VIRGINIA PARRAGA: My fear is that this is going to take a long time to overcome. We are going to be in this situation for a long, long time. And perhaps our whole life has been changed.

I don't feel hope at this moment.

COMMISSIONER JACK KITTS: Okay. And I am going to go back to the onset. It sounds like,

I think, Dee, from your response, that things really heated up after the Emergency Order from government and really when visitors' restrictions occurred towards the end of March.

Was there anybody worried in February and before all of it hit in anticipation of what is a flu -- and we know that the flu season always has an impact on long-term care.

So what was the level of anxiety and readiness in February up to the beginning of March?

DEE LENDER: Carolyn, I wonder if you might have a comment around how you were feeling in February?

CAROLYN SNOW: It is hard to say. I was a little fearful, but at that point it really hadn't hit here so it didn't impact me that much until we got the notice that no visitors could come in.

And then it hit that we really are isolated, and a lot of our other residents were saying it is just like being in prison, except that prisoners are treated better.

And I began to feel the same way, and up until that point, I have actually enjoyed my time in long-term care. I feel that we have a good

home and that the staff are excellent.

But I know this is not the case in a lot of long-term care homes. My sister-in-law, point in fact, was in one that the local hospital had to take over, and she actually died of COVID while she was there.

So it went from not being too concerned to being devastated. I think that is about the only way I can voice it.

COMMISSIONER JACK KITTS: Thank you. Thank you very much.

DEE LENDER: Commissioners, we have two other Board members who would like to share with you a bit of an impact statement.

COMMISSIONER FRANK MARROCCO (CHAIR):

Ms. Lender, before you do, Commissioner Coke had a question, so I wonder if she could ask it.

COMMISSIONER ANGELA COKE: I just am trying to get a sense of -- you know, it seems as if people underestimated what the emotional impact of the ceasing of visiting would be, and I am trying to think what do you think would have been a reasonable time frame to resume visitation?

Although, yes, I know people are afraid

and still worried about infections, but six months is a long time, and I am wondering, you know, what time frame did people think this would have been more appropriate?

DEE LENDER: In the conversations I had with government, I was pleading for an end date, for it not to be open-ended, because it is the ambiguity of the situation that can cause such uncertainty and just not knowing how long. I mean, if you know that it is two weeks or three weeks or four weeks, you can brace yourself, and you can, you know, rely more heavily on phone calls and just hunker down together and get through it.

But when there was no end in sight and no foreseeable guidance around when visiting would be reinstituted or reinstated, it just seemed like the hope, the hope was gone.

And that is what residents have told us, not just our Board members, but phone calls, emails, resident forums where we speak with residents.

Some of our Board members had COVID in their homes and some did not. Devora, who, again, was not able to be with us today, she was in a home that at its height had almost 100 people with

COVID, and she was cohorted, so her experience in her home really highlights, and again, across the board what we have heard over and over and over again is the communication between management of the home and residents was very, very poor in most cases. And I think it wasn't because it was intentionally, you know, mean-spirited or, you know, trying to keep truth from residents. It was that all hands were on deck to fight the physicality of this virus.

But residents were left in the dark and didn't know what was happening to their peers, to their home, to their colleagues, to their staff members.

May I read -- and just because I have said Devora's name, may I read her statement to you?

Okay. So this is from Devora. She is 86 years old. She says:

My home was in COVID-19 outbreak. I was cohorted to a different section of the building, as my area was deemed the COVID-19 area. Thank God I didn't get sick, but I had to move to another area of the home into a room where the woman who lived there did have COVID. They covered

all of her belongings with black garbage bags. I was in that room for over three months with very few personal belongings and only a few outfits that could be easily laundered and returned.

I had no TV, only my computer.

What troubled me the most was the lack of human contact. Each day I saw a PSW a couple of times, fully gowned, masked, gloved. No facial expression was to be seen. I was not permitted to leave that room for three and a half months. It was like being in jail.

Week after week, there was little communication from management. I found out things from my son before finding out from my management team. I missed my co-residents. As leader of my council, I was used to visiting with other residents, talking about what was working well, what was bothering them. I offered peer-to-peer support all the time to people living with dementia.

I also enjoyed going out two to three times a week for lectures, outings with my kids, activities with the home.

All that stopped all at once, and I was all alone. When visits were done by Zoom or even

in person, they were a mixed blessing. As much as I love my family and longed to see them, it felt like torture to see them but not be able to touch them, give or receive a hug, hold hands, nothing. It is very unnatural and very jarring.

When I think about the last six months, the key areas that affected me negatively are little to no communication from my home to me. I had no idea what was happening, no human contact, and when I did see a human being, I couldn't even see their smile, boredom and broken-spirited. Being alone in one room every day almost made me crazy. There were many days when I didn't want to get out of bed. I was very sad, very lonely, and afraid.

When there is no information shared, your mind can take you to some scary places.

And that is from Devora Greenspon.

Sharron, may I ask you for your impact statement?

SHARRON COOKE: Thank you, Dee. Because I -- the two words I said were devastating and emotional. I felt that the whole COVID situation was an emotional roller coaster. Everything changed from day-to-day, nothing

consistent.

The inconsistency of communication, staffing and shortages of staff was very devastating. Isolation for residents not being able to socialize with their peers and families caused great depression as well as having to stay in the rooms and eating alone to get -- to not get not meals no longer, just warm and soggy.

Lack of activation caused non-stimulation and left residents dormant and sleeping all the time. What recreational activities that there were available was spent mostly with the dementia residents because they needed more one-to-one care and stimulation that they never did before.

With not being able to see families and friends, there was no emotional interaction whatsoever. It was just, Stay in your room, dear. Everything is fine. Don't worry.

The unknown is what is the problem with residents. They need to be communicated. They need to know what is happening.

Just to be left in a room and not know what is past the walls has caused a lot of emotional concern. Lack of volunteers,

entertainment and cause confusion and disorientation with the residents. The residents didn't know what day it was, what time it was. They were looking for nighties at noon because they couldn't figure out what time of day it was.

Lack of spiritual care left residents nowhere to turn and to release their fears and anxieties, as well as no empathy for end of life.

During end of life, I have lived in long-term care for 12 years, and I have learned so much working with palliative and residents going through different crises. They need that spiritual care. They need a place to dump, to say what their feelings are, and just regular everyday duties or tasks. They don't have the time to sit and learn about all these anxieties the residents are going through.

Board members will then turn to addressing -- or sorry, and this is the thing with peers and Residents' Council. As a Residents' Council leader, I don't just have a resident meeting once a month. I spend every day visiting residents, visiting families, trying to see what their needs are, what type of things they like to do, but also what are they missing in their life.

A lot of residents two years ago would go to casinos. We would have trips, picnics. We would have country drives outside. And we are always active and having entertainment in, bringing in Smile Theatre into the home. Through Residents' Council, we are fund-raising to bring these initiatives into the home, and it brings so much joy and laughter and smiling for those residents.

But during this time, they had nothing to smile for. They had nothing to look forward to, except to stay in their room or go to bed or turn the TV on and then one show just seemed to be the same as the other.

So I just feel that that's the devastation and emotional and also not having your family. I know some residents, myself, had to go through a crisis during COVID with dialysis, and it hurt not to have your daughter there.

Thank you.

DEE LENDER: Jamie Ward has just joined us. You can see his name on the computer screen. Jamie is a resident leader who lives in a long-term care home in Oshawa. Hi, Jamie.

JAMIE WARD: Hello. Sorry I'm a little late. I had a washroom call.

DEE LENDER: It is okay, Jamie.

So I do see, Lloyd and Murray, your phones are muted. If you would like to unmute your phones, if you can. Otherwise, I am just not sure how we can access your comments for this meeting.

Commissioners, I would really just turn it over to you. We have questions that were given to us in advance by Ida.

Our Board members are prepared to contribute to just the flow of conversation that you would like to have with them now, but really that is the end of our formal presentation for you.

COMMISSIONER FRANK MARROCCO (CHAIR):

I guess I do have a question.

Do the residents or does the Council know of long-term care homes that were run better and avoided some of the problems that we are hearing about this morning?

And the reason I ask is because we would then take a look at those places to try to find improvements rather, but it might be helpful to us.

BARRY HICKLING: May I respond? It is Barry.

DEE LENDER: Certainly, Barry.

BARRY HICKLING: Thank you very much.

I think two things are important.

Number one, the homes that were most successful I believe had single rooms where there was one resident in each room. I think that that was a key to fending off some of the risk of spreading throughout the home.

And I think, secondly -- and Dee had mentioned the lack of communication or even -- just the lack. I'll just leave it there.

Let me explain one thing really quickly. I know for myself there was medication mixups because we did not have regular staff available who know our characteristics, who know our medications, and the needs that we have. Twice I had medication mixups. Had I not been alert and aware of what was happening, it would have been painful. It would have hurt emotionally, physically.

I think the critical issue is lack of staffing, and I don't know how to get around that, but I would say this. The homes that were most successful were the homes that really addressed the team members first, and knowing that my team members were cared for immediately, as soon as

possible, was important for any home because if they are not being cared for, if they are not taking the swabs and being tested in any other way, that is our lives. That is where we live. They bring it in. They take it out. Whatever they are doing was frightening.

Anyway, those are my points. Thank you.

DEE LENDER: If I may just from a higher level address your question. Across the board, the directors were very clear that long-term care homes were closed to visiting.

Now, on top of that, some management teams -- when things started to lighten up a little bit, some management teams took extremist interpretations of the directives. And government also said that here is the directive, but homes are given the authority to layer on top of guidance documents their own home-specific infection protection policies.

So, for example, in the latest version of the visiting policy that says that residents can go out for a few hours off of the property for any number of reasons, when they come back, they do not need to be isolated, and they do not need to be

re-tested for COVID.

Many homes are saying, no, no, when you go out for lunch with your family members, even if you follow all of the infection protection measures and wear a mask, when you come back, you will be isolated, and we have heard 72 hours, five days, 14 days, and many residents are being subjected to re-testing as well.

So it is -- the lack of visiting across the board was very, very traumatic, and I think that homes that were the most successful recognized early on that the psychosocial and emotional needs of residents were as valid as the physical protection of their bodies, because I have said many, many times to government and to other stakeholders, what we are going to end up with is a group of people who have physically survived but whose spirits have been broken. And when your spirit breaks, you give up.

And that is what we started to see. Many of the physicians that we talk with from the Ontario Long-Term Care Clinicians group have said in many meetings that I have attended that, in their opinion, many of the deaths that were attributed in long-term care were from COVID

certainly but also from residents whose spirits have been broken and who gave up. So there is that element as well.

COMMISSIONER FRANK MARROCCO (CHAIR): Commissioner Kitts.

DEE LENDER: Jamie, just a moment, please. Go ahead, Commissioner.

COMMISSIONER JACK KITTS: Okay. Sorry, are all of the long-term care homes members of your association?

DEE LENDER: No, it is a voluntary membership program, so currently about 400 -- just shy of 400 of the 630 long-term care homes are.

COMMISSIONER JACK KITTS: Of the 400 members, of the 400 homes, do you know which ones did well, which ones did really poorly, and which ones were kind of average in between?

I think the red, yellow, green has been used, but do you know which homes we would be interested in talking to because they did really well, which ones did really poorly, and which ones did average? Do you have that data?

DEE LENDER: We don't have that data, per se, in hard data. And may I just ask a qualifying question. When you say "did well", you

know, what is the metrics that you are looking at; from a residents' psychological, emotional well-being or from infection protection keeping COVID out?

COMMISSIONER JACK KITTS: I think that, you know, a lot of the residents probably were watching what was happening just pre-COVID, concerned, and then got really concerned and by the end of March when all things came in.

So I wonder if there is any impression of which homes -- you know, I think what we are seeing is had management staff on-site and prepared, had enough staffing, had IPAC measures in place, enough sufficient PPE, and you have added now a visiting policy that balanced the need to keep COVID out of the home but also balanced the need for the residents to have that spiritual and emotional well-being.

So, you know, I have heard all of this in this conversation, so I am just wondering if you have sort of put a list together and say, Well, these had that and these didn't and these didn't have an outbreak and those did? I know it is not that simple, but just wondering if you had an idea.

DEE LENDER: No, my short answer to you

is no, I don't have -- I think that that perspective would, from a licensee and owner/operator perspective, OLTCA and AdvantAge Ontario would be able to give some perspective to that.

From a residents' experience standpoint, we certainly have a handle on residents who felt well supported, but certainly as the visiting policy restrictions were in place for a month, two months, three months across the board, we started receiving more and more and more resident distress calls, quite frankly.

COMMISSIONER JACK KITTS: Okay. Thank you.

DEE LENDER: Jamie, you had something that you were about to say.

JAMIE WARD: Yeah. When you were mentioning before the extra protocols that a home could put in place on top of the protocols for going off the property, just using my home as an example, I was able to go off the property. The facility would issue me a mask, and my temperature would be taken upon heading, you know, outside.

Upon return, my temperature was taken. I didn't have to have a COVID test. I didn't have

to self-isolate. But what I did have to do on top of that is I had to go directly to my room and change what I was wearing. That was one extra protocol that they did put in place.

DEE LENDER: Thank you, Jamie.

Commissioners, you have asked a little bit about what life was like before COVID, and one of the things that, again, from a residents' perspective and operational perspective, we were well into a staffing crisis before COVID hit us.

And so the shortage of staff, the inconsistency of team members being available, the consistency of care, was very, very tough across the board in long-term care homes.

I wonder if -- let me see. Again, I see that the telephone participants' lines are muted.

Sharron, could you please talk about the human resource shortage?

SHARRON COOKE: Yes. Prior to COVID, I would say the last couple of years, we were starting to run through a fair bit of shortages with PSWs. With OARC, we have done presentations at various colleges and stuff like that promoting that long-term care could be a good career path and

trying to figure out ways how we can entice people to come to long-term care and work as PSWs, as recreation, because we found that PSWs and recreation staff are the two key positions in long-term care that were lacking to try and get enough activities.

And also, there is so much task orientation that they ran out of time for each resident, and sometimes they would have only two on a home area where usually it used to be four and three. And we have noticed that before, but since COVID, with having to make a choice of working in one home, we lost a lot of staff that way. And also, too, a lot of people didn't want to work during COVID as well.

So this -- like this caused an even worse shortage in long-term care and to try and figure out what can be done through the different associations to promote PSWs into long-term care.

Go ahead, sorry.

COMMISSIONER FRANK MARROCCO (CHAIR):

If I could just ask a question about that. I understand the problem where people don't want to come into what they perceive to be a dangerous environment. I can understand that.

But that is kind of a COVID-related reason for a staff shortage.

Did the staff ever share -- setting COVID aside, did the staff ever share why they thought there was a shortage or what the problem was or problems?

SHARRON COOKE: I think a lot of team members, they also share with you the lack of support within the homes and managements. There is always core training, training, stuff like that, but they always felt like the management didn't listen to their input.

And PSWs know more about the residents' care and what the residents need than a management level because they are not with that resident every day, and they keep saying, We keep telling them that certain situations won't work. They need to listen to us. And just like you have the collective voice of the residents, to try and make a good home, you also need to have that collective voice of your team members. They are doing it every day.

DEE LENDER: Thank you, Sharron. Virginia, would you like to add to --

VIRGINIA PARRAGA: Yes, I have

something to say, because on my own initiative I started to interview all the PSWs on the third floor, east and west, and I did that because they are very unhappy.

First of all, they feel disrespected, and secondly, there is not enough of them to do all the work that is put in their path. The butterfly effect has not been effective, at least not in our case, and I believe that these girls work hard. They have left homes and travelled a long distance to be here. And they put out sometimes $5,000 just to study PSW. And they are at the bottom of the totem pole.

That about sums it up for me.

COMMISSIONER FRANK MARROCCO (CHAIR): Thank you.

DEE LENDER: Carolyn, would you have anything to add about human resource shortages?

CAROLYN SNOW: Oh, definitely. For the last three years, I have been documenting these shortages in my home, and it has become a lot worse during COVID, but it was not good before. And I am finding weekends are worse than weekdays.

Over the weekend, one shift that should have had five people on only had two. At one

point, we had our Director of Care and Associate Director of Care come in for half a shift each to cover for an RN. It is getting very depressing for the PSWs who make it their business to come in for their shifts because they have no time to spend with the residents. They have to do whatever they can, as fast as they can, to get on to the next one, so that they cover everyone.

And not only that, they are getting hurt because they are working quickly and not taking proper measures when it comes to lifts and transfers and that sort of thing.

So it has gotten much worse since COVID, and the big problem is that in order to recruit people, you have to be able to offer them more full-time positions. It is very poor the way they are doing it in the homes.

So many of the PSWs are what they call casual, and these are the ones that have to work in three or four different homes just to make a living. It is -- I don't know what the answer is in order to recruit more people to the position, but I do know that they work very, very hard, and they are very underpaid for what they do.

DEE LENDER: Thank you, Carolyn.

Sharron? You are muted.

SHARRON COOKE: Yes, Dee, I just wanted to add something too.

The one thing I feel would really help the situation on staffing is years ago we used to have where they had practicum in the long-term care during their courses, and I think that would enhance the awareness of long-term care and help bring more PSWs and recreational people into the homes to find out just exactly what they like to do.

And we have learned that doing presentations at the colleges where at the beginning there is not too many that know about long-term care, but as the presentation goes through, you ask the question again, and it is over 50 percent put their hands up and said, That looks like that is what I would like to do.

So I think bringing stuff back so that we can build the awareness in long-term care I think would really help a lot.

COMMISSIONER FRANK MARROCCO (CHAIR):

When did they end the practice of having a practicum? Do you know?

SHARRON COOKE: We used to have it here

about five, six years ago. We would get students in every term that are going through that practicum through Seneca, through the different various colleges.

And I think that would be a huge step forward in building the careers within long-term care.

DEE LENDER: I see that Murray has joined us. Murray is in the yellow shirt in the burgundy chair. Nice to see you, Murray. You are muted at the moment. Hi, Murray, welcome.

MURRAY WOODCOCK: Good morning.

DEE LENDER: One of the angles that OARC is really advocating for in terms of the human resourcing crisis is to open up the Long-Term Care Homes Act to introduce another level of resident support worker called something like resident experience ambassador or social engagement aide, someone who is not certified, not registered, but who can take on many of the roles that PSWs and nurses occupy much of their day with outside of direct personal care.

So things like certainly bringing residents from one area to another, stocking shelves, having the time -- just purely having the

time to meet the simple pleasures in life, being able to sit and to talk with a resident for five minutes to build relationship, all of that that brings an institution into a home, brings the care -- and again, we are not advocating lesser medical care. We absolutely need more PSWs, more nurses, but this other level of resident experience, psychosocial support, would be fantastic.

And there are a number of administrators I have spoken to who have this level through the emergency funding with COVID, and the one corporate leader that I spoke with said that when she advertises for this position, she gets 40 or 50 resumés for each position.

So there seems to be, you know, people who are perhaps middle aged and would like to work a couple of shifts a week, and the home trains. So the visiting programs -- and I do want to touch on this, please, Commissioners. Even the best intentioned homes who want to provide visiting to the extent every resident having at least one visit per week, what they have had to do is pull 10, 12, 15 of their team members every day to facilitate a visiting program.

So they have admitted that resident care in other areas is suffering because they have put visiting and connection with family and friends as top priority, so there aren't enough people involved in the home to carry out an effective visiting program with all of the -- you know, bringing the residents to and from, cleaning the tables, cleaning the chairs, making the schedule, ensuring that there is training that happens so that PPE is donned and doffed appropriately.

So some residents are having to wait three, four, five weeks before they have a visit between visits.

Murray, could you please mute your line. Thank you.

Commissioners, do you have a question or a perspective you would like?

COMMISSIONER FRANK MARROCCO (CHAIR):

I just wanted to pursue this question a little bit and the other Commissioners may too.

But this other worker, this ambassador that you were referring to, is the idea that they would be able to move through from one level to another, that this would be like an entry point?

DEE LENDER: Yes, sir. It would be an

entry point, but it would also -- it would not necessarily be tied to the desire to move up the ladder, so to speak. It could be in and of itself seen as a vital component to the health care team in the home, so there would be pride and prestige and value in that position alone.

But it could also be an entry level for someone who is considering PSW work but they are not quite sure or considering working in the long-term care home sector but they are not quite sure. So it could give an introduction into life and living and supporting residents in long-term care.

COMMISSIONER FRANK MARROCCO (CHAIR):

So it would be an entry point if you wanted it to be an entry point, and if you didn't, it would be a job of some -- you know, a vocation or a job, depending on why you were doing it.

DEE LENDER: Yes, yes.

COMMISSIONER FRANK MARROCCO (CHAIR):

And some places have done this on their own and there seems to be a response?

DEE LENDER: Yes, yes. So Lloyd's home -- Lloyd is on the call but his line is muted. Lloyd lives in a home in Ottawa. They have

employed a group of people called Social Engagement Aides, and their whole purpose for coming on board is to support the psychosocial and emotional well-being of residents, so almost an assistant to the recreation team.

What we have also found in the last six months is that the mandated entity of Residents' Council has fallen by the wayside in many, many, many homes. So every home must have a Residents' Council, and it is vital. It is vital for residents to have that peer-to-peer support, and it is vital for residents to come together and be able to raise their celebrations, their concerns, their questions, and present consensus opinion to the management team of their home.

And in many homes that function has been null and void for at least four months with COVID. So we have received from government a direction, a memo, that went out to all licensees a couple of weeks ago saying it is time now -- just so you know, it is time to reconvene Residents' Councils. It is important. They must be supported by the home.

But again, there is such a team member shortage that -- to support small group gatherings

to find out what residents are thinking and feeling and valuing and want to see changed, and it is very, very difficult. So this level of position in the home would be a beautiful fit, a natural fit, in supporting Residents' Council, which is a mandated function in long-term care homes.

But there has never, ever, ever been a dedicated resource for this crucial aspect of resident experience in long-term care. So now if things are going to change, and we are in a position to really look at what can be changed to fix the system, so to speak, seeing a team member dedicated to supporting the Residents' Council, the resident voice in the home, would be magnificent.

COMMISSIONER FRANK MARROCCO (CHAIR): All right. Commissioner Kitts.

COMMISSIONER JACK KITTS: Just a follow-up on Lloyd's home. Did the Residents' Council still continue to function during COVID, and were they instrumental in bringing this new type of staff?

DEE LENDER: I am afraid Lloyd is not able to speak personally. He is listening. But my understanding of what has happened in his home is that the Residents' Council was dormant for a

couple of months, maybe four months, but recently they were able to re-ignite or reconvene.

The Social Engagement Aides were not used specifically to support the Residents' Council. Our premise from OARC's perspective is this would be a beautiful fit. I have spoken with the corporate leader of a group of homes called Primacare. That lady, Jill Knowlton, she has employed in all of their homes this level of position, and recently, three or four weeks ago when we were talking as a team, I said to her, Wouldn't it be great to have that level of position support residents' voice and Residents' Council, and she said that is a fantastic idea. She was going to revisit the job description and incorporate that into the role that she has hired for in her homes.

COMMISSIONER JACK KITTS: And so are these Social Engagement Aides been found to be effective? I gather the Primacare chain must have them in their homes, but have other homes picked it up or has it been spread as a best practice?

DEE LENDER: I don't know across the board at this point how many have. We are starting to look into this, and we have OLTCA and AdvantAge

Ontario, Family Councils of Ontario and OARC. We have written a couple of letters and presented to government advocating for this to happen.

That question, again, from an operational standpoint as to which homes have employed this level of position would, I think, be easier answered through the associations, OLTCA and AdvantAge Ontario.

COMMISSIONER JACK KITTS: Okay. Thank you.

DEE LENDER: So it is 11:09.

COMMISSIONER FRANK MARROCCO (CHAIR): Is this a convenient time, do you think?

DEE LENDER: I think so.

COMMISSIONER FRANK MARROCCO (CHAIR): Okay. Well, we'll break for ten minutes.

DEE LENDER: Okay.

BARRY HICKLING: Dee, I just wanted to mention very quickly. An alert has just come up on screen. In the past 24 hours, Ontario has reached an all-time record of 700 cases of virus infection. 700 in 24 hours. That is scary.

DEE LENDER: Indeed. We will resume in

about ten minutes, everybody.

-- RECESSED AT 11:09 A.M.

-- RESUMED AT 11:20 A.M.

COMMISSIONER FRANK MARROCCO (CHAIR): Well, Ms. Lender, we are ready when you are.

DEE LENDER: Okay. Thank you, sir.

So on the break, I was doing some thinking. As I said earlier, some of our resident leaders' homes had COVID in their home; some did not have COVID in their home. And yet across the board, every Board member in one way or another has expressed to us and to each other the heartache and the trials that have come their way in the last few months.

It is difficult because, you know, this is a group of people who live in long-term care for health reasons but who are advocates for one another, for their resident body.

And to boil it all down to communication needing to be enhanced with residents, residents feeling that they were physical things and that their entire sense of well-being was not taken into account. There is the physical aspect of being protected, but again,

the psychosocial, emotional aspect of what we all need.

One of the things that we were asked to come prepared to speak to is, you know, any ideas that we would have to address concerns that -- you know, things that could be done immediately and in the long-term, and one of the things that OARC is advocating for is teaching on safe physical touch during pandemic. It is done. There is evidence-based, research-based, guidance in terms of -- you know, because people need to be touched.

One of the devastating outcomes that we have heard about time and time again is once visiting was reinstated, when you have two people, two family members who haven't seen each other for three or four or five months, and then they are kept two metres apart with masks, you cannot touch, you can't reach out and hold their hand, you can't embrace, some of our resident leaders who are with us today have said, You know what? I don't want to see my family members in that way. I would rather have a virtual call, a virtual display where I can see my daughter's face rather than sit in front of her two metres away and not be able to at least even see her smile.

Murray, can you unmute your line, please? We have not heard from Murray.

While he is doing that, Commissioners, do you have a question or a perspective that you feel that is unanswered?

Hi, Murray, one moment, please.

MURRAY WOODCOCK: Can you hear me now?

DEE LENDER: Yes, yes, we can.

MURRAY WOODCOCK: Okay.

DEE LENDER: Okay. Commissioner Coke?

MURRAY WOODCOCK: Pardon?

COMMISSIONER ANGELA COKE: I can go after Murray. That is okay.

MURRAY WOODCOCK: Go ahead, go ahead. You go ahead.

COMMISSIONER ANGELA COKE: I was just wondering, in addition to the staffing issues that you have expressed, what are other key concerns that residents had before COVID? In addition to staffing, are there other key ones that come up repeatedly pre-COVID?

DEE LENDER: Okay. Murray --

MURRAY WOODCOCK: Yes.

DEE LENDER: -- would you like to answer that? Before COVID hit our long-term care

community, what are some of the areas of concern that you have in terms of resident care?

MURRAY WOODCOCK: Before the thing hit, you mean, or now?

DEE LENDER: Before COVID. Before COVID.

MURRAY WOODCOCK: Probably the same -- one of the same concerns that I have right now, and that is the single biggest concern that I have then and I still have now is how do we manage the staffing shortage in long-term care then, which we weren't managing well. We never had enough. The ratio of residents to staff in long-term care homes is a crying shame, as everybody knows.

If we are going to survive another pandemic, that is one of the issues that has to be addressed and addressed very, very seriously, or we are going to have a major, major problem.

One of the single biggest problems is pay. They are not paid, long-term care people, enough money. That is going to have to be revisited.

The other thing that nobody seems to realize that these long-term care people that we have now, they are all played out. They have been

worked to death. They have been surrounded by long-term care viruses, people who have it, people who may not have it. They are working with people who have it. They are scared stiff every day that they'll pick it up and take it home to their kids and their family. We are scared stiff that they are going to bring it back to us. It is a major, major problem. This has to be addressed.

The other thing is -- and you have mentioned some of this in what you are saying, is the recruitment of other people, of resident aides, to have an army of these people available to move in when they are needed. That is something that should be addressed very, very seriously.

We have to have a group of these people that are ready to come. That is my major concern in -- well, it just came on TV a little while ago, and they said there is 700 cases today. Where are we going? We are heading for another major, major surge. If we are going to manage this, we have got to have the people to manage it.

The other thing is we don't have people -- even before this we didn't have enough PSW people, et cetera, to be able to come and sit down with residents and talk to them and visit with

them and emotionally help them. The pandemic came along, and it was a disaster. People are left by themselves alone, depressed, crying their eyes out because nobody comes near them, nobody cares. Their family can't get in. Why am I here, and on and on and on.

We have to have people to handle this in the future, and they can't wait around and say, We'll do it then and then and then. Then is now, as far as I am concerned.

The other thing I would suggest to our Commissioners, which may not be a nice thing to say, but I think the general overall attitude of the general public and people who deal with long-term care, et cetera, must undergo a massive change. Instead of thinking right now they are long-term warehouses. They should be long-term care homes, with the emphasis on "care". This is one of the problems that came up when these pandemics hit, that people were not here to handle them because they were not treating people the way they should have treated them then.

Now we have had this pandemic. We have suddenly jerked into reality by the loss of dozens and dozens of lives in long-term care homes that

were never properly handled in the first place. So a major, major wakeup call.

So that is -- my major concern, again, is people, people to come in and handle what we are about to face again.

DEE LENDER: Murray, you have spoken so eloquently in the past about dignity and respect with regards to food. I wonder if you could share your thoughts on food and budgeting.

MURRAY WOODCOCK: Actually, I just made a note of that somewhere. That was one other thing.

I think one of the -- and this fits into just what I said. It is time we started being treated as people. Why are the prisoners in our justice system fed better and eating better food than we are? Like who are we? We are the people who worked all of our lives. We paid our taxes on everything, all we worked, everything that we bought, and at the end of our life, we were entitled to some peace and some quiet and enjoyment, et cetera, et cetera.

What happens? With our backs to the wall, we get nothing. They set me up to the dining room table and feed me with sub-standard food. I

would ask one of the Commissioners, when was the last time you took $9.75 out of your pocket and tried to feed yourself for a day with it? It might be enlightening.

We have been doing this for years. I don't think there has been nothing more than a minimal increase in food from health care and for the -- I have been here for five years, and I can't remember anything than a few cents.

I have already put forth a request through Minister Fullerton to increase this to $15 per person per day, and if you think about that, that is hardly even enough. That is $105 a week. Go out and shop for $105 for next week and then take next week and try and feed yourself on that $105.

At some point along the way a check must come and get people jerked into reality that we in these long-term care homes are people. We are not objects to be brought in here and put to bed and got up in the morning and given some breakfast and shoved in front of the TV and given some lunch and put to bed and brought back out for supper and got to bed again, in the meantime fed with sub-standard food. It is passed by a

dietitian, probably barely.

So my plea really is for the Ministry, and she has guaranteed, I think, to Lee that possibly, and -- not possibly, she will seriously and aggressively address this situation which has to be corrected.

Thank you.

DEE LENDER: Thank you, Murray.

VIRGINIA PARRAGA: I totally agree with you, totally.

MURRAY WOODCOCK: Thank you.

DEE LENDER: Virginia said that.

VIRGINIA PARRAGA: Hurray.

MURRAY WOODCOCK: Thank you, Virginia. I am not as crazy as I sound.

VIRGINIA PARRAGA: You don't sound crazy at all. You sound very knowledgeable.

DEE LENDER: Virginia, do you have any comments around what life was like before COVID?

VIRGINIA PARRAGA: Yes, I have actually some notes that I can go into and take a look.

Before COVID, we had daily exercise, weekly excursions to the mall or elsewhere by bus, an occasional concert, monthly entertainment, such as birthday celebrations, activity programs one or

two times per day, conversations with other residents for breakfast, lunch and dinner, more conversation with the food supervisors re food and menu, access to volunteers, family members and friends, walks outside in groups, PSW care with regular resources, a general well-being in the long-term care home.

The impact of the pandemic was as if the world had stopped and the nightmare had just begun.

DEE LENDER: Thank you.

MURRAY WOODCOCK: You are absolutely right.

DEE LENDER: Yes, Commissioner Kitts?

COMMISSIONER JACK KITTS: I have a question for Virginia. So, Virginia, it sounds like pre-COVID was --

VIRGINIA PARRAGA: Okay.

COMMISSIONER JACK KITTS: -- very good.

VIRGINIA PARRAGA: Yeah, okay.

COMMISSIONER JACK KITTS: Your home seemed to have a lot of the things that Murray was concerned about.

So life was pretty good. The recreation and staffing was fine. Can I just ask,

did your home have difficulties with an outbreak or anything else during the COVID crisis?

VIRGINIA PARRAGA: We had seven people who had COVID once they started doing the testing, so they have done a good job as far as keeping those numbers down, and we can commend them for that.

Kensington is often referred to as one of the best places that you can be in. It is a prison, but it is one of the better prisons, you know. So that is what I can say about that.

COMMISSIONER JACK KITTS: Okay. Thank you for that. Thank you.

MURRAY WOODCOCK: The other thing, if you would allow me to, Dee?

DEE LENDER: Yes, Murray.

MURRAY WOODCOCK: Allow me to defend myself a little bit from this Commissioner as far as my home is concerned.

What I said was about the food; it was not about the home. As far as Extendicare Brampton is concerned, I have to agree with the other lady with her place, it is one of the better homes to be in as far as a resident is concerned. The food thing is for all homes en masse.

VIRGINIA PARRAGA: Yes, systemic.

MURRAY WOODCOCK: The other thing is we had all of these things in our home too, but it doesn't seem to matter. The virus has no -- it attacks everybody.

The only thing is that it is not as bad in the lady's home or the home I was in, Extendicare Brampton, because they are better quality homes, they are better looked after, they are clean, they are not dirty, et cetera, et cetera, and also the management level of these homes is above and beyond a lot of the other places.

I have a simple philosophy. I spent all my life in management, and it says very simple: There are no problems that are not first of all management problems.

VIRGINIA PARRAGA: Correct.

MURRAY WOODCOCK: If you get good management, they anticipate those problems, and they correct them before they get out of control. That is what makes for a better home.

COMMISSIONER JACK KITTS: Thank you, Murray. That is very well said. Thank you very much for that clarification.

VIRGINIA PARRAGA: I just want to make one more comment, if I may.

Last Tuesday, we were served a shrimp dinner. Now, doesn't that sound yummie? I'm a great lover of seafood, and I always have been, so I look forward to these shrimp dinners. However, we were allowed two shrimp, and it was with a lot of noodles that had some sort of white sauce on it. It wouldn't even qualify for a nutritional value meal.

So I had to write a letter to the food department, and they said, Well, there was no shortage of shrimp. Who took the shrimp I would like to know? Where did they go? Two shrimp. That isn't even a shrimp cocktail if you go to a restaurant.

So there is problems with food definitely, definitely. My go-to meal is ratatouille with a little bit of rice because the other stuff, unpalatable.

MURRAY WOODCOCK: Well, I have found here at Extendicare, as part of my duties as president of the Residents' Council, I have taken over oversight of the food department.

VIRGINIA PARRAGA: Wow.

MURRAY WOODCOCK: So yeah, I scream my head off. I meet with the food services gal relatively, and if something like that happened to you happened here, there would be hell to pay.

VIRGINIA PARRAGA: Well, I think a few heads rolled that day when I sent my letter. A few heads may have rolled, I hope.

MURRAY WOODCOCK: Well, the other thing is I find that people should be speaking up more on things that are happening or not happening.

VIRGINIA PARRAGA: That's right.

MURRAY WOODCOCK: The problem is in all of these homes, 90 percent of the residents are not able to speak up.

VIRGINIA PARRAGA: Correct. They are timid, or they are too disabled.

MURRAY WOODCOCK: We as people who are able to speak up should take it as part of our responsibility to do that and look out for these -- this is one of the duties of the Residents' Council.

VIRGINIA PARRAGA: Yes, I agree.

MURRAY WOODCOCK: Is to look after the residents.

VIRGINIA PARRAGA: That's right.

MURRAY WOODCOCK: That is why I am involved with the food. That is trying to get better quality food for the residents, et cetera, et cetera.

VIRGINIA PARRAGA: Yes.

MURRAY WOODCOCK: I have been screaming about this food amount for years. I have been president of the Residents' Council for three years, and it has been three years I have been going on with this. And we finally may have waken somebody up. I don't know.

But the problem is -- and I'll say this again, please start considering us as long-term care homes, not long-term care warehouses.

VIRGINIA PARRAGA: That's right.

MURRAY WOODCOCK: Where you are taking objects and sticking them in a room and once in awhile you feed them and then let them out. We are people.

DEE LENDER: Thank you, Murray.

Murray, what you are speaking to and, Virginia, you have supported Murray, is what we have talked about at the Residents' Council during pandemic. In many homes, it has been silenced, the function of Residents' Council.

And even though there were guidelines from government that showed what safe, small group physically distanced programming can look like, many homes, management teams decided that during COVID or any significant outbreak, Residents' Council would not function.

So that is why we have as an organization not only encouraged but facilitated the reconvening of Residents' Council, because you can see, just from a glimpse right now, that resident leaders who want to advocate for their peers who cannot speak for themselves, it was heart-breaking and demoralizing to not have an avenue to write letters, to meet with peers, to have some sort of way to provide feedback to management teams. It is absolutely critical that if we head into a second wave or ever have to, you know, continue in the next few months before a vaccine is readily available, that Residents' Council must be supported.

MURRAY WOODCOCK: We are having a Residents' Council meeting next Thursday.

COMMISSIONER JACK KITTS: Who does Residents' Council report to in the home? Who is responsible for taking action on your report?

MURRAY WOODCOCK: The administrator of the home. As President of the Residents' Council, I chair the meeting along with my assistant. She takes the minutes of the meeting, writes down all the -- any concerns that we have about almost anything, excepting health concerns. If you have a problem with your nurse, that is a problem that the main nurse looks after.

Our concerns go to the chief of the home. I keep forgetting her name. And she is required to reply to me personally by letter what they will do about these concerns. And this system seems to work well. I find --

COMMISSIONER JACK KITTS: Is she on-site?

MURRAY WOODCOCK: -- in a lot of other homes that this doesn't happen. We are very fortunate here to have a good relationship with Residents' Council with management, and it makes a very big difference, and it also means that we have extremely good transparency when it comes to problems.

During the virus season, we get an update twice a week on anything and everything that is going on in the home, so that works very well.

COMMISSIONER JACK KITTS: So when you say -- you indicated that one of the things you felt was necessary for wave two was we need an army of people ready to move in if there is trouble.

I gather that didn't happen to your home in wave one?

MURRAY WOODCOCK: I don't think it happened to very many homes.

VIRGINIA PARRAGA: No.

MURRAY WOODCOCK: Because they were not prepared. This is one of their big problems. That is why I brought this up today. People should be working daily now to get people -- we have six units in our home. The last outbreak we had, we were very fortunate we only had one unit that had 14 cases in it. They isolated the whole unit. Three people passed away in that unit. But it never spread to another unit.

Okay. I am saying in another surge, what happens if that virus spreads to three other units in our home?

VIRGINIA PARRAGA: Exactly.

MURRAY WOODCOCK: Do we have the people to handle that? No, we don't.

So I am saying all homes should have

backup people to handle this type of thing, because the next wave could be worse than this one, and what are we going to do?

COMMISSIONER JACK KITTS: Do you have any thoughts around whether the Army or the hospitals were effective in doing this?

MURRAY WOODCOCK: The Army and the hospitals are very effective, but it is an embarrassing -- very, very embarrassing thing for our government and our Department of Health who works for all of these homes to come to the point where we have to call in the Canadian Army to clean up a mess that should never have been there to start with and which was created by the lack of oversight by decades of government people who were supposed to be doing their job and weren't doing it properly and all of a sudden it exploded.

Now, they had to call the Army in, and I don't know about you, but it almost brought tears to the eyes of our Prime Minister of Canada when he read this report. It almost brought tears to my eyes at the same. It made me almost ashamed to see this happen in a country like Canada and a province like Ontario.

And I just hope to God that it will

never, ever happen again. That is why I say we should have people standing by to move in for this. Fine, the Canadian Army, we must be very proud of the fact that they are trained to respond to this type of thing. I am saying to us and to all of our people, to our people that run these homes, train people to move in and help in these kind of emergencies and then we won't have to call in the Canadian Army.

And in the first place, if you do your job properly, you're never going to have to do this.

COMMISSIONER FRANK MARROCCO (CHAIR):

Did they have a plan if there was a flu outbreak?

DEE LENDER: Yes. Yes, a flu outbreak, that is very common in long-term care. Usually between --

COMMISSIONER FRANK MARROCCO (CHAIR):

I understand that.

DEE LENDER: Yes, so the regular infection protection and control measures usually are adequate enough to allow the flu outbreak to run its course, maybe shutting -- visiting down and Residents' Council down, maybe shutting it down for

two or three weeks.

But generally, you know, the flu season wreaks havoc in little increments, weekly increments across the long-term care sector. Nothing like this where all visiting and, you know, life as residents know it was changed so significantly.

COMMISSIONER FRANK MARROCCO (CHAIR):

I recognize the difference. I understand the difference. It is in terms of being able to respond at all to something that is totally unusual, and I just wondered, you know, the only thing I could think of where you would have outbreaks would be something like that which is why I was asking.

You might have thought the first thing that they would do is adapt that protocol to the situation they were in, but perhaps that is just not possible.

VIRGINIA PARRAGA: It wasn't --

CAROLYN SNOW: I think in the beginning they really didn't know how it was spread, so it was hard for them to actually prepare ahead.

Now they know it is spread by droplets, and hence, the six-foot distancing and that sort of

thing. But in the very beginning, they didn't know.

With the flu, it is either respiratory or enteric, and whichever it is they have got measures in place over the years to handle that. Unfortunately, this COVID mirrors a lot of the same symptoms as the flu.

COMMISSIONER FRANK MARROCCO (CHAIR):

So not knowing the mode of transmission, you couldn't readily adapt. There was nothing to adapt to it.

CAROLYN SNOW: That's right.

COMMISSIONER FRANK MARROCCO (CHAIR):

Thank you. Yes.

COMMISSIONER ANGELA COKE: I am just wondering in terms of -- obviously Murray said his home is quite responsive when the Residents' Council come up with issues and they present their issues in writing.

Generally speaking, do you have a good responsiveness from management at most of the homes when these issues are raised by the Residents' Council?

DEE LENDER: Yes, I would say generally in long-term care. I mean, it really is a mixed

bag. OARC is involved in what we call culture change, right, so changing the culture or societal change, moving from -- there are many homes that are still stuck for many reasons in the institutional mindset, but there are a good number of homes that are person-centered, and you see it is night and day. It really is night and day.

The legislation is written in such a way that when Residents' Councils bring concerns forward, the administrator must respond within ten days, and so there are non-compliances that are found when inspections are done where, you know, the concerns go on for months and months and months and have never been resolved, but more and more and more we are seeing that homes are changing. It takes time, but homes are changing to become more responsive to the Residents' Councils.

Now, even though a Residents' Council is separate and distinct from the management of the home, the reality is is that most Residents' Councils require a substantive amount of support because, in the resident body, you could have 60, 70 or 80 percent of residents who are living with cognitive changes, so the core group of residents who facilitate the function of Residents' Council

often need a lot of support, and it is not a dedicated role in the long-term care that the support -- the assistant role is not a dedicated or assigned role in long-term care staffing structure.

So it is often kind of tossed to whomever in the recreation department might have a little bit of extra time, which no one has, so it is not a focussed -- it is not valued enough to have a focussed team member assigned to, you know, "x" number of hours part-time or full-time to support the function of Residents' Council. It is kind of off the side of their desk, so to speak.

COMMISSIONER FRANK MARROCCO (CHAIR): Were the Residents' Councils involved in the response?

DEE LENDER: In the response?

COMMISSIONER FRANK MARROCCO (CHAIR): In the response to the first wave?

VIRGINIA PARRAGA: No, not that I know of.

COMMISSIONER FRANK MARROCCO (CHAIR): That would seem to me to be a useful --

VIRGINIA PARRAGA: Very useful.

COMMISSIONER FRANK MARROCCO (CHAIR): -- reform, because at least you get

some cooperation in the home and some understanding amongst the people who are capable of understanding as to why things were being done.

VIRGINIA PARRAGA: Yes, absolutely.

DEE LENDER: Jamie?

JAMIE WARD: Can I just say something to that?

Our management team here approached Residents' Council about the need for more PPE equipment in the home, and so Residents' Council talked about it, and we had the funds to pay $600 worth of additional PPE, you know, masks, gowns, stuff like that.

So by doing that, I really feel that it fostered a feeling of we were in this together, both the residents and the management of the home, in not only in helping to provide a safe environment for everybody, for the PSWs coming into the building and for the residents to feel, you know, safe at the same time.

DEE LENDER: Thank you, Jamie.

Can I just say that generally speaking I feel very, very confident that residents in general were not consulted. As a rule, Residents' Councils were not consulted in any systematic or

meaningful, engaged way any time during COVID, the first wave.

And secondly, as nice as it is, Jamie, that your Residents' Council supported PPE, I think it is highly inappropriate for a Residents' Council to fund PPE for team members. I think that it is --

JAMIE WARD: It was brought to us that the management needed more PPE equipment, so it was brought to the Residents' Council, was that something that we wanted to help with because we had the funds. So it was determined that yes, we would help out, you know, with providing, you know, what was required.

DEE LENDER: I think Residents' Council has the authority to spend their money on whatever they wish. I just think it is a really unfortunate reality that management teams needed to approach residents who live in the home to fund PPE.

VIRGINIA PARRAGA: I agree.

JAMIE WARD: But at the same time, what are you going to do? You need the equipment. So what do you do?

VIRGINIA PARRAGA: Uhm-hmm, uhm-hmm.

JAMIE WARD: So we went back and forth

with it a lot, and we all came -- the leadership team came to the conclusion that it was better to provide the $600 because it provided more security for the staff and the residents and the entire, you know, facility.

DEE LENDER: What you are touching on, Jamie, is a systemic issue that your Residents' Council stepped up and became involved in, but it really is a systemic issue that --

JAMIE WARD: It really is.

What it is is we were able to help provide that, but really the money should have been there for the more required materials.

VIRGINIA PARRAGA: That's right.

JAMIE WARD: It really should have been there.

COMMISSIONER FRANK MARROCCO (CHAIR):

Did they offer any explanation about why it wasn't there?

JAMIE WARD: Not overly. It was just a -- it was -- from what I can recall, the way they approached me about it was we need more -- we need more PPE equipment, and I guess for whatever reasons they didn't have all the funds to buy so much more.

So they approached us as to would we be willing to help fund -- or to help fund to make it necessary -- or to make it available for more.

COMMISSIONER FRANK MARROCCO (CHAIR):

So, Ms. Lender, is there something further?

DEE LENDER: I think when I look at the questions that were presented to us from Ida with regards to our preparatory efforts, I think that we have done a good job in sharing with you from a residents' perspective what the last six months and prior to has been like.

Barry, if I could ask you to please summarize? And first of all, Commissioners, do you have any other questions for us before Barry closes?

COMMISSIONER FRANK MARROCCO (CHAIR):

Not me.

DEE LENDER: No?

COMMISSIONER FRANK MARROCCO (CHAIR):

No, it doesn't appear we do.

DEE LENDER: Okay. Thank you.

Barry, could you close this meeting for us?

BARRY HICKLING: Thank you, Dee.

I think it is critically important to recognize that even before the COVID crisis, long-term care was not where it could or should have been. So when the crisis came, no one was really prepared, and should have been.

It is sad. It hurts and discourages. And I really hope it never happens again the way it happened this first time.

We live in fear, day in and day out, moment by moment, wondering if. The isolation is horrible. It hurts the heart, as has been mentioned, that we cannot touch, we cannot hug or hold a loved one, but we also recognize that life goes on, that there is much to be done, and OARC is stepping up and saying to all parties, We are a voice to be heard.

We have the experience of a lifetime, that we recognize is so critically valuable, and yet the way we mistreat our elderly or disabled people in long-term care is a disgusting, disgraceful situation.

Please hear our voices, work together one with the other, and develop a plan that is going to work to protect the elders in every community.

Thank you, Dee.

COMMISSIONER FRANK MARROCCO (CHAIR): Well, I don't know that there is much more that can really be said after those words. I will say on behalf of us I want to thank you because your experiences are a real opportunity for us to understand what actually is happening and what actually happened.

It is so much different to hear it from people who were personally affected than to hear about it from a policy perspective or 30,000 feet, it depends, pick any way you would like to describe it.

For us, this is very helpful. And, Ms. Lender, we may be back. As we learn more and more, we may be back to ask further questions, and I don't know if all of you were here, I asked Ms. Lender if we could link our website to yours so that those of you who are interested and can handle that will be able to see what we are up to.

We have the other presentations that we have had on there and transcripts of what people said, and yours will be there. And you'll be able to at least understand what people are telling us.

For our part, we'll do our best to

write the report that you expect. We are determined to try to do that.

So thank you all very much, and if there is nothing further, then that is it, for now.

DEE LENDER: Okay. We would be honoured and most privileged to help each step of the way in any way we can. Thank you for the opportunity.

COMMISSIONER FRANK MARROCCO (CHAIR):

Thank you very much.

Bye-bye, everybody.

-- Adjourned at 12:06 p.m.

REPORTER'S CERTIFICATE

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

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

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

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

Dated this 28th day of September, 2020.

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