

# Long Term Care Covid-19 Commission Mtg.

Ontario Association of Councils on Aging  
on Tuesday, December 15, 2020



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MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

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--- Held via Zoom, with all participants attending  
remotely, on the 15th day of December, 2020,  
10:30 a.m. to 11:14 a.m.

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BEFORE:

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

1 PRESENTERS:

2

3 Dominic Ventresca, Director Ontario Association of  
4 Councils on Aging

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6 Lilian Wells, President Ontario Association of  
7 Councils on Aging

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9 PARTICIPANTS:

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

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

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

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

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

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1 Derek Lett, Policy Director Long-Term Care  
2 Commission Secretariat

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4 Dawn Palin Rokosh, Director, Operations Long-Term  
5 Care Commission Secretariat

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7 Jessica Franklin, Policy Lead Long-Term Care  
8 Commission Secretariat

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10 Adriana Diaz Choconta, Senior Policy Analyst  
11 Long-Term Care Commission Secretariat

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13 ALSO PRESENT:

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15 Janet Belma, Stenographer/Transcriptionist

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1 -- Upon commencing at 10:30 a.m.

2 COMMISSIONER FRANK MARROCCO (CHAIR):

3 Good morning. I'm Frank Marrocco. I don't know if  
4 you've met the other two Commissioners, Dr. Jack  
5 Kitts and Ms. Angela Coke.

6 COMMISSIONER ANGELA COKE: Morning.

7 COMMISSIONER FRANK MARROCCO (CHAIR):

8 We are the Commission. We do have Janet who's a  
9 court reporter and who will create a transcript  
10 which we will put on our website so that people can  
11 follow our inquiries and what we're -- what we're  
12 doing because we're trying to move at a much faster  
13 pace than these inquiries typically do. It's kind  
14 of like the vaccine, I guess, that we've expedited  
15 the process.

16 We have your presentation. So we  
17 know -- I suspect I speak for us all. We've all  
18 looked at it, but we're happy to -- you should take  
19 us through it in any way that you find convenient.

20 If you don't mind, we will ask  
21 questions as we go along rather than wait 'til the  
22 end. And with that, I guess we're ready, if  
23 everyone -- if you are.

24 LILIAN WELLS: Yes. We have a slide  
25 presentation.

1                   COMMISSIONER FRANK MARROCCO (CHAIR):  
2 Right.

3                   LILIAN WELLS: And we're very happy to  
4 have this opportunity to speak with you, and we  
5 really appreciate this.

6                   COMMISSIONER FRANK MARROCCO (CHAIR): I  
7 can -- I can see your presentation now.

8                   LILIAN WELLS: Yeah, okay. So I'm the  
9 president, and Dominic Ventresca is a very valued  
10 member of our Board of Directors. How do I change  
11 or -- next slide?

12                  DOMINIC VENTRESCA: Yeah, just leave it  
13 to me here.

14                  LILIAN WELLS: Oh, you're doing it.

15                  DOMINIC VENTRESCA: I'm trying to.  
16 Okay. It's my turn for technical glitches. I am  
17 using my usual method of trying to move slides, and  
18 it's not -- it's not moving. I'm going to look for  
19 some help, Janet. You and I practiced this before.

20                  COURT REPORTER: You're trying to move  
21 the slides, are you? I think you need to make  
22 it -- you have a full screen for your slide  
23 presentation. You might want to change that just  
24 so you can scroll down unless you can scroll with  
25 your mouse down?

1                   DOMINIC VENTRESCA:   Okay.   How's that?  
2   Is that showing up?

3                   LILIAN WELLS:    No.

4                   COURT REPORTER:  We're not seeing it  
5   yet.   Would you like -- if you can't get it, I can  
6   share my screen because I do --

7                   DOMINIC VENTRESCA:  Here we go.   Okay.  
8   It's working.   Okay.   Thank you.   Sorry about that.  
9   Are you seeing it?

10                  COURT REPORTER:  No, not yet.

11                  COMMISSIONER FRANK MARROCCO (CHAIR):  
12   Maybe Janet could share hers, and then you just  
13   tell her when to move from one screen to another.  
14   Maybe that would work.

15                  COURT REPORTER:  Would that work?

16                  DOMINIC VENTRESCA:  Yeah.   That would  
17   be fine.   Sorry about this.

18                  COURT REPORTER:  That's okay.   Can you  
19   see that?

20                  COMMISSIONER FRANK MARROCCO (CHAIR):  I  
21   can.

22                  MS WELLS:    Yes.

23                  COMMISSIONER JACK KITTS:  Yes.

24                  COURT REPORTER:  Okay.

25                  DOMINIC VENTRESCA:  Okay.   So I'm the

1 only one that's not getting it on the Zoom screen.  
2 If you just give me one second, I'll try and get  
3 out of this here. Okay. I'm good. Sorry.

4 COURT REPORTER: Okay. And you can  
5 just let me know when you want me to scroll.

6 LILIAN WELLS: Okay. The next slide,  
7 please. This is just a brief overview of what  
8 we're -- of our presentation. We'll start with a  
9 brief introduction of the Ontario Association of  
10 Councils on Aging, a little bit about ourselves,  
11 the two of us, and then move into the context for  
12 systemic improvement of long-term care, and then  
13 the urgency and interrelationships of reform  
14 measures, and conclusion and further discussion if  
15 that's indicated. Next, please.

16 So the Ontario Association of Councils  
17 on Aging, or OACA, is a voluntary non-profit  
18 organization incorporated by the Province of  
19 Ontario. Some of our member councils have roots  
20 and experience in addressing issues affecting older  
21 adults that date back up to 45 years.

22 And current members come from  
23 Burlington, Cambridge, Frontenac-Kingston,  
24 Hamilton, Grand River, Greater Arnprior,  
25 Grey-Bruce, Niagara, Ottawa, Toronto, and



1 Windsor-Essex. So they're a range of large urban  
2 communities and smaller semirural ones. Next,  
3 please. Next. Yeah.

4 The vision of our organization is an  
5 Age-Friendly Ontario that fits with the standards  
6 of the World Health Organization. Our mission is  
7 to provide leadership provincially to enhance  
8 quality of life as people age with a focus on the  
9 interests, strengths, and needs of older adults.

10 And the goal that fits with this  
11 presentation is to represent the collective voice  
12 of older adults that is on key systemic issues.  
13 Next.

14 A bit about myself: I'm the President  
15 of OACA. I've a background in social work  
16 leadership in long-term care and home care. I'm  
17 retired from -- as a professor from the Faculty of  
18 Social Work, University of Toronto, and my focus  
19 in -- is in gerontology, health, and disability; in  
20 practice, research, and teaching.

21 I served in the development of  
22 Toronto's Senior Strategy and on its subsequent  
23 Accountability Table.

24 Personally, I've got experience as a  
25 family caregiver, and currently, I have friends

1 living in long-term care retirement homes. And  
2 next slide, please.

3 And Dominic will --

4 DOMINIC VENTRESCA: Yes, thank you,  
5 Lilian. First, I'd like to say how grateful we are  
6 for this opportunity to appear before the  
7 Commission and also to present our positions.

8 I am, as Lilian said, I'm a member of  
9 the Board of Directors. I come to that role via my  
10 role as Chair of the Age-Friendly Niagara network  
11 which is a group of volunteers working here in  
12 Niagara to make Niagara an age-friendly community.

13 I'm currently a member of a long-term  
14 care home family council by virtue of the fact that  
15 my mother, my 94-year-old mother, who was admitted  
16 to one of the Niagara Region's long-term care  
17 homes, ironically, one of the ones that I was  
18 responsible for during my career, actually in --  
19 March 30th, so she's had no experience except a  
20 COVID experience having been isolated the first 14  
21 days and then going through not seeing a family  
22 member inside the building until, well, late this  
23 summer.

24 I'm now currently an essential  
25 caregiver, so I have full access to the home and

1 able to see firsthand the challenges that are faced  
2 in maintaining a home that is thus far relatively  
3 free of COVID. No residents have had it over this  
4 period, and three staff at three different times,  
5 you know, producing outbreaks, but the one staff  
6 member isolated, and all things went back to normal  
7 within 14 days.

8           Formerly, I was -- and I retired eight  
9 years ago from being the Director of the Senior  
10 Services Division of the Niagara Region and that  
11 gave me the responsibility for eight long-term care  
12 homes and numerous community support programs like  
13 adult day programs and supportive living and other  
14 projects trying to keep people living at home for  
15 as long as possible postponing or at least delaying  
16 their access or needing to access long-term care  
17 homes.

18           Formerly, also, I was on the Board of  
19 Directors for the -- what was, at that time, the  
20 Ontario Association of Not-for-Profit Homes and  
21 Services for Seniors, now known as AdvantAge  
22 Ontario. I know, from looking at the transcripts  
23 of presenters prior to us today, AdvantAge Ontario  
24 had the opportunity to present to you.

25           And also formerly, until the Boards

1 were disbanded, I was a member of the Board of  
2 Directors for the Hamilton Niagara Haldimand Brant  
3 long -- or the LHIN, the Local Health Integration  
4 Network. Next slide, please.

5 So there is no shortage of information  
6 that you've already seen, a lot of it quite  
7 detailed, and from some eminent people that are in  
8 the healthcare field, long-term care field, public  
9 health field, the individual practitioners, unions.  
10 So there's no shortage of information that you've  
11 received from subject experts.

12 Our role today is to try to give some  
13 context to that and try to present, from our  
14 perspective, a framework within which we would  
15 consider all of that voluminous information that  
16 you've received.

17 There's no question, and you know this,  
18 that there are long-standing systemic shortcomings  
19 in long-term care, and they have been exposed,  
20 unfortunately, during this challenging time.

21 Our position is that if there are  
22 deep-rooted systemic shortcomings, then it's going  
23 to take a systemic approach to resolving them, and  
24 it's going to require bold, integrated, and rapid  
25 reform measures. And we've identified five that we

1 feel, from our -- we -- as you may know, we wrote a  
2 letter to the Premier back in June, and we  
3 highlighted at that time what we saw to be the five  
4 pillars that would provide this transformational  
5 change at a time when there is, perhaps, a  
6 watershed moment, unfortunately, due to some tragic  
7 events. But the political will, the public will is  
8 probably as strong as we'll ever see it, so there  
9 is need for, as I mentioned, bold, integrated, and  
10 urgent reform.

11 And we felt that this could be achieved  
12 through level of care standards, and you've already  
13 addressed that, thankfully and rightly, in your  
14 first interim report.

15 Human health resources, enhancements,  
16 we highlight that in the letter to the Premier with  
17 some addenda that we placed in the letter, and you  
18 have addressed a good number of those items as  
19 well.

20 The adequate personal protective  
21 equipment, we specified that as one ingredient to  
22 the overall strategy of infection prevention and  
23 control because early on -- and this has been  
24 reiterated or at least re-emphasized recently with  
25 a Revera panel that identified lack of adequate

1 personal protective equipment as one of the  
2 problems in the early going of the pandemic. But  
3 we're raising this as part of a larger infection  
4 prevention control measure because there are many  
5 others, as you know, that go along with that.

6 But we want to emphasize, while we have  
7 this opportunity, that there needs to be a  
8 mitigation for social isolation impact of all of  
9 the measures, so restrictions on visitors,  
10 reasonable but not draconian so that there's always  
11 a balance of ensuring that residents in long-term  
12 care, staff in long-term care are kept safe and  
13 hopefully COVID-free but without the unintended,  
14 severe consequences of social isolation which leads  
15 to all kinds of potential health issues and,  
16 ultimately, perhaps, conditions of morbidity or  
17 mortality even.

18 We also address the pillar of building  
19 design standards primarily with a view of  
20 supporting infection prevention and control, and,  
21 as you've heard from many others, that that  
22 involves issues around private bedrooms and private  
23 bathrooms and larger spacious dining and other  
24 areas so that when infections occur or at least to  
25 even prevent infections, that the building -- the

1 buildings are designed to assist in that infection  
2 prevention and control outcome.

3 And lastly, the improved accountability  
4 of long-term care operators, and you've addressed a  
5 bit of this through the -- you know, the second  
6 interim report around the role of inspectors and  
7 integration with other divisions or other  
8 authorities around inspections.

9 And the last piece of contextual  
10 information we'd like to really emphasize is that  
11 these circumstances, as you know and as you've  
12 already seen through your two interim reports well  
13 ahead of the deadline, shows that you have  
14 appreciated the need for urgent implementation.  
15 Next slide, please.

16 COMMISSIONER FRANK MARROCCO (CHAIR):  
17 Mr. Ventresca, before you go on, do you have any  
18 sense, based on your experience, about why these  
19 systemic shortcomings have historically existed in  
20 this -- in the long -- in the care of our -- like,  
21 the most senior members of the population?

22 DOMINIC VENTRESCA: Yes. And these are  
23 going to be views that are based on my experience  
24 and in my thinking, certainly, at the Board level  
25 of the OACA. We haven't had the opportunity to

1 delve, perhaps, into some of these, you know,  
2 deeper questions like you're raising here. So I'll  
3 say this, that historically, and I go back to  
4 entering the field in 1976 just out of university  
5 for a couple of years and saw that -- and I was  
6 attracted to working in gerontology or in  
7 geriatrics and saw firsthand that long-term care  
8 was the poor cousin in the healthcare spectrum.

9           And over time, there have been great  
10 improvements, and the Province has been a leader in  
11 many areas of setting standards, ensuring that  
12 there are, you know, measures in place to hold  
13 operators accountable, and gradually, increased  
14 funding.

15           But I know in my role as director, many  
16 times I was able to advocate to the Regional  
17 Council and our medical directors would submit  
18 annual reports, and almost routinely, we would say  
19 that the level of need for residents in long-term  
20 care are increasing. And that's a good phenomenon,  
21 if you will, resulting from a greater emphasis on  
22 care in the community which allowed many older  
23 adults and other adults who require long-term care  
24 to stay in the community much longer. When they're  
25 entering a long-term care home, they're much



1 further along the progression towards disability  
2 and, ultimately, towards mortality so that the  
3 needs of those coming into the homes became evident  
4 quite -- you know, quite, you know, great.

5 We never had, for example, back when I  
6 started in the mid-'70s, tube feeds and oxygen, the  
7 level of disabilities that we see today, but yet  
8 the funding and the resources to, you know, obtain  
9 through the funding, like sufficiency of staff, and  
10 the degree of qualifications of the staff did not  
11 keep pace with the changing need.

12 I think it speaks to one of our -- in  
13 our goals for this association, we speak about  
14 trying to change the societal attitudes towards  
15 ageism, so there's a bit of that. You know, I  
16 think many societies don't place the emphasis on  
17 older adults that they're deserving. It seems that  
18 we forget throughout our life, of course, that  
19 we're going to be there one day. We're not talking  
20 about some other people. We're talking about  
21 ourselves, but it's a big leap for us to take.

22 So I think just to summarize, there's  
23 been a general lack of priority for caring of older  
24 adults, and the political and public will has not  
25 been there to the extent needed to ensure that

1 resources kept pace with the changing needs of this  
2 population that requires care.

3 Any further comment on that,

4 Commissioner Marrocco, or --

5 COMMISSIONER FRANK MARROCCO (CHAIR):

6 Commissioner Kitts.

7 COMMISSIONER JACK KITTS: Yeah. I'm  
8 going to ask a difficult question, but we have  
9 spoken about this before with other groups, and you  
10 rightfully pointed out that investment in community  
11 care, Aging At Home, Home First, all of these  
12 programs have created patients -- or residents  
13 staying at home much longer than they ever have  
14 before, so when they do come into the home, the  
15 acuity is much higher. You spoke of feeding tubes  
16 and oxygen and ventilators and many chronic  
17 diseases.

18 So the question I have is, when you're  
19 looking for standards and better care, is there --  
20 is there too much diversity in the acuity of the  
21 patients and the different problems they have that  
22 there are really more patients who need some  
23 specialized care as opposed to residents. And I  
24 know that that's a difficult question to change  
25 that, but it seems that they're sicker, more acute,

1 and they require various types of care.

2           DOMINIC VENTRESCA: Well, thank you,  
3 Dr. Kitts for that difficult question. I would say  
4 that the need for specialized care is clear, and  
5 it's in place now. Long-term care homes, for the  
6 most part, have been capable of meeting the  
7 increasing care needs of residents. There's  
8 certainly the expertise. There's a desire. I  
9 always marvelled at the -- at the spirit of people  
10 who work in long-term care.

11           In my orientation speech, if you will,  
12 to all new staff, I would say we're not here for  
13 fame or fortune. That's not going to be part of  
14 our outcomes working in long-term care.

15           But we're here for the satisfaction of  
16 serving folks who are in need and their family  
17 members. And as has been said, and you're aware of  
18 this, the sign of a caring society is how we care  
19 for our most vulnerable people.

20           So I think the, kind of, infrastructure  
21 in terms of human will and expertise is there.  
22 What is required is some -- a bit more and also  
23 physical infrastructure that will support it. And  
24 that's why we talk about the changes in the  
25 physical design and things of that nature.

1                   COMMISSIONER JACK KITTS: Thank you.

2                   DOMINIC VENTRESCA: Okay. If there's  
3 no other question or comment on this slide,  
4 perhaps, we'll go on to the next one here.

5                   Now, did we move ahead to the  
6 conclusion a little bit quicker? Yeah, I think  
7 this is the slide I was hoping to talk to now.

8                   So again, two of our themes in our  
9 strategic framework, if you will, for how the  
10 Commission can distill the volumes of information  
11 that you've received and technical testimony, we're  
12 commending you for having recognized the urgency of  
13 these issues and as evidenced by your producing the  
14 two interim reports and not just having this be a  
15 bureaucratic exercise and meet your goal at the end  
16 of the day or at the end of the period which I  
17 believe is April of 2021.

18                   But the key message from us is that  
19 success in achieving those recommendations and,  
20 ultimately, resulting in systemic reform,  
21 transformational change, as we've said, is  
22 contingent on the Commission recognizing and,  
23 ultimately, the Government recognizing that the  
24 measures that are being proposed -- and that's  
25 either our five pillars or your key

1 recommendations -- that these recommendations must  
2 be implemented from a perspective that they are  
3 interrelated and concomitant; they have to be  
4 implemented concurrently. They have to be  
5 coordinated with other sectors that are  
6 interdependent with the long-term care sector.

7           So none of these can be implemented  
8 solely or in silos. They have to be understood as  
9 a package and to emphasize the point about  
10 coordination with other sectors. So it's not just  
11 the long-term care sector or even the healthcare  
12 sector, but the education sector, for example, as  
13 an upstream provider of a service here, and that is  
14 educating the personnel in both quantities and also  
15 in the skills that they need.

16           And Dr. Kitts had mentioned some of the  
17 specializations, so we're not just looking at more  
18 of the same, but we're looking at more skills as  
19 well to meet these increasing needs both  
20 immediately and in the future. And we're  
21 emphasizing here that long-term care homes and in  
22 the community because thereto, there can't be that  
23 separation.

24           And we're aware that -- you know, that  
25 there -- already there's been some progress made in

1 the identification of a position functioning like  
2 an assistant PSW. And that's a small step in the  
3 right direction, so it indicates that there is some  
4 traction for this particular recommendation, but  
5 there needs to be more of that.

6 And I think, too, you've also helped  
7 identify this coordination of related sectors where  
8 you identify in your interim report the need for  
9 public health inspectors and labour inspectors and  
10 long-term care home inspectors, for example, to,  
11 you know, work more conservatively and share  
12 information and support each other.

13 So if there's any comments on this  
14 particular -- or any questions, otherwise, we'll  
15 move to our, you know, conclusion.

16 COMMISSIONER FRANK MARROCCO (CHAIR):  
17 Yes.

18 DOMINIC VENTRESCA: Okay. Let's move  
19 to the conclusion. So again, we're so thankful of  
20 this opportunity to have your ear, and we  
21 respectfully ask you to thoughtfully address in  
22 tandem the broader long-term care home -- or the  
23 broader long-term care system which, of course,  
24 includes long-term care homes and home care  
25 community support services because, again, change

1 in one sector like the long-term care home  
2 sector -- so, for example, if you were to recommend  
3 and the Government was to follow some of the human  
4 health resources recommendations around improved  
5 working conditions and improved pay in the  
6 long-term care homes, that would be wonderful. But  
7 then there's unintended consequences because there  
8 are people doing similar roles in community support  
9 services.

10 And, you know, I go back to my mother's  
11 own experience. She lived at home probably seven  
12 years longer than some of her medical practitioners  
13 felt was feasible, but it was because she was being  
14 supported in her home through, ironically, one of  
15 the programs that I had been involved with called  
16 the Supportive Living Program which is basically  
17 like a supportive housing program but delivered  
18 outside of a congregate living arrangement like,  
19 you know, old -- older adult apartment building or  
20 something like that, and supplying support services  
21 to people living in their own homes but getting the  
22 kind of supportive housing services delivered to  
23 them minus the housing because they provided their  
24 own housing.

25 So if there was some transformational

1 change in the working conditions of PSWs, for  
2 example, in long-term care homes, there are PSWs  
3 working in the -- very valuably in that role of  
4 home care and community support services. So these  
5 things have to be considered broadly.

6 And secondly, our key ask here is that  
7 you request the Government to take, as we said  
8 earlier in this slide, about the concomitant parts,  
9 the interrelated parts of the solution, that the  
10 Government take concerted and coordinated action on  
11 all of the identified measures, and they take it  
12 with understanding that there's a profound urgency  
13 to move forward and to not have us see another  
14 tragedy like we've seen these past several months  
15 and to truly, as has been said, fix the system.

16 And it's -- a key word here is action  
17 in that first bullet. Secondly, that those actions  
18 have to have clear and specific fiscal allocations  
19 as line items in the budget for all of the proposed  
20 measures so that mitigates the risk of political  
21 entities saying the right things and then not  
22 following up with the money that's required to get  
23 those words into action or to kick it down the  
24 curb, you know, for another election or anything  
25 like that. So there has to be specific fiscal



1 allocations.

2           And fourthly, there needs to be  
3 clear -- there need to be clear timelines and  
4 milestones associated with each of the time -- or  
5 each of the timelines and each of the specific  
6 actions identified and that they would reflect,  
7 again, the coordinated urgent implementation of all  
8 of the interrelated measures.

9           And lastly, there needs to be  
10 accountability to monitor progress and ultimate  
11 achievement of desired reform so that we truly  
12 achieve what is identified as actions to support  
13 the change -- transformational change of the  
14 system, and that Governments and others are held  
15 accountable, and the public can see that, you know,  
16 what they have raised now over and over as  
17 unjustifiable or unacceptable circumstances for  
18 people living in long-term care that the -- that  
19 truly will not happen again.

20           And that's our presentation. Thank you  
21 so much for giving us the opportunity, again, and  
22 for listening and for asking some very, I'll say,  
23 informed and intelligent questions.

24           COMMISSIONER FRANK MARROCCO (CHAIR):

25 Well, if there --

1                   COMMISSIONER JACK KITTS: I have -- I  
2 have another question. I hope it's informed.

3                   COMMISSIONER FRANK MARROCCO (CHAIR): I  
4 was going to say, Commissioner Kitts and I are  
5 having the same thought. I was going to ask  
6 another question too.

7                   Go ahead, Commissioner.

8                   But I was worried now, given the  
9 compliment, that maybe I should hold it back.

10                  COMMISSIONER JACK KITTS: Yeah. So  
11 I'll go first. So on your previous slide, you  
12 talked about success required three things:  
13 Interrelated, concomitant, concurrently  
14 implemented, coordinated. And I want to -- I'm  
15 going to ask you about the coordinated with all  
16 related sectors, and you said that's beyond the  
17 health sector. I suspect it's the social services  
18 and others to plan toward the desired state, so  
19 coordinated with all related sectors to plan toward  
20 the required state.

21                  And then in your -- in your conclusion,  
22 the -- you talk about thoughtfully address in  
23 tandem the broader long-term care system, home care  
24 communities -- to effectively achieve systemic and  
25 sustainable reform.

1 I guess my question is, are you -- are  
2 you recommending that a council or group of  
3 partners in the health system, social system, and  
4 others get together to plan a system, a health  
5 system that includes long-term care as a -- as a  
6 part of it, or are you saying something different?  
7 I'm not quite sure.

8 DOMINIC VENTRESCA: Okay. In the --  
9 well, since the slide is here in front of us, the  
10 consideration of the issues in tandem, I'm, at this  
11 point, suggesting that it be long-term care homes  
12 and those other services that serve mostly older  
13 adults in the community like home care, like  
14 community support services.

15 So I didn't go as far as to say,  
16 although I like where you're going with it, you  
17 know, the hospitals and other components, public  
18 health, I mean, it stands to reason that if there  
19 was -- and, you know, better coordination, better  
20 relationships, and better support for one -- for  
21 one another in the broader system, that would be  
22 ideal.

23 And it's shown, too, through this  
24 pandemic where hospitals have been asked to go into  
25 assist or even take over some of the long-term care

1 homes because they have an expertise that some of  
2 those long-term care homes lacked.

3 So that's even further, Dr. Kitts, and  
4 when I had, you know -- or what we had mentioned in  
5 that particular point number 1.

6 But back to the other point that you  
7 raised around the coordinated efforts involving the  
8 other sectors, we cited how education as a sector  
9 has to be engaged in order to help resolve the  
10 issues around staffing, skills, and quantities of  
11 staff. That's just one example.

12 But, again, we -- you received, I  
13 think, sufficient information from so many sources  
14 that, you know, you have the information to help  
15 see how far the Commission chooses to go.

16 We've identified here a preliminary  
17 component, if you will, but I certainly like where  
18 you are going with the broader scope -- with the  
19 broader scope of other healthcare resources.

20 COMMISSIONER JACK KITTS: Yeah, I  
21 was -- I was thinking that in conclusion number 2,  
22 point number 1, you were going there, take  
23 concerted and coordinated action on all of the  
24 identified measures with profound urgency to  
25 succeed to truly fix the system, which I think is

1 broader than just the long-term care system.

2 DOMINIC VENTRESCA: Yes, I think we're  
3 on the same page for sure --

4 COMMISSIONER JACK KITTS: Okay.

5 DOMINIC VENTRESCA: -- on that.

6 COMMISSIONER JACK KITTS: Yes, that's  
7 what I thought that meant. Okay. Thank you very  
8 much.

9 COMMISSIONER FRANK MARROCCO (CHAIR): I  
10 was just -- wanted to pursue that same slide, the  
11 one that's on the screen now. Do you have a  
12 thought on how you ensure accountability? You  
13 know, if you look at this, you get the sense that  
14 there's a lack of accountability and that there has  
15 historically been a lack of accountability. And  
16 I'm wondering if you have any thoughts based on the  
17 experience you have with how you ensure  
18 accountability.

19 DOMINIC VENTRESCA: I'm going to,  
20 Commissioner Marrocco, going to address that on two  
21 planes. I'm going to start on the narrower plane  
22 of accountability within long-term care homes. And  
23 I saw over my 36 years and then beyond in my role  
24 and on the Board of a -- of a local LHIN how the  
25 Province has moved towards improving accountability

1 of long-term care home operators. There -- long  
2 gone are the days when we would have someone come  
3 in from the Ministry back then as a municipal home,  
4 the Ministry of Community and Social Services and  
5 walks through a home and say, you have a good home  
6 here; I see a lot of good smiles on the residents'  
7 faces, and the staff have -- you know, are upbeat;  
8 it's a good home.

9           And, you know, I mean, those where very  
10 casual and very unsophisticated reviews of what we  
11 were doing to where, over time, when the Ministry  
12 of Health stepped in and then long-term care  
13 homes -- and you saw this through the history given  
14 to you through the AdvantAge presentation -- over  
15 time, as the -- not -- or the for-profit nursing  
16 homes, there [indecipherable] time got blended in  
17 with the municipal and charitable and  
18 not-for-profit homes, there was a big move towards  
19 increased accountability.

20           And then with some of the, at the time,  
21 deemed horror stories that were coming up, and some  
22 of the media picked up on this -- this would be  
23 back in the -- probably late 1990s and, you know,  
24 early 2000s, then the Ministry went ahead with a  
25 very detailed inspection system, very -- very, you

1 know, prescriptive standards, the Long-Term Care  
2 Homes Act with the whole slew of inspectors that  
3 followed needing some in the field to say, besides  
4 a nuclear industry, the long-term care industry was  
5 probably one of the most highly regulated in the  
6 world. It did have some improvement effect on the  
7 operators notwithstanding some operators didn't  
8 like this degree of accountability.

9           So I for one, feel that the whole  
10 movement towards greater accountability standards  
11 across the Province really helped lift the  
12 long-term care field to a better -- to a higher  
13 level.

14           Now, were all of the areas being  
15 inspected precisely the best or the most, you know,  
16 relevant? Not necessarily. Certainly, the reports  
17 indicated -- or the reports that become public  
18 aren't very informative to the average person, and  
19 then if we go back to our submission back in June  
20 to the Premier, we stated that if the Ministry  
21 inspectors focused on what really mattered -- and  
22 you've addressed that, in part, through your second  
23 interim report where you're beginning to focus more  
24 and more on infection control because that really  
25 matters, but then it has to be publicly accessible,

1 understood by the public. And I've always  
2 advocated that the reports allow the -- or at least  
3 encourage the public to get a really negative view  
4 of long-term care because the only things that get  
5 reported publicly are the -- are the mistakes that  
6 get made, you know?

7           It's just like if back in school, if  
8 the only thing in our report card that was cited to  
9 our parents was where we didn't get the right  
10 answers, the parents would think we're pretty bad  
11 at school. The bottom line is we might have been  
12 getting 90% and only 10%, you know, not so good.  
13 And I think the long-term care system does that  
14 with -- it only reports on the errors and doesn't  
15 really give a balanced report of the inspection  
16 system. So that's on the narrower plane.

17           On the broader plane and what was meant  
18 here in our concluding bullet here was to hold the  
19 Government to account so that when commitments are  
20 made, for example, to move the average hours of  
21 resident care to four hours, something that's been,  
22 you know, recommended by so many bodies including  
23 the Government Commission, you know, Report back in  
24 2008, is to not just say it's going to be done, but  
25 to publicly commit to the action, the finances, the



1 timelines, the milestones, and then reporting to  
2 the public where, you know, the progress is being  
3 made. So that's the higher level of  
4 accountability, and that's an accountability of  
5 our -- of our Provincial Government.

6 COMMISSIONER FRANK MARROCCO (CHAIR):  
7 Okay. Thank you.

8 So if that concludes, because it says  
9 conclusion, if that concludes the presentation,  
10 then I say on behalf of us, all of us, thank you  
11 very much for, you know, proposing, really, a  
12 framework within which we might consider more  
13 specific issues.

14 And we very much appreciate that, and  
15 it's very valuable for us to have, at least,  
16 suggestions of how you might frame a broader  
17 report. And thank you very much for that. It's  
18 been very informative.

19 LILIAN WELLS: Thank you very much.  
20 Yeah. We've --

21 COMMISSIONER ANGELA COKE: Thank you.

22 DOMINIC VENTRESCA: Thank you very  
23 much.

24 COMMISSIONER JACK KITTS: Thank you.  
25 Thank you.

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-- Adjourned at 11:14 a.m.

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REPORTER'S CERTIFICATE

I, JANET BELMA, 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 16th day of December, 2020.



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NEESONS, A VERITEXT COMPANY

PER: JANET BELMA, CSR

CHARTERED SHORTHAND REPORTER

1 CLARIFICATIONS:

2

3 Page 8 line 6: It should be 'World Health  
4 Organization' - rather than 'rural health  
5 organization'

6

7 Page 16 line 15 . 'Ageism' instead of 'agism'

8

9 Page 21, line 22 and 23. In line 22 where  
10 'boarder' should be 'broader' as in line 23.

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