

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

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

BEFORE:

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

1 PRESENTERS:

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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:

10

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

19

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

6

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.



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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