

From: MILLER [REDACTED]
Sent: August 6, 2020 10:20 AM
To: doug.fordco@pc.ola.org; Elliott Christine (MOH) <christine.elliott@pc.ola.org>; merrilee.fullerton@pc.ola.org; raymond.cho@pc.ola.org; City Clerks Office <city.clerksoffice@brampton.ca>; ahorwath-co@ndp.on.ca; info.leader@ontarioliberal.ca; Iannicca, Nando <nando.iannicca@peelregion.ca>; AMARJOT SANDHU <amarjot.sanduco@pc.ola.org>; KEVIN YARDE <kyarde-co@ndp.on.ca>; GARRATAN SINGH <gsingh-co@ndp.on.ca>; SARA SINGH <ssinghco@ndp.on.ca>; PRABMEET SARKARIA <prabmeet.sarkaria@pc.ola.org>; Sonia Sidhu <sonia.sidhu@parl.gc.ca>; Maninder Sidhu <maninder.sidhu@parl.gc.ca>; kamal.khera@parl.gc.ca; ramesh.sangha@parl.gc.ca; RUBY SAHOTA <ruby.sahota@parl.gc.ca>; Ly Loungxay <ly@carp.ca>; Anthony Quinn <a.quinn@carp.ca>; Newsroom - Brampton Guardian newsroom@bramptonguardian.com

Cc: peter howarth [REDACTED] ANNE MURPHY [REDACTED]
Rose Marie Grycaj [REDACTED] Frank LODHAR [REDACTED] Cecil Bechamp [REDACTED]
[REDACTED] Myrna Adams [REDACTED] Prabhat Chattergee [REDACTED]
[REDACTED] Carl Marshall [REDACTED]; Dieter Christiansen [REDACTED]
[REDACTED]; TERRY COGGINS [REDACTED] Terry Miller [REDACTED]

Subject: Fw: BRAMPTON CARP LONG TERM CARE FACILITIES REPORT

**CANADIAN ASSOCIATION OF RETIRED PERSONS
(CARP) BRAMPTON
AUGUST 6 2020**

Dear Minister/Premier,

On June 19, 2020, Brampton Chapter of CARP, sent you the attached document that examined the longstanding problems associated with Long-Term Care Facilities (LTCF) and their future in Ontario. At the time of submission of the document LTCF residents were bearing the brunt of the COVID-19 pandemic both in terms of the number of infections and number of deaths. We had strongly recommended that the Ontario Government act immediately to implement corrective action. As we pointed out, many seniors residing in LTCFs have been living in deplorable conditions for decades and no one seemed to care. Not the government or the owners and operators of these facilities. In fact, a recent news report indicated that, in the past three months, privately operated LTCFs handed out over \$58 million in

REFERRAL TO _____
RECOMMENDED _____
DIRECTION REQUIRED _____
RECEIPT RECOMMENDED _____

dividends to their shareholders. Profits ahead of the needs of our most vulnerable group in society is deplorable.

Several past public inquiries and studies have identified specific problems in LTCFs and made recommendations to improve conditions in these facilities. Your government should review these recommendations and make regulatory and policy changes aimed at greatly improving conditions in LTCFs. We urge you to act NOW to ensure that our vulnerable seniors enjoy a safe and healthy end of life.

We note that your government recently announced the creation of a Commission of Inquiry that would review the operation of LTCFs prior to and during the pandemic. Unfortunately, the terms of reference of the Commission are very narrow and do not include a requirement to make recommendations. It is our opinion that a Public Inquiry with the power to compel witnesses, have unfettered access to all pertinent documents and to make recommendations would better serve current and future LTCF residents.

In Nova Scotia, the government recently announced that a Public Inquiry would be held to review the circumstances related to the mass shooting of 22 people. In contrast, hundreds of Ontario families suffered the loss of loved ones in LTCFs during the pandemic. These families deserve better than the tepid response of your government.

Yours truly,
Terrence Miller
President
Brampton Carp

THE FUTURE OF LONG TERM CARE FACILITIES IN ONTARIO

PREAMBLE:

In virtually every country across the globe the responses by most governments to successfully managing the COVID-19 pandemic crisis have been rife with serious shortcomings.

In Canada, especially in Ontario and Quebec, the most serious breakdown in the attempt to manage the pandemic has been painfully evident in Long Term Care Facilities (LTCFs).

In Ontario specifically:

- Approximately 80% (as of May 27, 2020) of the almost 2200 deaths from COVID-19 have occurred in LTCFs.
- Most LTCFs in the province were found to have employed a disproportionate number of **poorly trained** workers on staff, many of whom worked in two or more additional LTCFs.
- All LTCF staff are grossly underpaid, with few or no benefits, sick leave or pension plans compared to similar positions in the public health care system.
- For an extended period after the pandemic breakout it was discovered that, in general, there was a severe lack of PPEs (Personal Protection Equipment) for LTCF staff and Residents.
- A number of LTCFs were slow to test visitors to their residences for signs of Coronavirus after the crisis had been identified.
- Many LTCFs were **very slow** in reacting to the COVID-19 crisis. and,
- The above issues pale in comparison to the shock felt by all to the horrific findings of the Canadian Armed Forces report *O P Laser- JTFC Observations in Long Term Care Facilities in Ontario* - made public on 20, May, 2020. The report details the inexcusable neglect and abuse suffered by our most vulnerable citizens in five LTCFs in Ontario.

There are no acceptable excuses for the generally deplorable state of LTCFs in Ontario. This sad state of affairs has been a long-standing blight on this province **and two successive reviews in 2003 and 2011 promised substantial change but delivered incidental modifications.**

HISTORY

Thirty years ago, the operation of LTCFs in Ontario was under the control of the provincial Ministry of Health. The facilities were required to meet legislated and generally accepted standards of practice. Ministry inspection of these facilities were conducted on a regularly scheduled basis. Facilities at which problems were identified were subject to more frequent inspections to ensure the problems were addressed. Since the mid-1990s, successive provincial governments have bowed to pressure exerted by lobby groups representing the long term care industry. As a result, over time provincial standards and regulations were relaxed and the number and frequency of inspections were reduced. The rules were changed as surprise inspections were replaced with fewer scheduled inspections. With scheduled inspections the LTCFs could prepare for the inspection and as a result inspectors were seeing a “sanitized” version the facility, not in its natural state.

This situation has deteriorated to such an extent that of the more than 600 LTCFs in Ontario only SIX inspections were done by the current government over the last 18 months! The Covid-19 pandemic has made public the ugly truth about LTCFs that has existed for decades.

Another critical issue relates to the ratio of LTCF residents to staff. Over the past several decades this ratio has increased to the current level where the Ministry considers a ratio of 35 residents to 1 employee as acceptable! Most LTCFs in the province were found to have employed a disproportionate number of **poorly trained workers on staff, many of whom worked in two or more additional LTCFs. All LTCF staff are grossly underpaid, with few or no benefits, sick leave or pension plans compared to similar positions in the public health care system**

COMMENTARY

Throughout the outbreak of the pandemic, it has to be recognized that **some** LTCFs in the province successfully contained virus spread and the dedicated staffs provided acceptable care for their residents. In fact, serious outbreaks, as of mid-May were identified in only approximately 30% of the provinces LTCFs. This fact is somewhat surprising because without question the entire Long Term Care System in Ontario needs intense review and renewal:

- . Approximately 300 LTCFs in the Province have been assessed to be in acute need of renovations and/or additions.
- All levels of Staff in LTCs are compensated far less than their counterparts in the Healthcare sector.
- LTCF residents are funded, on a per resident basis, approximately \$55,000 per year compared to \$115,000 per prisoner per year in Ontario's Correctional System.
- There are almost 80,000 elderly persons residing in our LTCFs and about 35,000 Ontario elders on waiting lists for LTCF residency (average wait time of approximately 200 days)
- An epidemic of any type will impact LTCs severely because of specific living arrangements (ie. Shared rooms/washrooms).
- Large numbers of residents live in congested and often unhealthy circumstances.
- Current government funding results in unacceptably high resident to staff ratios.
- Many LTCF residents have residual disabilities and/or infirmities.
- It has been estimated that as many as 85% of LTCF residents need extensive or complete support and that 1 out of 3 residents has severe cognitive impairment.

Sweeping adjustments and changes have to be made in Ontario LTCs. Our Elderly population's incalculable contribution to enhancing and building Canadian society must be recognized and celebrated. People, in their senior years, should live in dignity and relative comfort.

The radical restructuring of Long Term Care Facilities in this province and country needs to be seriously considered and worked on. Our present model of LTCFs has some noteworthy and laudable elements. "Don't throw out the baby with the bath water." However, an extensive overhaul; a renewed vision is still necessary. A future LTCF Strategy will be an integral component of a national aging strategy. The model will incorporate inviolable Federal LTC legislative and regulatory standards, as per Medicare and the Canada Health Act, under which the Provincial Long-Term Care Act shall devolve:

RECOMMENDATIONS

The approved legislation and regulations must ensure that:

1. All Staff in LTCFs are to be compensated at levels equivalent to their counterparts in the hospital system (including benefits, pension, sick leave, vacation allowances etc.)
2. Regular Geriatric Health Professional Development opportunities **are provided** for ALL staff.
3. Precarious Staffing models will NOT BE PERMITTED in LTCFs.
4. Every resident in a LTCF shall be accommodated in a **single** suitably spacious private room with a personal washroom.
5. Every LTCF shall have a resident **doctor or trained medical person** and a suitably equipped isolation space.
6. All LTCF capital needs (to be identified) will be addressed and completed within a **five year plan**..
7. A stockpile of Personal Protective Equipment (PPE),

sufficient for all LTCF staff shall be developed, **purchased** and maintained.

8. There shall be rigorous on-site **regular and special** inspections to ensure strict congruence with federal and provincial LTCF Standards and Regulations.
9. **Local health authorities must be part of the inspection team to ensure that there is transparency in inspections and public health requirements are met.**
10. **A Data-driven, evidence-based analysis of on the pros and cons of LTCFs, which are owned/managed privately, municipally or by not-for-profit/charitable organizations. Must be undertaken by the Ministry to determine what model(s) will best serve our elder citizens in the future.**
11. The provincial government **proposal for** a provincial government commission to enquire into the current LTCF model in Ontario be supplanted by a royal commission under the Inquiries Act to investigate LTCF and recommend the appropriate and necessary changes for the future.

CONCLUSION

Brampton CARP contends that many of the problems that exist in Ontario's LTCFs must be addressed and fixed now. Not upon the conclusion of a commission of enquiry, which would take months or years to conclude. Alot 20 years have elapsed since government's promised to reform the LTCF and to be fair some reforms were done and undone but since the beginning of the pandemic serious faults of the current system have been loudly articulated and condemned by the media, public servants, LTCF families and all interested parties from the general public.

While the **province of Ontario** works to define the desired LTCF model for the future, the resources essential to providing proper staffing levels, fair and equitable staff compensation, the necessary capital additions and renovations to ensure resident privacy and comfort and a comprehensive, regular, forceful inspection schedule must begin the be implemented NOW in LTCF!

Those who have the authority and responsibility to provide the highest quality of care for our most vulnerable, deserving citizens must strike now, “while the iron is still hot”. We must make certain we get this right – a LTCF system for the immediate and long term future which will ensure today’s and tomorrow’s older person who opts for residency in a LTCF will be afforded a comfortable, dignified, rewarding environment in her or his final years.

Peter Howarth
Myrna Adams
Ann Murphy
Carl Marshall