Written Submission on Bill 37 to the Standing Committee on the Legislative Assembly

Please accept this as my written submission to the Standing Committee on the Legislative Assembly for public hearings regarding the new long-term care bill. I am making this submission because I have grave concerns about the quality of care provided by a for-profit long-term care facility in the town where I live. Observing through media sources the tragedy that occurred at Southbridge's Orchard Villa during the pandemic led me to examine the Ministry Inspection reports for Southbridge's Hope Street Terrace here in Port Hope. Sadly, these reports indicated that poor staff monitoring and training were commonplace in this facility as well prior to the pandemic, resulting in issues around:

Infection Prevention and Control
Medication Distribution
Nutrition and Hydration
Falls Prevention
The management of incontinence, skin disorders and pain.

Indeed, a CBC Marketplace investigation unearthed the fact that a Hope Street Terrace resident died after developing a down-to-the-bone bedsore that went untreated by staff for weeks. Unfortunately, these non-compliance conditions became even worse when COVID-19 spread through Hope Street Terrace during the winter of 2021, and the inspection records indicate that this resulted in much suffering for the residents. Sadly, 5 lives were lost at Hope Street Terrace due to COVID-19.

Premier Ford seemed to indicate that the travesty in long-term care that occurred throughout Ontario during the pandemic must never happen again, and I was therefore expecting the Ontario government to act decisively to make the necessary reforms. Yet, the new bill does not appear to be substantially different from the existing Act, and few real improvements seem to have been made. According to the Ontario Health Coalition:
~ the Residents' Bill of Rights is as meaningless as ever
~ regulations that PSWs be trained have not been included
~ whistleblowers have not been granted stronger protection
~ no guidance on pandemic and epidemic planning has been offered
~ the problems of absentee medical directors, poor quality care and lack of accountability have not been addressed.
Even the 4-hour minimum staffing requirement, which is a victory for long-term care advocates who have been fighting for this for years, doesn't come into effect until 2025 and has no clear provisions for staff-level reporting from the for-profit sector which rarely provide such information. Indeed, in the area of for-profit long-term care, the new act actually makes matters worse not better because the requirement that the government promote the delivery of long-term care by non-profit organizations has been dropped. Instead, the expression "mission driven" has been used which could easily describe for-profit facilities as there is no definition of this term in the new bill. For example, the Ford government currently considers the for-profit Schlegel chain to be "mission driven." The use of this expression therefore creates a gaping loophole in the bill that allows all for-profit long-term care home operators to be government promoted. Yet, for-profit long-term care is not in the public interest as has been clearly shown by the tremendous

suffering that occurred primarily in for-profit long-term facilities, such as Hope Street Terrace, during the pandemic. As far as I am concerned, “for-profit” and “long-term care” are a contradiction in terms.

Strong enforcement of any long-term care act is vital especially if for-profit care is involved, and I do support the enforcement provisions of this bill. I question, however, whether or not these provisions will actually be used. Our current government has, as yet, done nothing to hold any of the non-compliant long-term care home operators to account, despite already having the powers in the old Act to do so through the imposition of fines, the suspension or revocation of licenses, the appointment of other management to take over delinquent homes or the disallowance of new admissions. Instead, this government has rewarded errant operators with additional licences and permission to build new facilities, some of which are multi-storied, flying in the face of best practices for long-term care. For example, Southbridge, clearly one of the worst offenders during the pandemic, has already been granted licensing and facility approval for proposals in London, Thunder Bay, Cornwall, Kemptville, and Owen Sound and seem poised to receive approval for similar proposals in Pickering and Port Hope. How can the public be expected to believe that this new bill will be enforced when proposals from a notorious long-term care company such as Southbridge are sanctioned by this government? Indeed, this endorsement is an affront to any families who endured the suffering and death of a loved one in a long-term care home during the pandemic, and it places the integrity of this entire bill in question.

It is clear, therefore, that this new Long-Term Care bill is inadequate and must be strengthened. It is also clear that evidence must be presented to Ontario’s public that compliance to this new law will be enforced. Retaining the bill as it currently stands and continuing to grant licences and new facilities to non-compliant providers such as Southbridge will do nothing to restore the public’s faith in Ontario’s badly damaged Long-Term Care system.

Respectfully submitted,
Susan Layard
Port Hope, ON

**Would you like to add any other information?**
No, thank you.

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