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BILL 37
PROVIDING MORE CARE, PROTECTING SENIORS, AND BUILDING MORE BEDS ACT, 2021

SUMMARY OF RECOMMENDATIONS *

Prepared for:

Standing Committee on the Legislative Assembly

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INTRODUCTION

This document is a summary of the recommendations presented to the Standing Committee on the Legislative Assembly during its public hearings on Bill 37, the *Providing More Care, Protecting Seniors, and Building More Beds Act,* 2021, held in Toronto and virtually on November 23, 24 and 25, 2021. It also summarizes written submissions received by the Committee Clerk as of 7:00 p.m. on November 25, 2021.

The first part of this summary contains recommendations directed at specific sections of Bill 37. The second part addresses recommendations relating to other matters.

This summary is intended as a working document to aid Members in their deliberations. It is not a complete historical record of all the evidence received by the Committee, or a comprehensive review of the arguments made by witnesses. Comments have been abbreviated and arguments summarized. Submissions expressing substantially the same point have been grouped together. For a full account of the evidence presented to the Committee, reference should be made to *Hansard*, and the briefs themselves.

Witness organizations are identified by abbreviations and individuals by their last names, which are listed in alphabetical order at the end of the summary.

MINISTERS' REMARKS

The Honourable Rod Phillips, Minister of Long-Term Care, and the Honourable Raymond Cho, Minister for Seniors and Accessibility, appeared as the Committee's first witnesses.

The Minister of Long-Term Care explained that the proposed Bill would build on other efforts to ensure that residents receive the best care possible in long-term care homes and improve residents' quality of life. He described the Bill as focused on three pillars: (1) staffing and care; (2) accountability, enforcement and transparency; and (3) building modern, safe and comfortable homes for seniors.

First, with regards to staffing and care, the proposed legislation would increase direct staff care to residents to four hours on average by March 31, 2025. It sets targets and requires the Minister to report annually on how the Province is ensuring that these targets are met. If targets are not met, the Minister would be required to explain why and develop a plan to address it.

Second, the Minister explained that the legislation will update the long-term care Residents' Bill of Rights to reflect recommendations of the Ontario's Long-Term Care COVID-19 Commission, align it with the Human Rights Code, and make it easier to understand for patients and their families. The Bill also embeds a palliative care philosophy in the delivery of resident care services, and enables the creation of a long-term care quality centre.

Finally, the Bill will enable the Province to build new beds and upgrade existing beds.

The Honourable Raymond Cho focused his remarks on proposed changes to the *Retirement Homes Act, 2010,* which are informed by the challenges created by the pandemic, the analysis provided by recent Auditor General reports, and the recent review of the Act. He explained that provisions in the Bill, if passed, will strengthen the powers of the Retirement Homes Regulatory Authority, for example, allowing the Authority to impose requirements on unlicensed providers during the application process. It will empower residents and their families by providing timely information about the care they are receiving and protect them by, for example, permitting regulations to be made that would prevent homes and staff from borrowing money from residents.

During the question-and-answer period, Members asked for further clarity on mechanisms that will ensure that staff hours are met. They also requested assurances that financial penalties would not further jeopardize quality care, and that the palliative care focus would not delay hospital care for residents. Members also asked about streamlining processes and efforts to increase the number of nurse practitioners.

SCHEDULE 1 (FIXING LONG-TERM CARE ACT, 2021)

Preamble

Remove reference to “mission-driven organizations.”

(ACE, ARCH, Armstrong, CFUW, KHC, Lee, LHC, OCHU/CUPE, OCSJ, OHC, Parkes, Roebuck, Stamatopoulos, Unifor, USW, WRHC)

Provide a clearer definition of “mission-driven” in the Preamble.

(CA, CS, MSHAFC)

Replace ‘mission driven’ with ‘private for profit’ to easily compare one way of operating with another.

(Russell)

Maintain previous language in the Act that outlines a clear commitment to not-for-profit long-term care.

(AWH, CUPE, HHC, OCSJ, OHC, ONA, Pfrimmer, Stamatopoulos, Unifor, WRHC)

Eliminate for-profit long-term care homes.

(Armstrong, Parete)

Ontario needs to transition to a system in which more homes are owned and operated by not-for-profits including municipalities and public hospitals.

(GP)

Amend the final two paragraphs of the Preamble to state the following:

> are committed to the promotion of the delivery of long-term care home services by not-for profit and mission-driven organizations responsible to the communities in which they operate or serve, and guided solely by the primary, non-commercial goal of delivering resident-directed, safe, and quality care for seniors.

(AO)

Embed equity as a foundational principle.

(FCO)

Adapt the language with regard to residents’ rights and palliative philosophy to affirm and maximize the self-determination and quality of life of residents; or such language as supported by the Ontario Association of Residents’ Councils. Their voice must anchor the legislative and regulatory framework.

(OLTCA)

The current wording of the palliative care philosophy is insulting and insensitive. Reword it to say that every resident has the right to live each day supported through a philosophy that affirms and maximizes their right to self-determination and dignity at all times at every stage of life. The culture, care, and policies for long-term care need to be life-affirming.

(OARC)

Clarify that the palliative care approach is not just about end-of-life care but about improving the quality of life through the prevention and relief of suffering, and includes psychosocial and spiritual aspects of care.

(Arya, OLTCC)

The legislation should recognize that long-term care homes are not just for seniors: they include other residents over age 18. The term “protecting” is paternalistic: the legislation should focus on promoting the rights of residents.

(ACE)

We support the inclusion of residents’ rights to access palliative care. However, training is needed for medical professionals to provide palliative care effectively. Training exists and can be scaled up and provided with proper resources.

(Arya, PC)

Include a reference to “emotion-based care.”

(FC)

Part I — Fundamental Principle and Interpretation

Home: the fundamental principle (s.1)

Add “emotion-focused” models of care.

(AMO, AO, Johnson, OASW)

Add a new subsection 1(2) that states the following:

> Without restricting the generality of the fundamental principle, this Act shall be applied and construed such as not to unnecessarily impede the delivery of resident-centred and emotion-focused models of care.

(AO)

Interpretation (s. 2)

Define “mission-driven” as follows:

> A mission-driven long-term care home is responsible to the community in which it operates or serves and is guided solely by

the primary, non-commercial goal of delivering resident-directed, safe, and quality care for seniors.

(AO)

Define mission-driven in legislation; it should not mean profit-driven.

(FCO)

Add definition of “palliative care philosophy” to clarify that it means end of life care, not “close to death” care.

(OARC)

Explicitly define “emotion-based care” in the Act, and incorporate emotion-based care needs in the Residents’ Bill of Rights, and in the requirements for admission and plan of care.

(RP)

Part II — Residents: Rights, Care and Services

Residents’ Bill of Rights (s. 3)

Include culturally appropriate care and address longstanding issues of anti-Indigenous racism.

(SLFNHA)

Amend to implement measures related to respecting sexually- and gender-diverse communities and providing culturally- and linguistically-appropriate care options in long-term care.

(RNAO)

The Residents’ Bill of Rights should ensure that every resident of a retirement home has the right to freedom from abuse; and the right to freedom from neglect by the licensee and staff.

(OASW)

Alignment with the Human Rights Code is important; however, the Bill could be improved by clarifying the right of residents to receive ongoing support from a family caregiver so that they will not be locked out of homes as happened during pandemic.

(FCO)

Include a provision that residents must always be included in discussions to ensure that if a transfer must occur, the reason for the transfer is understood by the resident, and sufficient accommodations are made to ensure a safe transfer.

(ACE)

Add a section under right 24 of the Residents’ Bill of Rights that makes it clear that residents cannot be confined except under due process of the law.

(ACE)

Mission Statement (s. 4)

Amend clause (b) to include emotion-focused models of care.

(AO)

Plan of Care (s. 6)

Palliative care does not mean end of life care. Include language in the Act to ensure that residents receive early identification and treatment of symptoms, including physical, social, and spiritual causes of suffering.

(Arya)

Include “psychosocial care” and access to mental health care as a distinct program of care; and mandate provision of 30 minutes of this care per resident per month, to be provided by registered social workers, in all long-term care homes across the province.

(OASW)

Incorporate all aspects of care noted in the Residents’ Bill of Rights into the requirements of the plan of care (initial and ongoing).

(RP)

Remove the requirement to include “palliative care” in every resident’s care plan and make clear that documents such as “advance directives” and “level of care” are never mandatory.

(ACE)

Direct hours of care target – personal support workers, nurses (s. 8)

Mandate in legislation a required minimum of 4 worked hours of direct nursing and personal care per resident per day rather than a targeted average.

(ARCH, ASO, ALTCRO, AWH, COA, CFUW, CUPE, HHC, KWCCC, CHU/CUPE, Lee, OCSJ, OHC, ONA, OPSEU, RNAO, Roebuck, Russell, Unifor, USW, WRHC)

Amend s. 8 (7) to provide the number of hours of care with a calculation based on staff per resident ratio that recognizes the medical and care needs of the demographic of residents, not on averages across all homes.

(L4LTC)

Targets need to be enforceable.

(LHC)

The legislation needs staffing requirements, not vague targets.

(Armstrong)

Require the minimum hours to comprise 20% registered nurses, 25% registered practical nurses and 55% personal support workers.

(ONA, RNAO)

Replace average hours of care with an established staff per resident ratio that recognizes the medical and care needs of the resident demographic and accelerate the implementation of increased staffing and four hours of daily resident care to at least 2022.

(CF)

Mandate the hours of care and accelerate the timeline for implementation in s. 8(3) to address urgent care needs.

(AWH, L4LTC)

Require that 70% of full-time positions provide direct care and represent other key operating staff (such as cooks, dietary aides).

(CF)

Redevelop and regulate staffing requirements and guidelines to include parameters around the proportion of staff and number of hours of direct care based on resident needs instead of a defined number of hours for direct care.

(FCO)

Target Date (s. 8 (3))

Accelerate the implementation of hours of direct care to occur immediately.

(ARCH, Armstrong, CUPE, He, HHC, Johnson, Klein, KWCCC, McDermott, MSHAFC, OPSEU, Priestman, Schuurman, Stamatopoulos, Unifor, USW, WRHC)

Shorten the timeline by which homes must reach four hours of direct care.

(TPH)

A bold staffing strategy is needed now to do this immediately, and should include a commitment for full-time employment for PSWs.

(CUPE, OCHU/CUPE)

Require 3.25 hours of care by March 31, 2022, and four hours of care by March 31, 2023. Increase the four-hour standard as of March 31, 2024, to match residents' acuity and proportionally higher levels of staffing for homes with higher levels of resident acuity.

(ISARC, TAIC)

Ensure equity in care and funding by extending the daily average four hours of care target to all older adults with high, complex-care needs, whether they are residing in a long-term care facility or in their own home.

(SEH)

Additional targets (s. 8 (5))

Set a regulation ratio of personal support workers to residents of 1 to 8 to establish minimum staff to resident ratios in licensed long-term care facilities.

(OPSWA)

Improve staff ratios to provide better care.

(KHC)

Require homes to have a social worker on staff to support the needs of residents, caregivers and staff. This can improve resident wellbeing, increase communication between the home and caregivers, and reduce conflict that may lead to complaints.

(FCO)

How average calculated (s. 8(7))

Calculate averages of daily care on a facility-by-facility basis.

(He, KHC, USW)

Provide more details on the calculation for hours of care. Do not leave this to regulations.

(CUPE, OCHU/CUPE)

Calculate the daily average as worked hours that involve direct patient care by permanent staff only. The calculation should not include hours paid in respect to vacation, statutory holidays, leaves of absence, sick time or training time.

(ONA)

Management staff such as Directors of Care, Vice Directors of Care or other management not providing hands on care for the residents, should not be included in the determination for achieving the standard of care.

(WRHC)

Direct hours of care target – allied health care professionals (s. 9)

Increase target to 60 minutes.

(AMO, AO, HHC, RNAO)

Measuring progress (s. 10(1))

Ensure that the hour of care per client is reported for each home – not just an average. This level of transparency is required for clients to make decisions about their care.

(ASO, CUPE, OCHU/CUPE, OCSJ, OHC, USW)

Require all homes to track, measure, and publicly report on key performance indicators relating to quality of care, infection control, human resources, resident/family satisfaction, and the Bill of Rights.

(RNAO)

Require all licensees to report direct hours on a quarterly basis to the Ministry and make them publicly available. The Minister should be required to identify the reasons for any failures and present a plan to bring the licensee back into compliance.

(ONA)

Include staffing data, updated at least quarterly, that identifies each home individually and sets out their staffing levels in relation to the standard.

(ISARC, TAIC)

Require homes to publish current staffing levels in each home.

(AWH)

Require that more information, such as performance indicators and infectious disease outbreak plans, is shared publicly. It should also be easily accessible in various formats, including the home's website.

(MSHAFC)

Report data by home and online.

(Stamatopoulos)

Failure to achieve a target (s.10(4))

Impose proportional and escalating consequences for failing to meet care targets.

(USW)

Do not provide an escape hatch in regulations that would allow the Province not to meet its targets.

(OCSJ, OHC, Stamatopoulos)

Nursing and personal support services (s. 11)

Require each residence to have a minimum of one Registered Nurse, who is not the Director of Care, to be present at all times for facilities of 50 beds or less, with larger facilities requiring proportionally more RNs.

(KWCCC)

Require one nurse practitioner and one Infection Prevention and Control Canada registered nurse per 120 residents.

(RNAO)

Mandate staff-to-patient ratios as part of the commitment to direct care targets, giving inspectors the ability to take punitive measures if staffing requirements are not met within long-term care facilities. This would improve both the quality of resident care and employee safety.

(KHC, OPSEU)

Establish staffing ratios and increase staffing numbers. Stop downloading healthcare to personal support workers in long-term care.

(CA)

Palliative Care (s. 12)

We oppose this inclusion of palliative care: it is not always appropriate or required for every resident. Residents are being asked to sign level of care forms regarding palliative care upon admission to long-term care homes. We want these forms eliminated and replaced with new wording that says people have a right to quality palliative care if and when it is required, based on their rights, requests, and the consent of the resident or their substitute.

(ACE)

Provide all LTC homes access to 24/7 in-house palliative care and expertise throughout the trajectory of a patient's journey.

(OMA)

Improve staff-to-patient ratios. Long-term care residents deserve the same palliative care offered in other settings.

(Arya)

Specify that palliative care should offer physical, emotional, spiritual, and social support to give patients their best possible quality of life despite illness or disability and should be team-based and involve a range of services.

(ARPA)

Restorative care (s. 13(1))

Remove section 13 (1) of Bill 37, which purports to amend s. 113 of the Act respecting “contact information,” in its entirety.

(ORCA)

Amend section 13(1) of Bill 37 to specify in the proposed s. 108.1(2) of the Act that the collection of contact information is only permitted where the Registrar is satisfied that the collection is necessary, (a) to determine whether the licensee has complied with s. 108.1(1) of the Act, or (b) to deliver a written communication to a resident or their substitute decision-maker if the licensee has failed to comply with a Registrar's order directing a licensee to provide written communication to a resident or their substitute decision-maker. Further, where the information is sought for the latter reason, because the licensee has failed to comply with a Registrar’s order, the licensee should be the party required to provide the contact information to the Authority.

(ORCA)

Infection prevention and control program (s. 23)

Provide direction and funding to maintain staffing levels at numbers that would allow each home to provide an effective response in the event of any outbreaks and to cohort residents and staff appropriately.

(RP)

Include direction for the infection prevention and control program to develop connections with the local public health unit and IPAC hub.

(RP)

Make access to adequate and appropriate personal protective equipment for staff, residents, and visitors a mandatory component of IPAC programs.

(ACE)

Require a PPE stockpile that is sufficient to provide protection for all staff for a minimum of three months.

(ONA)

Provide funding from the Ministry of Long-Term Care to develop and implement mandatory IPAC educational programs and opportunities within each of Ontario's LTC homes.

(OMA)

Include more substantial provisions regarding infection prevention and control to keep residents and workers safe. This should require training and equipment requirements for workers and visitors.

(ONFCN)

Develop a province-wide infection control plan for all long-term care homes. This would set the bar for a consistently high standard of health and safety at each home. Infection control overseen by the infection control lead within homes should be part of a broader-based provincial pandemic protocol.

(OPSEU)

Build IPAC protocols into the regulations accompanying the new Bill and establish pandemic plans to standardize the process throughout the province.

(HCO)

Include the use of appropriate, fit-tested PPE in accordance with the precautionary principle as a requirement for the IPAC program.

(OCHU/CUPE)

Require key elements of an IPAC program to align with provincial documents including the Provincial Infectious Diseases Advisory Committee on Infection Prevention and Control's (PIDAC-IPC) Best Practices for Infection Prevention and Control Programs in Ontario.

(TPH)

Mandate IPAC training for caregivers such as family and friends or privately employed caregivers.

(TPH)

Requirements of Program (s. 23(2))

Reporting requirements to the local Medical Officer of Health under the *Health Protection and Promotion Act* should be referenced.

(RP)

The infection prevention and control program should include requirements for regular auditing. There should be a system for routine monitoring of compliance with infection prevention and control activities.

(RP)

Standards and Requirements (s. 23(3))

The standards for the infection prevention and control program should reference requirements under the Health Protection and Promotion Act, such as the respiratory outbreak protocol and other infectious diseases under the infectious diseases protocol.

(RP)

Infection prevention and control lead (s. 23(4))

Specify that the infection prevention and control (IPAC) lead be a registered nurse who is an Infection Control Practitioner trained and certified in IPAC Canada-endorsed courses.

(ONA)

Establish a regional IPAC team available for deployment to a home in the event of a large infectious outbreak.

(EX)

Qualifications (s. 23(5))

In accordance with current regulations, infection prevention control leads and staff should have knowledge of the reporting requirements to the local Medical Officer of Health and the processes for collaboration with local public health units. This should be part of the training for the infection prevention control leads and staff.

(RP)

Specify qualifications for an infection prevention and control lead as well as training opportunities for staff. If the lead role is an additional task to the current workload, clarify that additional compensation will be provided.

(OPSEU)

Homes should have designated IPAC leads that have appropriate training and credentials.

(HCO)

Whistle-blowing protection (s. 30)

Allow anonymous complaints. Workers and families fear reprisals and are therefore dissuaded from complaining.

(CUPE, FCO, OCHU/CUPE)

Ensure there is an external mechanism, such as a third-party advocate or ombudsman, to address concerns. This process should not result in reprisals for residents or family members.

(HHC, OHC OCSJ)

Require each home to have a clear Whistle Blower Protection Policy and be held responsible for complying with and training staff in this policy, with no fear of reprisals.

(CF)

Put strong whistle blower protections in place so workers are secure in disclosing unsafe conditions, with concrete penalties for bad operators.

(LHC)

Policy to minimize restraining of residents, etc. (s. 33)

We urge the enactment of these changes at the same time as the rest of the legislation, and make sure the changes are in compliance with other legislation.

(ACE)

Confinement (s. 39(5))

More needs to be done in this legislation regarding involuntary confinement. Enact the amendments from 2010.

(ACE)

Office of the Long-Term Care Homes Resident and Family Advisor (s. 40)

Amend s. 40 to state that the Minister shall establish an Office of Long-Term Care Homes Resident Adviser.

(L4LTC)

Part III — Quality

Continuous quality improvement (s. 42)

Include the essential components of a quality management program such as quality improvement, quality assurance, performance and risk management.

(RP)

Resident and Family/Caregiver Experience Survey (s. 43)

Develop a standardized resident and family/caregiver survey tool for the sector utilizing an evidence-informed framework and in consultation with LTC homes.

(RP)

Introduce an annual provincial standardized resident and family experience survey administered by a third party, reporting the results publicly.

(OLTCA)

Advice (s. 43(4))
Involve the resident councils in developing the survey on Resident Quality Inspection (RQI) as they were in the previous legislation.

(OARC)

Long-Term Care Quality Centre (s. 44)

Specify that the centre should support compliance and improve performance through the development of training tools and guidance, and the collection and dissemination of best practices.

(AO)

Amend s. 44 (1) to state that the Lieutenant Governor in Council shall establish a Long-Term Care Quality Centre.

(L4LTC)

Amend to require the Minister to establish a Long-Term Care Quality Centre.

(PH)

The Long-Term Care Quality Centre should be independent and not affiliated with any long-term care homes.

(ACE)

Include a focus on instant nurse response systems at the Long-Term Care Quality Centre.

(TC)

Engage the long-term care sector to lead the Centre. Experts are eager to share their expertise and help improve care.

(PH)

Add “the advancement and sharing of research on innovative and evidence informed design of long-term care homes” as an additional function of the centre.

(OAA)

Require that any Long-Term Care Quality Centre be fully independent of any long-term care home provider.

(ACE)

General – Quality

Improve coordination and public reporting of all quality indicators and ensure residents and substitute decision-makers receive information on the results of the home’s compliance with an opportunity to provide meaningful input on quality improvement plans for the home.

(CF)

Part V — Councils

Residents’ Council (s. 62)

Declare residents’ councils essential; provide them with continuous support; and allocate dedicated resources to licensees to support residents’ councils.

(OARC)

Family Council (s. 65)

Develop a system for direct consultation with family and resident councils and ensure that family councils are supported through funding, either direct or as a percentage of home funding, to enable them to continue the needed advocacy for residents.

(ONFCN)

Clarify that family councils themselves should be permitted to decide who should be allowed to be members.

(ONFCN)

Amend s. 65 (1) to require every long-term care home to have a family council and amend s. 65 (2) to state that if there is no family council, a family member of a resident shall request one.

(L4LTC)

Include clear guidelines on various topics including powers, membership, and home support; and enhance inclusion of families in quality improvement efforts.

(FCO)

Part VI — Operation of Homes

Administrator (s. 76)

Staff designated in this section should be made responsible to ensure a home is maintained in a safe condition and in a good state of repair.

(OAA)

Medical Directors (s. 78)

Enhance the functions and responsibilities of medical leadership or the role of the Medical Director, including developing a more robust and consistent framework for medical accountability. Increased recognition of and attention to medical leadership roles is required in long-term care.

(OHA)

Maintain the requirement that the Medical Director position must be filled by a physician, and convene a working group with leadership from the OMA and participation of other stakeholders to review the Medical Director and attending physician roles and identify improvements that can be made in regulations under the Act.

(OMA)

Require and support all Medical Directors to complete the Ontario Long-Term Care Clinicians' Medical Director education course.

(OLTCC, OMA)

Work with the OMA to modernize the remuneration for both Medical Directors and attending physicians to enable retention and recruitment and sustain the delivery of quality medical services.

(OMA)

Medical Directors should be on-site weekly to assess arising resident health issues and to ensure their care is managed effectively.

(KWCCC)

Standardize the term “medical leader” in homes for the roles of medical directors, nurse practitioners and attending physicians and create a standardized job description for each role.

(EX)

Develop an enhanced annual review process for Medical Directors based on the standard role description. Set a provincial minimum number of hours per month for the Medical Director role and compensate appropriately.

(EX)

Make the Ontario Long-Term Care Clinicians Medical Director Course mandatory, to be completed within two years of becoming a Medical Director.

(EX)

Staff Qualifications (s. 79)

Include membership in the Ontario Personal Support Workers Association as an acceptable qualification to employment in a long-term care home.

(OPSWA)

Support and mandate change in staffing standards by regulating personal support workers through a regulatory college.

(L4LTC)

Continuity of care – limit on temporary, casual or agency staff (s. 80(1))

Require homes to publicly disclose the percentage of staff hired through temporary agencies and which temporary agencies they work with.

(Unifor)

Screening measures (s. 81(1))

Remove vulnerable sector screening from the hiring requirements.

(OPSWA)

Training (s. 82)

Incorporate into regulations the requirement for comprehensive, dementia-specific, client-focused training. Increasing hours of care is required but not enough – workers need the right training too.

(ASO, OHC OCSJ)

Include mandatory cultural sensitivity and anti-racism training.

(SLFNHA)

Require all managers to receive leadership training (such as LEADs in a Caring Environment Capability Framework) that includes courses, onboarding, opportunities for leadership skill practice, individual development planning, mentoring/coaching and a formal and objective annual performance review process.

(ONA)

Provide staff, caregivers and families with relevant education and training on hearing loss and communication impairments, including hearing loss screens, hearing loss identification, and using and maintaining relevant hearing equipment.

(OASLPA)

Mandate that staff be trained in how to report building-related deficiencies.

(OAA)

Enhance training, certification and ongoing development for all workers in long-term care so that it is consistent with acute and home care settings.

(HRTOERO)

Include more defined training requirements for facilities staff and cleaning staff.

(TPH)

Require that all staff and contractors working in a home receive mandatory training on the policy to promote zero tolerance of abuse and neglect of residents, and provide copies of this policy to all residents and substitute decision-makers along with voluntary educational sessions to all those who wish to attend.

(ACE)

Information for Resident (s. 84)

Provide information on how residents or substitute decision-makers can make building-related complaints.

(OAA)

Emergency plans (s. 90)

To prepare and respond to actual emergencies, all homes should be required to upgrade to an automated instant nurse response system with wearable technology. The system will show exactly where resident, staff, tradespeople, and visitors are stranded and ensure they are not left behind.

(TC)

Require the Operator to comply with the “precautionary principle” with regards to emergency plans. Provide plentiful access to personal protective equipment and proper qualified staff for infection prevention and control leads.

(ISARC, TAIC)

Amend section 90 of the proposed legislation to include the following:
90(1)(c):

> For further clarity, each of the rights listed in the Residents' Bill of Rights continues to apply during an emergency situation and emergency plans must ensure that, as much as possible, those rights are not violated.

(ARPA)

Part VII — Funding

Funding (s. 93)

Amend s. 93 (1) to require that the minister provide funding for a long-term care home. Funding levels must address inflationary pressures and appropriate working conditions, including salaries for long-term care staff.

(L4LTC)

Advocate for a designated elder care funding stream through the Canada health transfer payments. This would allow for federal funding for insured services for long-term care.

(CF, L4LTC)

Part VIII — Licensing

Limitations on eligibility for licence (s. 101)

Require decision-makers to take "past conduct" into account when making decisions about all aspects of licensing and management. This provision was in s. 98 of the previous Act, and there were many more instances where decision-makers were required to take this into account.

(GP)

Remove the word "only" in "only eligible to be issued a licence" because it limits public challenges of licences and allows broader powers to license homes with horrible track records.

(Parkes)

Conduct an exhaustive review of applicants' past performance when allocating licences to operators and gradually phase out for-profit homes.

(AWH)

Public consultation (s. 109)

Require public consultation whenever a long-term care is to be removed from a community.

(TAAT)

Management contracts (s. 113)

Amend s. 113 (4) to ensure that management companies are subject to the same eligibility criteria as licence applicants, including assessment of past conduct, competency to operate the home, legislative compliance as well as other

eligibility criteria. This ensures essential protection for the health, safety, and welfare of residents.

(AO)

General – Licensing

Specify that no senior official (elected or salaried) will accept a position on the Board or as part of the management of a long-term care facility within 24 months of leaving their office; reciprocally, no former senior staff/Board members of LTC facilities will accept positions advising elected or executive provincial officials within 24 months of resigning.

(Johnson, KWCCC)

Require licensees to demonstrate how their homes are designed to meet the current design guidelines, including for single occupancy bedrooms, in order to be eligible for licensure.

(OAA)

Assess the licensees' historical quality of care when granting building permits. Thirty-year licence agreements are too long.

(CFUW)

Consider differentiated licenses to allow for specialized care settings such as psychogeriatric needs, dialysis care, dementia care.

(CA

Part IX — Municipal Homes and First Nations Homes

Northern municipal homes (s. 125)

Revise this provision because it makes care closer to home impossible in our region, which is comprised entirely of municipalities and First Nations with smaller populations of less than 15,000.

(SLFNHA)

Part X — Compliance and Enforcement

Appointment of inspectors (s. 144)

Amend s. 144 (1) to state the Minister shall appoint inspectors for the purposes of the Act. Similarly, s.145 should be changed to state that an Inspector shall conduct inspections for the purposes of ensuring compliance with requirements under the Act.

(L4LTC)

Make clear that all inspectors under the Act shall be provincial offence officers for the purposes of the *Provincial Offences Act.*

(ACE)

Annual inspection (s. 146)

Amend legislation to say annual inspection of the “whole” long-term care home.

(ACE)

Specify the need for joint inspections and collaboration with the local public health unit during outbreaks or in response to IPAC complaints or concerns.

(RP)

Increase inspections and provide real consequences for homes that do not meet standards.

(CS)

Inspections unannounced (s. 147)

Require/reinstate more unscheduled inspections.

(AWH, HHC, MSHAFC, ONFCN, Parete, USW)

Reinstate resident quality inspections (RQIs).

(ISARC, MSHAFC, ONA, Priestman, RNAO, TAIC, Unifor, WRHC)

Reinstate unscheduled, comprehensive, annual inspections immediately with all the associated fines, licence suspensions and licence revocations for non-compliance.

(ALTCRO, KWCCC)

Return annual unannounced inspections that review the entire home. Inspections should carry consequences that deter operators from violating the Act.

(ALTCRO)

Operators should not be involved in planning inspections.

(Parkes)

Meeting with councils (s. 148)

Involve family and resident councils in the process if a home is being reviewed or investigated.

(MSHAFC)

Enhance the family complaint process to ensure that it is transparent and there is advocacy for all involved.

(Gollinger)

Inspection Report (s. 152)

Require reports to be shared with the local public health unit when IPAC or other public health concerns are identified.

(RP)

Inspection results should be posted on the long-term care home's website for public access.

(Parkes)

Post reports publicly on the Ministry of Long-Term Care website and long-term care home websites.

(HHC)

Actions by inspector if non-compliance found (s. 154)

Add a subsection as follows:

> Despite subsection (1), where, during an inspection, an inspector finds that the licensee has not complied with a requirement under this Act but remedied the non-compliance prior to the conclusion of the inspection, or the inspector is satisfied that the licensee has implemented a plan to achieve compliance by a date specified by the inspector, and the inspector is satisfied that the non-compliance caused no harm and created no risk or minimal risk of harm to a resident, the inspector is not required to take an action under subsection (1).

(AO)

Mandate inspectors to require operators to remedy failure to meet staffing standards within 48 hours and over a period of 7 days or less.

(ISARC, TAIC)

Compliance orders (s. 155)

Ensure compliance requirements do not exacerbate the culture of fear in the sector, which can lead to poor care outcomes.

(CLAC)

Notice of administrative penalty (s. 158 (1))

Impose fines on parent corporations owning the licence and not on the licensee.

(ISARC, TAIC)

Amend s. 158 (1) to require that the inspector issue a notice in writing with regards to an administrative penalty if there is a finding of non-compliance. In addition, inspections should be conducted without notice.

(L4LTC)

Amount of administrative penalty (s. 158 (3))

Add provisions that would limit penalties to a non-profit long-term care home or a long-term care home approved under Part IX to $5,000.

(AO)

Impose fines for a first offence only; for second offences implement a 30% reduction in the compensation of the Chief Executive Officer and for third offences require mandatory takeover of the home by the Minister or designate.

(ONA)

Suspension or revocation (s. 159)

Amend s. 159 (2) to require that licences are suspended or revoked if there is a finding of non-compliance.

(L4LTC)

General – Compliance and Enforcement

Add a new section, “Inspectors, conflicts of interest,” to Part X, stating the following:

> The Director shall make a policy and process for avoiding and resolving conflicts of interest in the performance of inspections and no inspector shall inspect a home if he or she has a conflict of interest as defined in the regulations.

(AO)

Specify when fines would be levied, the timing for collections, and the consequences for failing to remit.

(ALTCRO)

Add strict guidelines for licensees that include licence suspensions for repeat offenders, and the option to remove Administrators and Directors of Care who repeatedly violate the Act.

(ALTCRO)

Limit the reliance on inspections and penalties as a means of quality assurance. A principle-based regulatory framework, along with support from the Long-Term Care Quality Centre can allow staff to focus on positive resident outcomes.

(PH)

Enable homes to improve quality by ensuring inspection provides support and coaching.

(FCO)

Include compliance support.

(AMO)

Increase frequency of Ministry of Labour inspections.

(MSHAFC)

Create an accessible independent tribunal for residents and families to enforce the Resident Bill of Rights. The Tribunal should provide free translators for residents with language and financial barriers, as well as counsellors to accompany residents and advocate for their needs if necessary.

(ACE, ISARC, TAIC)

Introduce an independent review board composed of a variety of stakeholders, which would assess ongoing failures of good practice and serious written complaints on behalf of residents, and would have the powers to make the recommended appropriate disciplinary actions public.

(Russell)

Institute an ombudsman, tribunal and nurse navigators in each facility to protect the interests of the elderly.

(HRTOERO)

Expand the jurisdiction of the Health Services Appeal and Review Board to hear appeals on the quality of services provided to resident by living in long-term care, in accordance with the Bill of Rights.

(ARCH)

SCHEDULE 3 (RETIREMENT HOMES ACT, 2010)

Amend the Act so that the contents of plans of care developed for residents within retirement homes should explicitly address psychosocial care needs, including any identified mental health concerns.

(OASW)

Amend the *Act* so that the assessment of residents in retirement homes for the purpose of developing a plan of care is conducted by a regulated health professional, which should include a Registered Social Worker (regulated under the *Social Work and Social Service Work Act, 1998*).

(OASW)

Amend the Act so that plans of care must be approved by a regulated health professional, including a Registered Social Worker (regulated under the *Social Work and Social Service Work Act, 1998*) in agreement with the resident or the resident's substitute decision-maker.

(OASW)

Amend the Act so that as part of the intake process, all incoming residents are screened for abuse and neglect by a regulated health professional, including a Registered Social Worker regulated under the *Social Work and Social Service Work Act, 1998*).

(OASW)

Orders in extraordinary circumstances (s. 5)

Remove s. 5, which purports to amend the Act by adding provisions in respect of "Orders in Extraordinary Circumstances" and "Management order."

(ORCA)

Management Order (s. 92.1(2))

Amend this section to add the following subsections:

No stay in extraordinary circumstances

(4) An order under subsection (1) is not subject to an application for a stay under subsection 101 (2) of the Act if,
(a) there are extraordinary circumstances, as set out in the regulations, that require immediate action to be taken with respect to the retirement home; and (b) the Registrar believes on reasonable grounds that the extraordinary circumstances have resulted or may result in harm or a risk of harm to one or more residents.

Order to comply with advice

(5) An order to which subsection (4) applies may require the licensee to comply with the advice, recommendations and instructions of,
(a) a local medical officer of health or designate; or,
(b) a person or persons with expertise in dealing with the extraordinary circumstances giving rise to the order; or
(c) a person or persons employed or retained under subsection (1).

Court order for compliance

(6) If a person fails to comply with a Registrar's order to which subsection (4) applies, the Registrar may, in addition to any other action he or she may take, make an application without notice to a judge of the Superior Court of Justice and, upon application, the court may make any order that the court thinks fit.

(ORCA)

Compellability, civil suit (s. 182)

Add "or a proceeding or inquiry under the Ombudsman Act." This will maintain the Ombudsman Ontario's legislated power to compel Ministry staff to give us information and produce documents that relate to our investigations (s. 19, Ombudsman Act). Do not leave this important clarification to be dealt with via regulation.

(OO)

General – Retirement Homes

Provide stakeholders with more time to consult among themselves and to provide feedback to the government before proceeding with Schedule 3 amendments to the Retirement Homes Act.

(COA)

Strengthen IPAC requirements in the Retirement Homes Act, 2010.

(TPH)

Transfer the regulatory oversight of retirement homes from the Retirement Homes Regulatory Authority to the Ministry of Long-Term Care (the Ministry).

(RNAO)

Require the Retirement Homes Regulatory Authority to promptly report any immediate threats to the life and safety of long-term care home residents as well as misconduct by regulated health professionals that may jeopardise the well-being, life, or safety of residents.

(ACE)

Require that retirement homes must provide an itemized list of the different types of accommodation and care services provided in the retirement home and their prices in print or alternative formats to any person on request.

(ACE)

OTHER RECOMMENDATIONS AND COMMENTS

We support Bill 37.

(HCO, OASW)

Essential Caregivers

Provide clear, non-negotiable language giving access to essential caregivers to residents. Situations where residents are held prisoner during a pandemic, and dying alone, should never happen again.

(Stamatopoulos)

Define the role of the essential caregiver in legislation, including providing for dispute resolution processes to be set out in regulation.

(OLTCA)

Allow essential caregivers access at all times.

(MSHAFC)

Make it clear in legislation that “trespass” cannot be used against visitors and provide mechanism for enforcement.

(ACE)

Acknowledge family caregivers as essential care partners and enshrine their role in legislation.

(FCO)

Pass the *More than a Visitor Act* and include this in the legislation. Residents have the right to see and be cared for by family members.

(McDermott)

Staffing, Employment, Human Resources

Ensure wage parity with hospitals and municipal homes, including salary, benefits, pension and working conditions.

(CA, CFUW, ONA)

Support and mandate change in staffing standards by improving working conditions to improve the long-term care workforce immediately.

(L4LTC)

Create a staffing plan that includes better pay and clearly articulated standards for work.

(CS)

Address recruitment and retention issues by providing better pay, improving workload requirements, and providing educational supports. Make the pay top-up for personal support workers permanent but also increase the wages of registered practical nurses who were excluded from that initiative. The top-up for nurses should apply both retroactively and going forward to recognize their expertise and accountability.

(WeRPN)

Recruit, train and retain personal support workers by ensuring that they are compensated at the same levels as those working in hospitals.

(AWH)

Address staffing levels. Make the temporary wage enhancement permanent and expand it to include other frontline workers.

(Unifor)

Address the staffing issues in long-term care. Raise wages to the lowest-paid workers to at least $25 per hour and require full-time positions.

(SEIU)

Invest in full-time jobs with better wages and benefits, for all worker classifications in the sector. This would attract workers, improve staffing retention and improve the quality of care. Additionally, it will reduce the spread of infection by affording workers the ability to dedicate themselves to one workplace.

(HHC, OPSEU)

Set staffing requirements 70/30 fulltime/part-time, and provide leave, paid sick days, and a liveable wage.

(Stamatopoulos, Unifor)

Enforce a liveable and adequate wage for all long-term care employees. All employees should have the right to full-time positions with benefits. In addition, the use of agency staff on a regular basis should be eliminated.

(ALTCRO)

Address gaps in workplace protections for workers who are injured on the job and provide insurance coverage due to illness.

(CLAC)

Provide a $3/hour raise for nurses for the additional responsibilities they took on due to the pandemic.

(He)

Adopt a system-wide view and approach to health human resources planning so that all sectors can attract and retain the staff they need.

(SEH)

Address the staffing crisis by achieving wage parity and equitable compensation models to reflect the First Nations context.

(SLFNHA)

Establish an adjudicative tribunal, akin to the Landlord Tenant Tribunal, for precariously employed part-time workers in the sector.

(MLHC)

Close the wage-disparity gap between home care, long-term care, and acute care to ensure that staff want to work in home care. The home care sector needs to grow - there is not enough. We want to see it standardized across the province.

(HCO)

Critical staff shortages need to be fixed before further licensing of long-term care homes.

(McDermott)

Address staffing shortages in long-term care homes. This includes ensuring that residents have a consistent team of registered nurses and other health care professionals attending to their care.

(Blushak)

Improve compensation, training and advancement opportunities for personal support workers (PSWs). This includes regulating and adding PSWs to health care unions to improve professional standing.

(WRHC)

Chief Medical Officer of Long-Term Care

Introduce a provincial “chief medical officer of long-term care” for Ontario to provide provincial leadership, support and oversight for long-term care medical directors in the province.

(OLTCA, OLTCC)

Funding

Mandate a freeze on issuing licences for private, for-profit organizations in the long-term care sector. This would ensure that residents have access to more publicly funded options, ultimately improving affordability, accessibility, accountability, and quality of care.

(OPSEU, Pfrimmer)

Clarify how funding will be allocated between not-for-profit and for-profit homes.

(CS)

Create one funding mechanism that combines federal and provincial funding and provides stable, predictable and long-term funding for capital projects.

(SLFNHA)

Include funding for more public and not-for-profit long term care homes.

(TAAT)

Give preference to not-for-profit, or municipally operated residences.

(KWCCC)

Only issues new licenses to not-for-profit homes and phase out for-profit homes.

(CCPA)

End the privatization of long-term care in Ontario and institute a province-owned not-for-profit system.

(Martin)

Fund long-term care as a publicly insured, accessible and universal core health service. Advocate for dedicated elder care funding to be provided through the Canada Health Transfer payments.

(CF)

Other issues

Include a provision on the development of an adequate home care program to address the preference for aging in place.

(AWH, HRTOERO)

Provide funding to ensure LTC homes have the necessary number of trained staff to safely support and keep residents at home. Where possible, homes should have access to medical equipment to deliver urgent care services (e.g., access to labs, IVs, x-rays and medications) to meet resident needs, and the required physical space to provide care.

(OMA)

Evidence and research show that long-term care home residents have significant mental health needs but this is not mentioned in Bill 37.

(OASW)

Proclaim the sections of the *Long-Term Care Act, 2007* passed by the Ontario Legislature in 2017 regarding administrative penalties and suspensions of licences so that they can be used immediately.

(OHC, OCSJ)

Include an individual's rights to age in their own communities whenever and wherever possible and for their families and caregivers to be able to visit them without undue hardship.

(TAAT)

Do not allow politicians to be on long-term care boards after they leave office.

(HHC)

Allow the $201 per diem funding for institutional beds to be portable, so that it can be applied to community residential living if a resident wants to leave the long-term care facility.

(SEH)

Expand the supply and range of housing options for low- and middle-income seniors to further support aging in place, including innovative models.

(SEH)

Remove barriers to the provision of traditional healing and traditional foods as part of a holistic continuum of care.

(SLFNHA)

Improve air ventilation in homes to prevent spread of disease and to promote resident well-being. Renovations and new builds need to be undertaken with attention to access and clean air.

(ONFCN)

Update the Long-Term Care Home Design Manual to adequately address specific minimum ventilation requirements for homes, based on whether the home is a new build or an existing build. Institute a program and schedule to upgrade ventilation (including air conditioning) in new homes.

(TPH)

Include requirements regarding the provision of speech pathology services within long-term care including: screening protocols, clear guidelines for referrals, collaborations between nurses and speech pathologists to create individualized communication plans, providing training to staff on communication impairments, and maintaining detailed documentation of care.

(OASLPA)

Include clear standards for nutrition, hydration and simple palatability of meals, with at least two choices per meal for residents.

(KWCCC)

Amend the Bill to require a review in twelve months by a legislative committee with at least two weeks of public hearings in communities across the province, and provide at least one month's notice of such hearings.

(ISARC, TAIC)

Allow for new models of care including specialized homes or programs such as those tailored for younger residents, residents requiring more specialized treatment for mental health and addictions, and other models that may arise. This also includes providing for more culturally-specific homes and care models and allowing for transitions in care on campuses of care (retirement, assisted living, day programming).

(OLTCA)

Amend the Bill to provide precedence of the *Regulated Health Professions Act, 199*1 over the *Fixing Long-Term Care Act, 2021* and associated regulations, to allow all regulated health professionals to work to their full scope of practice in long-term care, and ensure that all inspectors are up-to-date with their scope of practice.

(OLTCA)

Consider the diverse needs of seniors and take a whole-system approach to reforming the system and developing new models of care that can reduce reliance on long-term care. This includes increasing services and supports that enable seniors to stay in their homes longer.

(OHA)

Examine international models of care that focus on health promotion and quality of life as alternatives to the current system.

(OHA)

Amend section 3.7.1.3 of the Ontario Building Code, O Reg 332/12, regarding "Sleeping Areas in Group B and Child Care Facilities" to remove consideration of three and four bed units, and to require a vestibule between the sleeping room and any corridor. The vestibule could support hand hygiene through the inclusion of a washbasin and could function as storage space for personal protective equipment and linens.

(OAA)

Amend section 3.7.4.4. of the Ontario Building Code, O Reg 332/12 regarding "Plumbing Fixtures for Care, Care and Treatment or Detention Occupancies" to include single occupancy bathrooms in long-term care and to require a shower in each of these single occupancy bathrooms.

(OAA)

Create an independent agency, with a mandate and resources to provide non-profit homes with the capacity they need to efficiently manage the financial and operational demands of providing high quality LTC.

(CCPA)

Remove the impediments that now limit or prevent not-for-profit and municipal LTC providers from accessing the funding required to build, or rebuild, LTC homes.

(CCPA)

Increase long-term care capacity through new care homes, whether for-profit or non-profit, private or public, cultural, religious, or community oriented, in order to increase competition, access to spaces, and quality of care.

(ARPA)

Maintain the existing provision in s. 47 of O. Reg. 79/10 regarding required qualifications of personal support workers.

(Unifor)

Review successful, community-based long-term care models in other countries and move away from large-scale congregate care in favour of one of these alternate models.

(Tibensky)

Withdraw Bill 37, conduct meaningful consultations with seniors, persons with disabilities and/or their families, carers and rights advocacy groups so that Bill 37 addresses important considerations based on lived experience.

(ARCH)

Invest in community supports and services for young adults with disabilities, so they can live and age in a setting or community of their choice. Younger persons with disabilities should not be housed in long-term care facilities.

(ARCH)

Use technology to streamline care where tasks can be optimized to preserve and support staff time, and in order to decrease isolation and loneliness. Ensure high-speed internet is available in all rooms, plugs for technology are easily accessible and supports for digital transformation are in place.

(CA)

Retrofit older long-term care homes and build new homes with the following: one-bedrooms with ensuite bathrooms, along with some couples' rooms with ensuite bathrooms. Avoid shared or ward rooms with shared bathing facilities. The homes should increase privacy, dignity, and quality of life, while reducing the risk of infection spreading via shared facilities.

(CA)

This new long-term care bill is inadequate and must be strengthened. Retaining the bill as it currently stands and continuing to grant licences and new facilities to non-compliant providers will do nothing to restore the public's faith in Ontario's badly damaged Long-Term Care system.

(Layard)

WITNESS LIST

Abbreviation	Organization/Individual	Date of Appearance
ACE	Advocacy Centre for the Elderly	November 24, 2021, and written submission
ALTCRO	Advocates for Long-Term Care Reform in Ontario	written submission
AMO	Association of Municipalities Ontario	November 24, 2021, and written submission
AO	AdvantAge Ontario	November 24, 2021, and written submission
ARCH	ARCH Disability Law Centre	written submission
Armstrong	Hugh Armstrong	November 24, 2021, and written submission
ARPA	Association for Reformed Political Action	written submission
Arya	Amit Arya	written submission
ASO	Alzheimer Society of Ontario	November 24, 2021, and written submission
AWH	Advancement of Women Halton	written submission
Blushak	Julia Blushak	written submission
CA	CanAge	written submission
CCPA	Canadian Centre for Policy Alternatives	written submission
CF	Concerned Friends of Ontario Citizens in Care Facilities	written submission
CFUW	Canadian Federation of University Women	written submission
CLAC	Christian Labour Association of Canada	written submission
COA	Council on Aging of Ottawa	written submission
CS	Coalition de la santé	November 25, 2021

Abbreviation	Organization/Individual	Date of Appearance
CUPE	Canadian Union of Public Employees	November 24, 2021, and written submission
EX	Extendicare	written submission
FCO	Family Councils Ontario	November 24, 2021, and written submission
Gollinger	Robert Gollinger	written submission
GP	Goldblatt Partners	November 25, 2021, and written submission
HCO	Home Care Ontario	November 24, 2021, and written submission
He	Yunhong He	written submission
HHC	Hamilton Health Coalition	November 25, 2021
HRTOERO	Retired Teachers of Ontario-Halton	written submission
ISARC	Interfaith Social Assistance Reform Coalition	written submission
Johnson	Henry H. Johnson	written submission
KHC	Kingston Health Coalition	November 25, 2021
Klein	Dorothy Klein	written submission
KWCCC	Kitchener Waterloo Chapter of Council of Canadians	written submission
L4LTC	Lawyers for Long-Term Care	written submission
Layard	Susan Layard	written submission
Lee	Helen Lee	November 24, 2021, and written submission
LHC	London Health Coalition	November 24, 2021
Martin	Alma Martin	written submission
McDermott	Maureen McDermott	November 24, 2021
MSHAFC	Mon Sheong Home for the Aged Family Council	November 24, 2021, and written submission
OAA	Ontario Association of Architects	written submission

Abbreviation	Organization/Individual	Date of Appearance
OARC	Ontario Association of Residents' Councils	November 24, 2021, and written submissions
ORCA	Ontario Retirement Communities Association	November 25, 2021
OASLPA	Ontario Association of Speech-Language Pathologists and Audiologists	written submission
OASW	Ontario Association of Social Workers	November 24, 2021, and written submission
OCHU/CUPE	Ontario Council of Hospital Unions/Canadian Union of Public Employees	written submission
OCSJ	Oxford Coalition for Social Justice	written submission
OHA	Ontario Hospital Association	written submission
OHC	Ontario Health Coalition	November 24, 2021
OLTCA	Ontario Long-Term Care Association	November 25, 2021, and written submission
OLTCC	Ontario Long-Term Care Clinicians	November 25, 2021
OMA	Ontario Medical Association	November 25, 2021, and written submission
ONA	Ontario Nurses' Association	November 24, 2021, and written submission
ONFCN	Ontario North Family Councils Network	November 25, 2021, and written submission
OO	Ombudsman Ontario	written submission
OPSEU	Ontario Public Service Employees Union	November 25, 2021, and written submission
OPSWA	Ontario Personal Support Workers Association	written submission
Parete	Donna Parete	written submission
Parkes	Cathy Parkes	November 25, 2021

Abbreviation	Organization/Individual	Date of Appearance
PC	Pallium Canada	November 25, 2021, and written submission
Pfrimmer	Rev. Dr. David Pfrimmer	written submission
PH	Perley Health	written submission
Priestman	Bill Priestman	written submission
RNAO	Registered Nurses' Association of Ontario	November 24, 2021, and written submission
Roebuck	Shirley Roebuck	written submission
RP	Region of Peel	written submission
Russell	Mervyn Russell	written submission
Schuurman	Shirley Schuurman	written submission
SEH	SE Health	written submission
SEIU	SEIU Healthcare	November 25, 2021
SLFNHA	Sioux Lookout First Nations Health Authority	November 24, 2021, and written submission
Stamatopoulos	Vivian Stamatopolous	November 25, 2021
TAAT	Tilbury Area Action Team	written submission
TAIC	Toronto Area Interfaith Council	written submission
TC	Tenera Care	written submission
Tibensky	Jan-Paul Tibensky	written submission
TPH	Toronto Public Health	written submission
Unifor	Unifor	November 25, 2021, and written submission
USW	United Steelworkers	November 24, 2021, and written submission
WeRPN	WeRPN Registered Practical Nurses Ontario	November 25, 2021
WRHC	Waterloo Region Health Coalition	written submission